



Part One: Contact Information

Name of youth:	Youth home phone:	Youth cell phone:	Youth email address:
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Youth street address (please include apartment number, city and zip code):

Parent/Guardian Contact Information

Parent/Guardian name:	Relationship to youth:	Email address:
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Home phone number:	Work phone number:	Cell phone number:
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Parent/Guardian street address (please include apartment number, city and zip code):

Part Two: Interest and Previous Involvement

What program are you interested in?	How did you hear about us?
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Have you been involved with PYD before? Yes No

If yes, what program? What time period/s?

Are you interested in other PYD programs? Yes No

If so, which one/s?

Part Three: Youth Demographics

Date of birth:	Age:	Gender:	Language(s) spoken at home:
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Race: <i>Black/African American</i> <i>Asian/Asian American</i> <i>White</i> <i>Other race</i> <i>Two or more races</i> <i>Unknown</i>	Ethnicity: <i>Hispanic/Latino</i> <i>Non Hispanic/Latino</i> <i>Unknown</i>
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Household income (please circle one):

<\$10,000
 \$10,000 -- \$25,000
 \$25,000 -- \$50,000
 \$50,000 -- \$75,000
 >\$75,000

The race and ethnicity categories used here are determined by the United Way, one of our proud sponsors.



Part Four: Disability Information

Disability Type (circle all that apply):

- Autism*
- Deaf/Blindness*
- Deafness*
- Developmental Delay*
- Emotional Disturbance*
- Hearing Impairment*
- Intellectual Disability*
- Multiple Disabilities*
- Orthopedic Impairment*
- Other Health Impairment*
- Specific Learning Disability*
- Speech or Language Impairment*
- Traumatic Brain Injury*
- Visual Impairment Including Blindness*

Disability Sub-Type (circle all that apply):

- AD/HD*
- Anxiety Disorders*
- Asperger's Syndrome*
- Bipolar Disorder*
- Blindness*
- Cerebral Palsy*
- Depression*
- Down Syndrome*
- Epilepsy*
- Expressive Language Disorder*
- Health Condition*
- Non-verbal Learning Disorder*
- PDD-NOS*
- Schizophrenia*
- Spina Bifida*
- Visual Impairment*
- Other* _____

Reasonable accommodations (if applicable):

Disability Types and Sub-Types used here are determined from standardized IEP categories. If applicable please refer to IEP when answering this question.