

Personal Information

1. Social Security Number 2. First Name 3. Last Name 4. Middle 5. Birth Date (MM/DD/YYYY)

6. Preferred Name 7. Gender (Check one)
 Female Male Non binary
 Trans Male Trans Female Other

8. Applicant's Gender Pronoun (Select One):
 She/Her/Hers He/Him/His They/Them/Theirs
 Another Pronoun: _____ Decline to Answer

9. Citizenship Status 10. Applicant's Race (Select one)

U.S Citizen Permanent Resident Other American Indian & Alaskan native Asian Black or African American Middle Eastern/ North African Native Hawaiian or Pacific Islander White/ Caucasian Other

11. Applicant's Ethnicity (Select one) 12. Do any of the following apply to you?

Hispanic or Latino Not Hispanic or Latino Disabled Foster care Homeless Justice involved
 Pregnant or Parenting Receives Services from ACS Veteran Other

13. How did you find out about Advance & Earn? Pick One.

311 nyc.gov website LinkNYC Kiosk Friend/Relative Word of Mouth Program Alumni
 Social Media DYCD Website Summer Youth Employment Program (SYEP) Program Brochure School Staff
 ACS/Foster Care Court/Probation Officer Shelter Staff ACCES-VR HRA Library

Other DYCD Program (please list if you know which one): _____ Other City Agency (Please Specify): _____

Other (Please Specify): _____

14. Why are you interested in Advance & Earn? (Check all that apply)

I want help getting my HSE/TASC I want an internship I want to get a job and make money
 I want to continue my education I'm not sure I want to get my life back on track
 I want to learn more about available career opportunities Other (Please Specify)

15. Are you willing and able to commit at least 6 months to this program? Yes No

Contact Information

16. Street Address 17. Apartment 18. City 19. Zip Code

20. Is this your Mailing address?
 Yes No If No, please list your mailing address _____

21. Applicant's E-mail 22. Applicant's Home Phone 23. Applicant's Cell Phone

24. Emergency Contact - Name, Relationship, Address, Phone number, Email



Educational Status

25. Do you have a High School Diploma or HSE?

Yes _____ No _____

26. Highest Degree Obtained

IEP HS Diploma _____ Local HS Diploma _____ Regents HS Diploma _____ GED/HSE _____ Associate Degree _____ Bachelor Degree _____ Other _____

27. Most recent school attended _____

28. Last Date of Attendance (Month/Year) _____

29. Last Grade Completed _____

30. Regents Passed

English _____

Month/Year _____

Math _____

Month/Year _____

Science _____

Month/Year _____

Social Studies _____

Month/Year _____

Employment & Career Interests

31. Career Areas of Interest:

Architecture and Engineering

Arts, Design and Fashion

Business and Financial Services

Transportation

Community and Social Services

Computer and Technology

Construction and Maintenance

Other: _____

Education and Early Childhood

Food Preparation and Hospitality

Healthcare

Law

Military

Office Work

32. Are you currently employed?

Yes _____ No _____

34. If No, have you ever been employed?

No _____ Yes _____

35. If Yes, complete the information of your latest employer

Company _____ Job Title _____

Start Date _____ End Date _____

Reason for Leaving _____ Salary or Hourly Rate _____

33. If Yes, Part Time or Full Time

Part Time _____ Full Time _____

36. Have you ever participated in a job training program?

No _____ Yes _____

If Yes, program name _____

Completed? _____

Yes _____

No _____

Financial Literacy

37. Do you currently have a bank account?

Yes _____ No _____

38. If Yes, would you like to be paid through direct deposit?

Yes _____ No _____

39. If No, Have you ever had a bank account?

Yes _____ No _____

40. If No, would you like to open a bank account and be paid through direct deposit? Yes _____ No _____

Medical & Dietary Information

41. Do you have health insurance (Select One)?

Yes _____ No _____

42. If you do not have health insurance, do you want to be contacted by someone with information about signing up for health insurance? (Select One)

Yes _____ No _____

43. If yes, what kind of health insurance do you have? (Check all that apply)

Medicaid _____

Child Health Plus _____

Family Health Plus _____

Private Medical Insurance _____

44. When was the last time you had a physical exam? _____

45. Do you have a primary care physician?

No _____ Yes _____ Physician Name _____

46. The Advance & Earn Program will do their best to ensure that every participant has access healthy food options while at the program. Please list any dietary needs or restrictions the program should be aware of:

Gluten Free _____

Halal _____

Kosher _____

Lactose Free _____

Vegetarian _____

Vegan _____

Other Food allergies: _____



Housing Information

47. What type of housing do you live in? (Select One)

- | | | | |
|--------------------------|------------------|---------------|--------------------------------|
| Family Owned | Rent | NYCHA Housing | Staying with Family or Friends |
| Foster Home or Residence | Shelter/Homeless | Runaway | Temporary Housing |

48. How many times have you moved in the past 6 months?

49. Number of individuals currently living in your household?

50. Are you the head of household ?

- Yes No

51. Do you have any children ?

- No Yes How Many?

