

**The Harlem Children's Zone, Inc.**  
**Promise Academy I and HCZ West Side Community Center Programs**

**245 West 129<sup>th</sup> Street New York, NY 10027**

**Phone (64-582-1200)**

**Adult Intake (23 & Older)**

**Participant Information:**

**First Name:**

**Last**

**Name:**

**DOB:**

**Gender:**

**M**

**F**

**Address:**

**Apt: \_\_\_\_\_**

**City:**

**Zip Code:**

**Ethnicity:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Age:**

**Signature:**\_\_\_\_\_

**Emergency Contact information:**

**Emergency Contact Name**

**Relationship to student:**

**Address:**

**City:**

**Zip Code:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Medical Information:** What health insurance does the child have?

Medicaid

Private Health Insurance Carrier: \_\_\_\_\_

None

**Household Income**

☐ Less than(menos de)\$10,000

☐ \$10,000 to \$14,999

☐ \$15,000 to \$19,999

☐ \$20,000 to \$24,999

☐ \$25,000 to \$29,999

☐ \$30,000 to \$34,999

☐ \$35,000 to \$39,999

☐ **\$40,000 to \$44,999**

☐ \$45,000 to \$49,999

☐ \$50,000 to \$59,999

☐ \$60,000 to \$74,999

☐ **\$75,000 to \$99,999**

☐ \$100,000 to \$124,999

☐ \$125,000 to \$149,999

☐ **\$150,000 to \$199,999**

☐ **\$200,000 or more (mas de)**