

Youth Contact Information

Contact Information		
Last Name:	First Name:	Date of Birth:
Preferred Name:		Email Address(optional):
Street Address:		City, State: ZIP:
Primary Phone: _____ Safe to Call? Y N Okay to Text? Y N Leave Message? Y N Identify as from NYFS? Y N	Work Phone: _____ Safe to Call? Y N Okay to Text? Y N Leave Message? Y N Identify as from NYFS? Y N	Other Phone: _____ Safe to Call? Y N Okay to Text? Y N Leave Message? Y N Identify as from NYFS? Y N
Person to Contact in an Emergency:	Relationship to you:	Phone:

Demographics (optional):		
Race: <i>Check all that apply</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Latinx or Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White Non-Latinx or Caucasian <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other Race	Please check if you have: <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mobility impairment <input type="checkbox"/> Learning disability Other:	Gender: Pronouns: Sexual Orientation: Relationship Status:
Ethnic/Cultural Identity: We recognize that the Federal racial categories listed above are limiting. Please write below whatever terms or phrases you find most descriptive of your ethnic or cultural identity or identities.		
Are you currently in school?	If currently enrolled in school, where do you attend?	If currently enrolled , what grade, or program are you in?
Are you currently employed?	If so, what do you do and how many hours average per week?	