52. Are you or your family currently receiving public assistance?

- Yes No

53. Have you, a family member, or someone in your household had income in the last 6 months? Please check all sources that apply:

- | | | |
|----------------------|------------------------|------------------------------------|
| Business Income | Military Allowance | Supplemental Security Income (SSI) |
| Cash Assistance | Pension | Survivors Benefits |
| Child Support | Public Assistance | TANF |
| Employment Wages | Safety Net/Home Relief | Unemployment |
| Foster Care Payments | Social Security | Worker's Compensation |
| | | Other: _____ |

54. Total family income (gross) for the last SIX months: \$ _____

Legal Information (Please note, legal issues do not disqualify you from participating in Advance & Earn)

55. Have you ever been arrested? Yes No

57. Have you ever been convicted of a crime? Yes No

56. Currently on probation? Yes No

If applicable and you'd like to explain any justice involvement further, please use the space below. Remember this question is optional and will not affect your eligibility in the program

Selective Service Registration: All persons born a male in any country, who have reached their 18th birthday, must register for US Selective Service

58. Are you registered for US Selective Service ? No Yes Selective Service Registration Number: _____

THE QUESTIONS CONTAINED WITHIN THIS SURVEY AROUND GENDER, RACE, ETHNICITY, LANGUAGE, AND SEXUAL ORIENTATION ARE VOLUNTARY AND ANONYMOUS. ALL RESPONSES ARE CONFIDENTIAL. THEY ARE THE RESULTS OF LOCAL LAW 126-128 PASSED IN EFFORTS TO HELP NEW YORK CITY IMPROVE ITS SERVICES TO RESIDENTS. YOUR RESPONSES WILL ONLY BE USED FOR THIS PURPOSE. YOUR ANSWERS WILL NOT AFFECT YOUR APPLICATION IN ANY WAY. PLEASE, SKIP QUESTIONS YOU DO NOT FEEL COMFORTABLE ANSWERING. Applicants are under no obligation to answer these questions.

59. Applicant's Gender on Birth Certificate (Select One) :

Female

Male

60. Applicant's Gender (Select One):

Female

Male

X (not male or female)

Not Sure

61. Applicant's Gender Pronoun (Select One):

She/Her/Hers

He/Him/His

They/Them/Theirs

Another Pronoun: _____

Decline to Answer

62. Is the applicant intersex? (Select One):

Yes, Sex unclear at birth

No

Unsure

Yes, Diagnosed with intersex condition

63. Applicant's Sexual Orientation:

Heterosexual (straight)

Gay

Lesbian

Bisexual

Asexual

Pansexual

Queer

Questioning

Not Sure

Decline to Answer

Another Sexual Orientation: _____

64. Applicant's Gender Identity (Select All that Apply) :

Female

Male

Cisgender

Transgender

Non-Binary (not Female or Male)

Gender Nonconforming

Two Spirit (Native American/ First Nations)

Another Gender: _____

Not Sure

Do not understand the question

Decline to Answer

65. Applicant's Primary Spoken Language:

English

Fulani

Hungarian

Persian

Spanish

Other:

Albanian

German

Italian

Polish

Tagalog

Arabic

Gujarati

Japanese

Portugese

Turkish

Bengali

Haitian Creole

Korean

Punjabi

Urdu

Chinese*

Hebrew

Kru, Ibo, or Yoruba

Romanian

Vietnamese

French

Hindi

Mande

Russian

Yiddish

66. Other Language Spoken (Check all that apply):

English

Fulani

Hungarian

Persian

Spanish

Other:

Albanian

German

Italian

Polish

Tagalog

Arabic

Gujarati

Japanese

Portugese

Turkish

Bengali

Haitian Creole

Korean

Punjabi

Urdu

Chinese*

Hebrew

Kru, Ibo, or Yoruba

Romanian

Vietnamese

French

Hindi

Mande

Russian

Yiddish

Certifications:

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I further understand that any false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

Consent for Photography/Videotaping and Use of Original Work:

I am aware that from time to time the City of New York Department of Youth and Community Development (“DYCD”) and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government representatives (collectively, “Authorized Parties”) may be present during Advance & Earn (“Program”) activities and special events associated with Program services, both at the usual Program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their family and friends in this Program. The resulting images, videos, and interviews may be used, with or without the participant’s name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, “Media”).

I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my or the person for whom I am the parent/guardian’s image, name, likeness, and the sound of my or the person for whom I am the parent/guardian’s voice during Program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval, by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

If, in the course of participating in Program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, “Original Work”) is created by me or the person for whom I am the parent/guardian, I hereby agree that such Original Work is the exclusive property of the City and consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

Consent for Emergency Medical Treatment

I, _____ (name of participant, or if under 18 the parent/guardian of) _____ do hereby give authorization to the staff of the Advance & Earn Provider, or the Worksite supervisor to obtain emergency medical attention if necessary.

If you are 18 years of age and over:

Full Name of Participant: _____

Participant Signature: _____

Date: _____

If you are under 18 years of age: _____

Full Name of Participant: _____

Full Name of Parent/Guardian _____

Parent/Guardian Signature: _____

Date: _____