



NORTH SHORE CDC

YOUTHBUILD NORTH SHORE CONTACT FORM

Last Name		First Name		Middle Name		Today's Date	
Email Address			Facebook: _____		Twitter: _____		
			Instagram: _____		Other: _____		
Street Address							
City		State			Zip Code		
Mailing Address (if different from above)						Zip Code	
Home Telephone No.		Work Telephone No.		Cell Phone Number		Preferred Method of Contact ☐ Telephone ☐ Mail	
Age	Date of Birth	Social Security #		Household Income		Who do you reside with?	
Gender	Race/ Ethnicity		Citizenship		Primary Language		Second Language
Last Grade Completed		Have you ever taken GED Courses Yes / No If so indicate when/where _____				Have you received any of the following? (Circle One) HHSSET Associates Bachelors	
Last High School Attended							
No. of Children		No. of Dependents	No. of Children Residing in Household		Marital Status ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Married ☐ Other _____		
Allergies (please list)		Mental Health Diagnosis (If Any)		Current Medication (If Any)			
Are you vaccinated against Covid-19? Yes No							
Do you have Wi-Fi at home? Yes No							
Do you have a tablet or computer at home? Yes No							
Emergency Contact Information							
Name		Address			Home Telephone No.		Work Telephone No.
Relationship ☐ Friend ☐ Caregiver ☐ Significant Other ☐ Family Member ☐ Other _____							
Emergency Contact Information							
Name		Address			Home Telephone No.		Work Telephone No.
Relationship ☐ Friend ☐ Caregiver ☐ Significant Other ☐ Family Member ☐ Other _____							
Completed By		Signature			Title (if not candidate)		Credentials