



Application

Office Use Only			
Received Date: _____	Initials: _____	Entered Date: _____	Initials: _____

Please return form to the NYS Office 310 N 1st Ave W • Duluth, MN 55806 Phone: 218.623-6474

Household Information			
Child 1 Full Name	Nickname	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
			Date of Birth
School	Grade	Hobbies/Interest	
Child 2 Full Name	Nickname	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
			Date of Birth
School	Grade	Hobbies/Interest	
Child 3 Full Name	Nickname	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
			Date of Birth
School	Grade	Hobbies/Interest	
Number of People in Family Household: _____			
Name(s) of Parent/Guardian: _____			
Address	City	State	Zip
Primary Phone		Secondary Phone	
Living With:			
<input type="checkbox"/> Both Parents/Guardians	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother & Stepfather
<input type="checkbox"/> Father & Stepmother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other
Child's Race and Ethnic Origin (Check all that Apply)			
Is the child of Hispanic Ethnicity?		Other/Multi Racial (not identified)	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian/White	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black African American/White	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native & White	<input type="checkbox"/> American Indian/Black	
Emergency Contact Information			
Name:	Phone:		
Mentor Duluth			
Are you interested in enrolling your child(ren) in Mentor Duluth? Yes No			
Medical/Personal Information			
Does your child(ren) have a disability? Yes No		If Yes, please explain:	
Present Medications/Allergies/Sensitivity to food or drugs/medical concerns:			
Is there anything else you would like our staff to be aware of regarding your child(ren)? If so please explain:			
NYS dos not stock nor administer over-the-counter prescription medications.			
My child(ren) _____, has my permission to self-administer his/her over-the-counter and/or prescription medications as directed by a prescribing physician while participating in NYS programming.			
<small>By typing your name, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.</small>			
Signature	Date		

Based on the number of people in your household, what is the current total family/household income for all family members 18 years and older?

Check the income range that corresponds to the number of people living in your household.

Example: If there are 3 people living in your home and the total income for them is \$25,950, then you find 3 in the first column and select the range listed in column B.

Family Size	Extremely Low-Income (60% of Sect. 8 very low income)	Very Low-Income (50% of the Median)	Low Income (80% of the Median)	Non Low Income (less than 80% of Median)
1	\$13,450	\$22,350	\$35,750	\$35,751+
2	\$16,020	\$25,550	\$40,850	\$40,851+
3	\$20,160	\$28,750	\$45,950	\$45,951+
4	\$24,300	\$31,900	\$51,050	\$51,051+
5	\$28,440	\$34,500	\$55,150	\$55,151+
6	\$32,580	\$37,050	\$59,250	\$59,251+
7	\$36,730	\$39,600	\$63,350	\$63,351+
8	\$40,890	\$42,150	\$67,400	\$67,401+

The following are examples of sources of income that should be included in the above totals:

(Check all that apply)

- | | | |
|-----------------------|----------------------------|---------------------------------|
| Employment/wages/tips | Self Employment | Rental Property Income |
| Unemployment | Social Security/Disability | Pensions & Severance Retirement |
| Public Assist/AFDC | Child Support/Alimony | |

If asked, I can provide a copy of my W-2 statement or my paycheck stub: Yes No

If asked, I can provide a copy of my Social Security for income verification: Yes No

My income can be verified as indicated below:

- | | | |
|--|-------------------------------------|----------------------------|
| Section 8 or Public Housing Assistance | Minnesota Care | U.S.D.A Food Stamp Program |
| Minnesota Family Investment Program | Supplemental Social Security Income | |

Statement of Factual Information and consent to verify income

I certify that the above information regarding my personal and household income is accurate and complete. I also certify that Neighborhood Youth Services is hereby authorized to verify my income information as provided and to share that verification with the City of Duluth and the Department of Housing & Urban Development for National Objective Documentation as required for monitoring purposes.

I agree to provide my Social Security Number upon request for verification purposes.

By typing your name, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.	
Parent/Guardian Signature	Date:

“Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States.”

