



**Mayor's Office of
Operations**

December 24th, 2020

Dear Speaker Johnson,

Local Laws 126, 127, and 128 of 2016 require the Mayor's Office of Operations to conduct an annual review of all forms issued by ACS, DFTA, DOE, DOHMH, DSS/HRA/DHS, and DYCD that meet criteria set forth in these laws, and to submit a report to the City Council within 60 days of such review that includes: a list of all forms reviewed, a list of all forms that are eligible for updating to include the demographic information specified in the laws (ancestry and languages spoken; multiracial identification; and sexual orientation and gender identity, respectively), and for any forms deemed not eligible for updating, an explanation as to why the forms cannot be updated.

The criteria for reviewing the forms, as indicated in the local laws, include:

- Forms that are voluntarily completed by persons seeking social services from designated agencies and the agencies' contracted providers of social services;
 - "Social services" (a subset of "human services" as defined in Admin. Code § 6-129), includes but is not limited to: day care, home care, homeless assistance, housing and shelter assistance, preventive services, youth services, and senior centers, and exclusive of other types of human services, such as health or medical services, including those provided by health maintenance organizations; legal services; employment assistance services, vocational and educational programs; and recreation programs.
- Forms that collect the enumerated types of demographic information (specified in each local law);
 - Local Law 126 of 2016 (ancestry groups and languages spoken)
 - Local Law 127 of 2016 (multiracial ancestry or ethnic origin)
 - Local Law 128 of 2016, as amended by Local Law 76 of 2018 (sexual orientation and gender identity and the gender pronoun or pronouns that an individual identifies with and that others should use when talking to or about that individual)
- Whether the agency has the authority to amend or edit (i.e. update) such forms.

In determining whether or not a named agency has the authority to amend or edit (i.e. update) a form, Operations asked each agency to cite any law, regulation, oversight agency, or contractual restriction that would prevent the agency from editing or amending the form. Operations also separately offered agencies an opportunity to comment if they had any practicability concerns with updating such forms to include expanded Demographic Data questions and response options to reflect those which are in the local laws.

The agencies have evaluated all relevant forms against these criteria and provided them to Operations for review. The results of each agency's findings and Operations' review are included in this report.

In accordance with the requirements of these local laws, the Mayor's Office of Operations will, prospectively, conduct this annual review as new forms are created and evaluated, and as we look forward to continuing to best serve residents of all backgrounds and identities.

Sincerely,

Jeff Thamkittikasem
Director
Mayor's Office of Operations

2020 Report Overview

The 2020 Form Review Report lists the 74 forms that qualified for review. Of the 74 forms reviewed, 21 were deemed eligible for updating, 24 were not within the agency's authority to edit or amend or were issued by another entity, 13 did not contain Demographic Data questions associated with the local laws to update, and 16 were both not within the agency's authority to amend and did not contain Demographic Data questions.

Of the 21 forms deemed eligible for updating, 10 will be updated to be in compliance with the local laws as early as the spring/summer 2021, ahead of the mandated deadline.

The overall number of forms reviewed in 2020 decreased from 84 forms in 2019. Between 2019 and 2020 six forms (four DOE and two DOHMH) were removed from circulation, seven forms (six DHS and one DOHMH) were deemed not eligible for review since they are not considered intake instruments or the service seeker does not complete such forms, and three forms (all HRA) were added as they represented new programs or forms.

Below is a guide for reading each agency section. Note that each agency section is followed by footnotes with additional detail on any reasons why forms are ineligible.

- For each Demographic Data question type in the tables below, the following classification system is used:
 - **"Yes"** = question is present in the form and eligible for update
 - **"*"** = question is present in the form but not eligible for update
 - **"-"** = question is absent from the form

- Note: Where a form asks the service seeker's name and gender but does not explicitly have a gender-pronoun question, this report automatically lists a positive eligibility under "LL-128 Gender Pronouns" since gender pronouns are typically used when interacting with or referring to that service seeker and might otherwise be assumed.

- If the form is not eligible for updating, the reason is included in the "Eligible for Updating?" column. Refer to the footnotes in each section where applicable for more specific information on form update ineligibility.
 - **Does not contain any Demo Data questions:** The form does not contain questions related to the demographic categories associated with Local Laws 126, 127, and 128 of 2016 and therefore updating the form is not applicable.
 - **Not within agency's authority to edit or amend:** The form is issued by the City agency; however, Demographic Data questions are at least in part subject to oversight from some other authority (i.e.: state or federal government).
 - **Not a City-issued form:** Although the form in question is used by a City agency, the form is issued by another entity, and as such the agency is dependent on the issuer and unable to alter the form contents.

Administration for Children’s Services (ACS)

Forms that qualify for review: 4

Forms deemed eligible for updating: 0

Other notes:

- ACS utilizes contractors for prevention services and these contractors must use the forms provided by ACS.
- Note that other ACS services (e.g. foster care) are excluded from this form review report as they are mandated and not services that are voluntarily sought.

| Administration for Children’s Services (ACS) | | | | | | | | | |
|--|--|--|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 1 | Division of Child and Family Well-Being Childcare Application CFWB-012 | No - not within agency’s authority to edit or amend ¹ | - | * | * | * | - | * | * |
| 2 | Division of Child and Family Well-Being Childcare Recertification | No – not within agency’s authority to edit or amend ¹ | - | - | * | * | - | - | - |
| 3 | Division of Preventive Services Form LE-DSS-2921 | No – not a City-issued form ² | - | * | * | * | - | * | * |
| 4 | Division of Child and Family Well-Being Special Child Care Funding Application | Does not contain any Demo Data questions | - | - | - | - | - | - | - |

¹These ACS forms require New York State Office of Children and Family Services (OCFS) approval to amend. See 18 NYCRR § 320.1 (“Local social services agencies shall use forms required by and furnished by the department unless local equivalents thereof are permitted and approved. . . . The use of a local equivalent as a substitute for any such required form shall be approved by the department in advance of its use. Similarly, revisions of a previously approved local equivalent form shall be approved by the department in advance of its use. Approval shall be requested in accordance with the instructions of the department.”) and § 320.4(a) (“Local social services agencies having approved local equivalents of required forms supplied by the department shall be required to resubmit such forms for approval if[] the department makes revisions in the required form[] . . .”). ACS made a request to OCFS for approval to revise these forms in summer 2019. OCFS did not grant permission to amend the forms because the forms must be consistent with OCFS’s federal data reporting requirements.

²This form is supplied by the New York State Office of Temporary and Disability Services (OTDA). Under 18 NYCRR § 320.1, a local equivalent form may only be used in its place with the approval of OTDA.

Department for the Aging (DFTA)

Forms that qualify for review: 5

Forms deemed eligible for updating: 4

Other notes:

- DFTA will be implementing a supplemental section to be included with all eligible forms listed below by July 2021. This section will include all the Demographic Data questions and response options specified in these local laws.
- DFTA contractors must use the forms provided by DFTA. There are no contractor-issued forms outside of the forms listed below.

| Department for the Aging (DFTA) | | | | | | | | | |
|---------------------------------|--|--|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 1 | Caregiver Assessment | Yes | - | - | - | - | - | Yes | Yes |
| 2 | FV Client Assessment | Yes | - | Yes | - | - | - | - | - |
| 3 | NORC Assessment | Yes | - | Yes | - | - | - | - | - |
| 4 | Client Profile-Demographics and Social History | Partially; not within agency's authority to edit or amend certain questions ¹ | - | Yes | * | * | - | * | * |
| 5 | Compass | No - not a City-issued form ² | - | * | - | - | * | * | * |

¹Select fields mandated for Federal reporting as described in Program Information Number 14-PI-02 issued by the New York State Office for the Aging.

²See 9 NYCRR § 6654.

Department of Education (DOE)

Forms that qualify for review: 23

Forms deemed eligible for updating: 6

Other notes:

- DOE does not currently maintain an inventory of every form used by contractors in the City – this is mainly because there are more than 1,800 schools, each of which has its own separate contracts. It should be noted that many of these contracts will likely terminate before the DOE is obligated to update forms pursuant to these local laws. For purposes of this report, DOE has focused on intake forms used by some of the larger community-based organizations that partner with community schools, as those contractors frequently provide direct services to students and families.
- Excluded from the below list are forms from the Office of School Health, as its forms are used for the provision of health and mental health clinical services and are not completed by individuals voluntarily seeking social services.

| Department of Education (DOE) | | | | | | | | | |
|-------------------------------|---|------------------------|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 1 | NYCEEC Full-Day Pre-k Program Registration Form | Yes | - | Yes | Yes | Yes | - | Yes | Yes |
| 2 | Family Welcome Center Intake Form | Yes | - | Yes | - | - | - | Yes | Yes |
| 3 | School - Student Registration Form | Yes | - | Yes | - | - | - | Yes | Yes |
| 4 | Contractor Form: Empire Enrollment Form | Yes | - | Yes | Yes | Yes | - | Yes | Yes |
| 5 | Contractor Form: 21st CCLC | Yes | - | Yes | Yes | Yes | - | Yes | Yes |

Department of Education (DOE)

| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
|----|--|--|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 6 | Contractor Form: ESD/SVP | Yes | - | Yes | Yes | Yes | - | Yes | Yes |
| 7 | NYCDOE Pre-Kindergarten Language Needs Survey | No - not within agency's authority to edit or amend ¹ | - | * | - | - | - | * | * |
| 8 | MS Application | No - not within agency's authority to edit or amend ¹ | - | * | - | - | - | * | * |
| 9 | Kindergarten Application | No - not within agency's authority to edit or amend ¹ | - | * | - | - | - | * | * |
| 10 | HS Application | No - not within agency's authority to edit or amend ¹ | - | * | - | - | - | * | * |
| 11 | Home Language Identification survey | No - not within agency's authority to edit or amend ² | * | * | * | * | - | - | - |
| 12 | Federal Parent/Guardian Student Ethnic & Race Identification | No - not within agency's authority to edit or amend ³ | * | * | * | * | - | - | - |

Department of Education (DOE)

| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
|----|--|---|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 13 | ELL Parent Survey and Program Agreement | No - does not contain any Demo Data questions and not within agency's authority to edit or amend ⁴ | - | - | - | - | - | - | - |
| 14 | Non-Parent Custodian Affidavit | Does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 15 | ASD Application | Does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 16 | ReStart Intake Form | Does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 17 | YABC Guidance Referral Form YES-1 | Does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 18 | ACES Application | Does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 19 | Parent Affidavit | Does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 20 | Learning to Work Transfer School Parent Consent Form | Does not contain any Demo Data questions | - | - | - | - | - | - | - |

| Department of Education (DOE) | | | | | | | | | |
|-------------------------------|------------------------------------|--|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 21 | Third Party Statement of Residency | Does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 22 | Parent Affidavit of Residency | Does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 23 | Housing Questionnaire | Does not contain any Demo Data questions | - | - | - | - | - | - | - |

¹These forms must comply with NYSED Commissioner’s Regulation Part 154. While these forms currently contain questions regarding gender identity, LL-128 does not require the agency to collect such information from persons under the age of 14.

²While these forms currently contain questions regarding languages spoken, NYC DOE’s Home Language Identification Survey was approved by NYSED to serve as our version of NYSED’s Home Language Questionnaire that is defined in CR Part 154-2.2 (k) and mandated as part of the identification process in CR Part 154-2.3 (a).

³While this is a DOE form, it comports with Family Education Rights and Privacy Act of 1974 (FERPA) and related Federal guidance.

⁴These forms must comply with NYSED Commissioner’s Regulation Part 154.

Department of Health and Mental Hygiene (DOHMH)

Forms that qualify for review: 20

Forms deemed eligible for updating: 2

Other notes:

- DOHMH contractors must use the forms provided by DOHMH. There are no contractor-issued forms outside of the forms listed below.
- Excluded from the below list are forms from the Office of School Health, as its forms are used for the provision of health and mental health clinical services and are not completed by individuals voluntarily seeking social services.
- HSB = Healthy Start Brooklyn; NHVP = Newborn Home Visiting Program; NFP = Nurse-Family Partnership

| Department of Health and Mental Hygiene (DOHMH) | | | | | | | | | |
|---|-------------------------------------|--|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 1 | HSB – Client Information Form | Yes ¹ | - | Yes | Yes | Yes | - | - | - |
| 2 | HSB – Partner Information Form | Yes ¹ | - | Yes | Yes | Yes | - | Yes | Yes |
| 3 | NFP – Infant Birth Form | No – not a City-issued form ² | - | - | * | * | - | * | * |
| 4 | NFP – Demographics Pregnancy-Intake | No – not a City-issued form ² | * | * | * | * | - | - | - |
| 5 | NFP – Referrals to NFP Program | No – not a City-issued form ² | - | * | - | - | - | - | - |
| 6 | NFP – Referrals to Services | No – not a City-issued form ² | - | * | - | - | - | - | - |

