



**The New York City Council,  
Committee on General Welfare  
October 24, 2018**

***“Oversight – ACS Preventive Services and Family Enrichment Centers”***

**Testimony by  
New York City Administration for Children's Services**

**David A. Hansell, Commissioner**

**Dr. Jacqueline Martin, Deputy Commissioner  
Division of Prevention Services**

**Lorelei Atalie Vargas, Deputy Commissioner  
Division of Child & Family Well-Being**

Good afternoon Chair Levin and members of the Committee on General Welfare. I am David Hansell, Commissioner of the New York City Administration for Children's Services. With me are Jacqueline Martin, Deputy Commissioner for the Division of Prevention Services (DPS), and Lorelei Vargas, Deputy Commissioner for the Division of Child and Family Well-Being (CFWB). Thank you for the opportunity to speak with you today about this important topic.

We recognize that providing families with the help they need to overcome challenges—including trauma, poverty, isolation, mental health issues, and domestic violence—is critical to keeping children safe. Over the years, ACS has steadily increased the availability of evidence-based prevention programs that are shown to reduce rates of maltreatment and improve overall child and family well-being. Last year, Casey Family Programs, a nationally recognized child welfare organization, noted that New York City is now at the forefront nationally in providing evidence-based prevention programs to support families. Under the recently-enacted federal Family First Prevention Services Act, states now have the option for the first time to utilize federal funding under Section IV-E of the Social Security Act to support preventive services for families whose children would otherwise be candidates for foster care. Since this law took effect in February 2018, we have received increased interest from child welfare agencies across the country, as well as leadership of the federal Children's Bureau, in how ACS's evidence-based prevention programs could offer models for states and localities across the country.

ACS's unprecedented investment in prevention services has continued to allow the agency to serve increased numbers of families in the community, while reducing the number of children placed in foster care. The number of children in foster care is now under 8,500—a momentous shift from the nearly 50,000 children in care 25 years ago

and nearly 17,000 a decade ago. The decline in our foster care population has continued even as national foster care caseloads have increased since 2012, principally as a result of the opioid epidemic.

ACS contracts with over 54 non-profit agencies who together with their staff deliver high quality services to thousands of NYC families every day. ACS provides extensive technical assistance and oversight to these providers to ensure high quality services and child safety. The investments we have made with the Council in our prevention providers beginning in the FY18 budget, including the Model Budget process we described in our testimony in June, ensure that our providers can implement the best possible service models to support families and are appropriately compensated for doing so.

As you know, this tremendous progress was threatened by severe proposed cuts to child welfare funding that were included in the Governor's Executive Budget last January. Thankfully, the final State budget did not include those cuts, and I want to once again thank the Council for your powerful advocacy on behalf of our City's children and families during the State budget negotiations. I also want to thank the children's advocacy community in New York City who did extraordinary work to make sure that the State Legislature understood the potential impact of these cuts and persuaded legislators and the Governor to maintain the State's commitment to this critical work.

Because we believe so strongly in prevention, we launched the Division of Child and Family Well-Being last fall, making ACS the first child welfare agency in the country to spearhead a "primary prevention" approach, which seeks to reach families proactively with services, resources and educational messages that can support healthy children, families and communities. Our ambitious vision, building on the success of our existing prevention programs, is to build the capacity to reach families before involvement with the child

welfare system occurs, through a range of direct service, public education, and community-building strategies. Our new Division has been in place for a year now, and we are excited about the work we are doing and the potential to expand it in the future.

I'll now turn to Deputy Commissioners Martin and Vargas to discuss our prevention services work in more detail.

### **Prevention Services: Dr. Jaqueline Martin**

Good afternoon. I am Jacqueline Martin, Deputy Commissioner for the Division of Prevention Services (DPS) at ACS. Our goal in DPS is to help keep children safe and to ensure that every NYC child has the support of a strong family and healthy community to help them succeed. We do this by partnering with families and providing access to high quality services that have real impact.

New York City is one of the few jurisdictions in the country where families have access to a comprehensive, holistic, and fully-funded continuum of services and supports to strengthen families and prevent entry into foster care. ACS funds over 200 programs, delivered by 54 contracted providers that support families throughout the City. Our contracted providers are located throughout the five boroughs and are fixtures in the communities they serve. The services they provide range from case management to high intensity evidence-based interventions for families with significant mental health or other challenges. The overall number of child welfare prevention slots has increased from 11,994 in FY2015 to 13,596 in FY2019. By the end of FY2019, ACS will have expanded its array of family support services for approximately 2,900 families. This includes nearly 1,700 slots for families to be served by our contracted prevention family support services,

and 1,000 additional families already receiving new, specialized supportive services as their children return to them from foster care.

### **Training**

As you know, Local Law 16 of 2018 requires ACS to provide training for prevention services caseworkers. The Fiscal Year 2018 budget includes funds so that prevention agencies can send staff to trainings. Providers can receive training at our Workforce Institute or use their own trainings, approved by ACS, to fulfill the training requirements. ACS has instituted a standard that all current prevention staff take 6 days of training each year. These include a mandated reporter e-learn program, as well as courses on motivational interviewing, safety and risk, understanding and undoing implicit bias, and intimate partner violence. Direct service staff and prevention supervisors are required to take all of the above; supervisors are also required to take a course on coaching. In addition, in Fiscal Year 2018, the ACS Workforce Institute developed an 11-day learning program for new preventive case planners in our provider agencies. This new program includes simulation opportunities and structured on-the-job experiences. During FY2018, 4,033 provider agency learners took courses through the Workforce Institute, including most frontline staff in prevention agencies.

### **Prevention Services Continuum**

One of the important hallmarks of New York City's prevention services system is that we offer a continuum of services that allows us to match a family to the services they need, both in terms of intensity and specialization. I am going to describe the types of programs in our continuum:

### General Prevention and Treatment Programs

General Prevention is our largest service model and serves families with children between the ages of birth to 18 years, as well as young people between 18-21 years who were formerly in foster care. General Prevention services last a full year, and are tailored to the individual needs of each family by including services such as case management, individual and family counseling, support groups for parents and youth, help in meeting children's developmental needs, referrals and help accessing benefits, education, prenatal care, substance abuse, mental health, and domestic violence counseling, as well as vocational services and early care and education services. Across the city, ACS funds more than 7,000 general prevention slots.

Family Treatment and Rehabilitation services (FT/R) are designed for higher-risk families and include treatment for substance abuse and mental illness. FT/R programs offer clinical diagnostic teams comprised of licensed therapists, Credentialed Alcohol Substance Abuse Counselors (CASAC), case planners, psychologist consultants, psychiatric consultants and other providers who work with families to develop treatment plans.

### Evidence Based Practice

ACS's continuum of prevention services includes promising practice and evidence-based models, which have been proven effective through documented rigorous scientific study. Evidence-Based Models (EBMs) require intensive staff training and they require clinical and case practice to adhere to strict fidelity standards. We lead the country in our implementation of evidence-based models including Functional Family Therapy, Child Parent Psychotherapy, and Multi-Systemic Therapy. These programs enable us to serve a

broader array of families experiencing complex challenges and address issues like mental health, substance use disorder, and trauma.

### **Innovation in Prevention Services**

Over the past 3 years, the Division of Prevention Services has been a forerunner in launching innovative new programs and approaches to continuously improve the way we serve children and families. I'd like to share a few of our new programs:

#### Court Ordered Supervision

In expanding our continuum of prevention services, we have made a deliberate effort to bolster services for our higher-needs families receiving court-ordered supervision or at immediate risk of court intervention. In Spring 2018 ACS announced awards for 960 new prevention slots, including 480 in evidence-based programs. After implementation planning throughout the summer within ACS and with the awarded provider agencies, programs began accepting referrals on October 1, 2018.

The second phase of implementation is currently underway and involves preparing and training provider agency staff on providing informative testimony in Family Court regarding the family's progress. ACS and our provider agencies are working collaboratively to co-design the processes and trainings required for this phase.

With support from the National Implementation Research Network, phase three entails developing "practice profiles" to help clarify the roles of the prevention case planner and the ACS Family Services Unit Child Protective Specialist when both professionals are working with the same family. This phase involves interviews and focus groups with the ACS Division of Child Protection, our family court attorneys, and our prevention provider agencies.

### Group Attachment Based Intervention

In 2017, ACS launched the Group Attachment Based Intervention (GABI) initiative, which provides access to trauma-informed, intensive attachment-focused therapy for our hardest to reach families, namely parents and very young children (ages 0-3) who have experienced significant trauma, housing instability, mental illness, domestic violence, and other challenges. GABI provides group settings where parents can connect with others experiencing similar challenges, and seeks to improve children's development, decrease their exposure to trauma and maltreatment, reduce parental stress, and boost parental social support and mental health. There are currently five GABI drop-in sites located throughout the City—Manhattan, Queens, and Staten Island each have a GABI site, and two sites are located in the Bronx. We are planning to open a Brooklyn site in 2019, which will be co-located with the Department of Health and Mental Hygiene's Bedford Stuyvesant Neighborhood Health Action Center.

### A Safe Way Forward

Earlier today ACS announced A Safe Way Forward, a new prevention initiative launching this spring that will work with families experiencing domestic violence. This new program is the first of its kind in the country, as it will provide both prevention and clinical services to all members of families experience domestic violence, including the survivors, children and the person causing harm. This model was developed through unprecedented research and collaboration. Our Community Based Strategies team conducted over 12 months of research including literature reviews, interviews with over 100 experts across the country, and close collaboration with survivors, advocates, persons causing harm, and the Mayor's Office to End Domestic and Gender-Based violence. This approach elevates the voices of the families we serve and will ensure that every part of the program is an



empowering experience for them. We strongly believe that family voice must be central to our work.

ACS will partner with two provider agencies to serve 130 families in the Bronx and Staten Island that are involved in court-ordered supervision and have been referred to prevention services.