Release of Liability and Consent to Treat
 Required for a youth to take part in any NYS activity

I hereby consent to my child participating in activities (which, at times, includes transportation) associated with the Neighborhood Youth Services (NYS) program. In signing this consent, NYS employees and volunteers will not be held liable for any injuries occurring during my child's participation in NYS activities. In the event of an incident or injury, every attempt will be made to contact the parent/guardian. If the parent/guardian CANNOT be reached, I consent to the NYS program staff to have medical services provided for my child.

Child 1 Full Name	Child 2 Full Name	Child 3 Full Name
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Parent/Guardian Signature	Date:
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Consent for Publicity
 Must select one of the options below

- I consent to my child(ren) being photographed for use in newspaper, newsletter, bulletin board
- I **DO NOT** give my consent for my child to be used in any type of media/publicity

Evaluation Consent
 Optional

Neighborhood Youth Services collects information about its youth participants and its programs. This information is used to evaluate the impact of our program on our youth participants. Program evaluation helps us with program planning, development, and grant funding. If your child is included in the evaluation, five types of information may be used. These are: information you provide about your child; information your child gives; your child's responses to an evaluation tool; release of school record (this includes grades, attendance records, and school behavior). All information will remain confidential and any identifiers will be removed, e.g. name, contact information. The data will be available to the staff of Neighborhood Youth Services/Woodland Hills, to approved student evaluators and their faculty advisor. When the results are reported, they will be describing a group of children and not any one child. Children's responses to questions will not be made available to any other individuals. It is possible that we will use some examples of how children change. If you decide that your child should not be included, this will have no impact on your child being included in any of the programs of NYS. For questions please call NYS at 218-723-3523.

Child 1 Full Name	Child 2 Full Name	Child 3 Full Name
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By typing your name, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Parent/Guardian Signature	Date:
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Referral Information
 Optional

How did you hear about us?

Neighborhood Youth Services - Washington Center Accountability Philosophy and Youth Contract

Neighborhood Youth Services (NYS) is located in the Washington Center. NYS believes in the potential that exists in all youth and works to help strengthen and develop “Assets” in youth through empowerment and participation in a variety of programs and activities.

The Washington Center is a designated safe space for youth, families, and adults. Those who access the building are expected to safely participate in programming that is offered. Programming at the Washington Center is offered by a number of public and private organizations, including NYS. Loitering is not allowed.

While at the Washington Center, all users of the Washington Center, including those participating in NYS programming,

- Respect ourselves AND others
 - Value the difference that exists among us
 - Listen with an open mind
 - Show care for ourselves and others
 - Refrain from hurtful and/or inappropriate language (swearing, name calling, etc.)
 - Respect the physical spaces inside of and on the outside grounds of Washing Center, including but not
 - Gym
 - Hallways
 - Restrooms
 - Gardens
 - Play equipment
 - NYS Program Center
- ...By being responsible with and for equipment, cleaning up spaces after using them, and reporting to staff when equipment or spaces are in need of repair

All youth who participate in activities at the Washington Center through NYS are expected to act responsibly and respectfully. Youth, families, and adults are expected to treat all others with respect and dignity, and refrain from hurtful language and actions. This accountability contract shows that we agree to never hurt another person on purpose or through play, words, or actions.

Consequences for unacceptable behavior during NYS programming will be handled by NYS staff. Consequences will be timely, logical, and fair. NYS may ask participants to help with the accountability of their peers. Consequences may include: suspension from daily activities, request to help with daily needs at NYS, and/or meeting with youth’s parent/guardian prior to being able to return to NYS.

Behavior that seriously affects the safety of youth and/or staff, that has been addressed and not changed, will be reviewed and may result in a short- or long-term suspension from program activities and the building/grounds.

Please note that Child(ren)'s signature will be collected after the form has been reviewed with the child(ren) and NYS staff.

By typing your name, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Parent/Guardian Signature	Date:
Child 1 Signature	Date:
Child 2 Signature	Date:
Child 3 Signature	Date:
Staff Signature	Date: