



Level Up Enrollment Form
Student Information

School name: _____

Date: _____

Thank you for your interest in the New York City Mission Society's Learning to Work (LTW) program. We look forward to working with you and your family. In order to provide you with the best LTW program experience possible, we ask that you share the following information.

1. Student Information:

Last name: _____

First name: _____

What name would you like us to use: _____

Address: _____

Zip code: _____

Student's Home/ Cell phone: _____

Date of birth: _____

Month/ Day/ Year

Student Email: _____

Parent/Guardian phone: _____

Parent/Guardian email: _____

Please check the appropriate box:

Student gender:

☐ Male ☐ Female ☐ Other _____ ☐ Prefer not to respond

Student race/ethnicity:

- | | |
|-------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Bi-racial |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Hawaiian or Pacific Islander | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic | |

Primary language spoken at home: _____

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2. Public benefits: (check ALL that you or your family are QUALIFIED to receive)

- ☐ Public assistance (cash assistance, WIC, SSI, etc.).
- ☐ Food Stamps (also known as SNAP/EBT).
- ☐ Medicaid.
- ☐ Housing (80/20 Housing, Mitchell Lama, Housing Lottery, HPD, NYCHA, Section 8, Affordable Housing, etc.).
- ☐ I/we don't receive any of the public benefits listed above.

3. Household: (choose ALL that apply to your living situation)

- ☐ Student is a parent or expectant parent.
- ☐ Student lives with parent/guardian or family member.
- ☐ Student does not live with a parent/guardian or family member.
- ☐ Student lives with a foster parent or in a foster home.
- ☐ Student is the head of household.
- ☐ Student lives independently.

4. Total number of people in household (including student): _____

5. Support Services at School: (choose one)

- ☐ Student has an Individualized Education Program (IEP) at school.
- ☐ Student does not have an Individualized Education Program (IEP) at school.
- ☐ I do not know if student has an Individualized Education Program (IEP) at school.
- ☐ Student is in the process of being evaluated to receive services to help her or him learn better.

6. Housing: (choose one)

- ☐ Student lives in a NYCHA facility (New York City Housing Authority).
- ☐ Student lives in transitional housing (shelter facility/shelter apartment/shelter hotel room).
- ☐ Student lives in an apartment/house that we own/rent (without financial assistance).
- ☐ Student lives in an apartment/house that we own/rent (with financial assistance like Section 8 or any type of affordable housing such as an 80/20 or housing lottery program).
- ☐ Student lives in their friend/relative's apartment/house.
- ☐ None of the above.

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7. Household Income:

- ☐ \$0 – \$12,150
- ☐ \$12,150 - \$21,000
- ☐ \$21,001 - \$30,000
- ☐ \$30,001 – \$38,000
- ☐ \$38,001 – \$47,000
- ☐ \$47,001 – \$57,000
- ☐ \$57,001 – \$75,000
- ☐ \$75,001+
- ☐ Unknown

8. Optional Question (you do not have to answer this question):

We are interested in learning about other needs students may have based on their backgrounds:

Have you ever been arrested, received a DAT (desk appearance ticket), or been issued a summons? Please don't count minor traffic violations.

- ☐ Yes ☐ No ☐ Choose Not to Answer