Department of Health and Mental Hygiene (DOHMH)

| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
|----|--|---|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 7 | NHVB – Intake Form | No – does not contain any Demo Data questions | - | - | - | - | - | - | - |
| 8 | NFP – Use of Government & Community Services | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 9 | NFP – Patient Health Questionnaire -9 | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 10 | NFP – ASQ (ASQ-3) | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 11 | NFP – Demographics Update | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 12 | NFP – Infant Health Care | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 13 | NFP – Health Habits | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |

| Department of Health and Mental Hygiene (DOHMH) | | | | | | | | | |
|---|--|---|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 14 | NFP – Maternal Health Assessment: Pregnancy-Intake | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 15 | NFP – DANCE ETO Coding Sheet | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 16 | NFP – Clinical IPV Assessment | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 17 | NFP – Generalized Anxiety Disorder - 7 (GAD-7) | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 18 | NFP – Client Dismissal/ Transfer | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 19 | NFP – STAR Framework | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |
| 20 | NFP – Alternative Encounter | No – does not contain any Demo Data questions and not a City-issued form ² | - | - | - | - | - | - | - |

¹HRSA, the federal funder of the Healthy Start program, has developed standardized data collection forms that all Healthy Start programs must adopt as is. DOHMH will be adopting these forms in 2021, pending the timing of database changes, and will no longer have control over the content of these forms.

²These are proprietary forms belonging to the Nurse-Family Partnership National Service Office, of which DOHMH operates an affiliate program. Partnership programs must use the forms issued by the National Service Office.

Department of Social Services (DSS), Human Resources Administration (HRA) & Department of Homeless Services (DHS)

Forms that qualify for review: 18

Forms deemed eligible for updating: 5

Other notes:

- DSS anticipates bringing four eligible forms into compliance with the local laws in the spring of 2021
- Several DHS forms included in the 2019 Report were deemed to not be intake instruments, but rather automatically created output forms based on information collected during an initial verbal interview, reducing the number of DHS forms included in the 2020 Report to one.
- 11 of 17 HRA forms used for the application or recertification of public benefits are created and issued by New York State Office of Temporary and Disability Assistance (OTDA)

| Human Resources Administration (HRA) | | | | | | | | | |
|--------------------------------------|---|--|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 1 | Fair Fares Application | Yes | - | Yes | Yes | Yes | - | Yes | Yes |
| 2 | Supportive Housing Application | Yes | - | Yes | Yes | Yes | - | Yes | Yes |
| 3 | HASA Request for Program Admission | Yes | - | - | Yes | Yes | - | Yes | Yes |
| 4 | Consumer Directed Personal Assistance Program Application Form | Yes ¹ | - | Yes | - | - | - | Yes | Yes |
| 5 | LDSS-3174 - New York State Recertification Form for Certain Benefits and Services (CA Recertification) | No – not within agency’s authority to edit or amend ² | - | * | * | * | - | * | * |
| 6 | LDSS-2921 - New York State Application for Certain Benefits and Services (Common Application for CA, SNAP, and/or MA) | No – not within agency’s authority to edit or amend ² | - | * | * | * | - | * | * |

Human Resources Administration (HRA)

| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
|----|--|---|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 7 | DOH-4220 – Access NY Health Care Medicaid | No – not within agency’s authority to edit or amend ² | - | * | * | * | - | * | * |
| 8 | LDSS-4826 – SNAP-Only Application/ Recertification | No – not within agency’s authority to edit or amend ² | - | * | * | * | - | * | * |
| 9 | DOH-4328 - Medicare Savings Program Application | No – not within agency’s authority to edit or amend ² | - | * | * | * | - | * | * |
| 10 | ACCESS HRA Cash Assistance Application | No – not within agency’s authority to edit or amend ² | - | * | * | * | - | * | * |
| 11 | LDSS-5143 - Application for Child Support Services | No – not within agency’s authority to edit or amend ² | - | * | * | * | - | * | * |
| 12 | LDSS-5145 - Referral for Child Support Services | No – not within agency’s authority to edit or amend ² | - | * | * | * | - | * | * |
| 13 | LDSS-5166 – SNAP-Only Application/ Recertification | No – not within agency’s authority to edit or amend ¹ | - | * | * | * | - | * | * |
| 14 | Home Energy Assistance (HEAP) | No – not within agency’s authority to edit or amend ² | - | - | - | - | - | * | * |
| 15 | DOH-4495A – Access NY Supplement A Form | No – does not contain any Demo Data questions and not within agency’s authority to edit or amend ² | - | - | - | - | - | - | - |

| Human Resources Administration (HRA) | | | | | | | | | |
|--------------------------------------|--|---|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 16 | LDSS-4418 - Acknowledgment of Paternity Form | No – does not contain any Demo Data questions and not a City-issued form ³ | - | - | - | - | - | - | - |
| 17 | Application for Burial Allowance | Does not contain any Demo Data questions | - | - | - | - | - | - | - |

¹Data captured by the Consumer Directed Personal Assistance Program Application Form isn't housed within DSS as the back-end is managed by the State Welfare Management System (WMS). Though DSS is able to make front-end update to the form, changes would not currently propagate to the back-end. DSS is advocating for updates to be made to the WMS back-end so that front-end form changes are properly captured.

²Changes to these forms would require DSS/HRA's oversight agency, New York State Office of Temporary and Disability Assistance (OTDA), to amend them, in accordance with 18 NYCRR § 320.1

³Changes to this form would require DSS/HRA's oversight agency, New York State Office of Temporary and Disability Assistance (OTDA), to amend them, in accordance with 18 NYCRR § 320. HRA has considered and has had discussion on requesting that OTDA modify the form to include gender option X. HRA and its OCSS (Office of Child Support Services) have discussed the gender question update with OTDA, which is considering the modification.

| Department of Homeless Services (DHS) | | | | | | | | | |
|---------------------------------------|---|------------------------|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 1 | DYCD to DHS Shelter Referral Worksheet Form | Yes | - | Yes | Yes | Yes | - | Yes | Yes |

Department of Youth and Community Development (DYCD)

Forms that qualify for review: 4

Forms deemed eligible for updating: 4

Other notes:

- Contractors that provide COMPASS, Beacon, Cornerstone, and Literacy programs utilize the DYCD Universal Online Application.
- Additional DYCD program areas are in the process of being integrated into the DYCD Universal Online Application.
- Estimated completion times are based on when each program’s participant database is operational and when the design of the online form is complete:
 - COMPASS, Beacon, Cornerstone, Literacy programs: complete (utilizing DYCD Universal Online Application already)
 - Community Service Block Grant (CSBG), Workforce Innovation & Opportunity Act (WIOA): FY 2021 (currently in the development phase for CSBG)
 - Summer Youth Employment Program (SYEP): FY 2022
- A question on sexual orientation will be added to SYEP and CSBG once they are part of the online application.

| Department of Youth and Community Development (DYCD) | | | | | | | | | |
|--|--|------------------------|------------------------|------------------|----------------------|---------------|--------------------|-----------------|-----------------|
| # | Form name | Eligible for Updating? | Eligible for updating? | | | | | | |
| | | | LL-126 | | LL-127 | | LL-128 | | |
| | | | Ancestry Groups | Languages Spoken | Multiracial Ancestry | Ethnic Origin | Sexual Orientation | Gender Identity | Gender Pronouns |
| 1 | Online Universal Application Form | Yes | - | Yes | Yes | Yes | Yes | Yes | Yes |
| 2 | Summer Youth Employment Program (SYEP) Application Form | Yes | - | Yes | Yes | Yes | - | Yes | Yes |
| 3 | Community Services Block Grant (CSBG) Application Form | Yes | - | Yes | Yes | Yes | - | Yes | Yes |
| 4 | Workforce Innovation & Opportunity Act (WIOA) Program Application Form | Yes | - | Yes | Yes | Yes | Yes | Yes | Yes |