#### Designing for Opportunity: Pathways to Prevention

Earlier this year, our Community Based Strategies team was awarded the first ever Designing for Opportunity Grant from the Mayor's Office for Economic Opportunity's Service Design Studio. This competitive grant has enabled our team to work in partnership with designers using human centered design tactics to better understand the family's journey through prevention services. Over the past several months we have been interviewing ACS and provider staff, as well as families and advocates to understand their experience of ACS prevention and will be co-designing system improvements with them to ensure our services are accessible, family-driven, and meet their needs. This work will also help inform future procurements of prevention services.

I will now turn to my colleague, Deputy Commissioner Lorelei Vargas, to discuss the Division of Child and Family Well-Being.

#### **Primary Prevention: Lorelei Atalie Vargas**

Good afternoon. I am Lorelei Atalie Vargas, Deputy Commissioner for the Division of Child and Family Well-Being at ACS. As Commissioner Hansell noted earlier, ACS has significantly enhanced our work in prevention services to provide supports for families *before* a need for intervention arises. The creation of the Division of Child and Family

Well-Being (CFWB) last fall brought our City to the forefront nationally for our commitment to primary prevention.

CFWB aims to engage families before they ever reach the child welfare system, with resources and services to help them prosper. We focus on the factors that contribute to family well-being—including health, education, employment, and culture—and use place-based and population-based approaches to engage families and communities. We also exercise a two-generational approach to meeting the needs of families, meaning, we are focused on engaging and providing supports to both parents and children—the entire family unit—because when parents thrive their children can flourish.

Research shows that adverse childhood experiences (ACEs) cause damage to the physical, social and emotional development of children and are a critical public health issue. CFWB is working to address ACEs and build protective factors for resilience. We know that sharing knowledge on ACEs and building these protective factors will be effective in reducing child maltreatment and improving child development outcomes over time. Our objective is to educate communities about brain science and work closely with them to design culturally competent approaches to reduce and mitigate toxic stress in their neighborhoods, with a long-term goal of healthier outcomes. In addition to Family Enrichment Centers, which I will discuss further, CFWB's scope includes ACS's Community Partnerships Programs, the Safe Sleep Initiative, the Medication Safety campaign, early care and education, and a new Office of Equity Strategies that works to identify strategies to reduce inequities, implicit bias, and other factors that contribute to disparate outcomes for the families and communities we serve.

## Family Enrichment Centers

ACS's Family Enrichment Centers (FEC) represent an innovative new model for providing comprehensive, community-focused support to families. The FEC model is a family-centered primary prevention strategy that is designed to reduce rates of child maltreatment and increase family stability and well-being.

Everything about each Center—from the name, to the physical layout, to the services offered—was co-developed with families and the community. The FECs are open to all families in their communities and provide a range of services that support healthy child development. Because the design of each center is community-driven, they are an important vehicle for helping all children and families to thrive. Each Family Enrichment Center mirrors the needs of the community, and therefore helps families locate and access the unique resources they need to succeed.

We are proud to have launched three pilot Family Enrichment Centers in 2018 in neighborhoods with high rates of Child Welfare system involvement. The first Center opened in February in the Hunts Point/Longwood neighborhood of the Bronx and is called O.U.R. Place (Organizing to be United + Resilient). Shortly thereafter, The C.R.I.B. (Community Resources in Brooklyn) in East New York, and Circle of Dreams in Highbridge opened their doors to the community.

Our goal is to work alongside the community and bring them the resources they have identified as needed, to help each and every family thrive. By listening to communities and using data, we are able to leverage resources to support families, with the eventual goal of lowering rates of involvement in the child welfare system. FECs are currently in the midst of a pilot period, and once this demonstration project is complete, our

goal is to expand and procure for FECs to continue in these and other high need communities across the City.

### **Closing**

Thank you for the opportunity to discuss some of the many ways ACS supports families in New York City through our continuum of prevention services. ACS is deeply committed to providing high quality programs and services to meet the needs of all families in the City and we are grateful for the Council's support in this mission. We look forward to further cultivating our partnership with you to carry out this important work.

Thank you again for your time. We are happy to take any questions.



**New York City Council General Welfare Committee**

**October 24, 2018**

**Oversight Hearing: ACS Preventive Services and Family Enrichment Centers**

**Prepared by Tasfia Rahman, Policy Coordinator**

My name is Tasfia Rahman and I am the Policy Coordinator for the Coalition for Asian American Children and Families (CACF). We thank the Chair Levin and members of the General Welfare Committee for holding this important hearing on ACS Preventive Services.

Since 1986, the Coalition for Asian American Children and Families (CACF) is the nation's only pan-Asian children and families' advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. The Asian Pacific American (APA) population, over 1.3 million people, comprises over 15% of New York City – the same size of the entire population of Dallas. Yet, the needs of the APA community are often overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth, which prevents community's needs from being acknowledged and understood. This means our communities, as well as the organizations that serve the community, often lack resources to provide critical services for those in need. We work with almost 50 member organizations to identify and speak out on common challenges and needs across the APA community.

Asian Pacific Americans hail from South, Southeast, East, and Central Asian countries, as well as from the Pacific Islands. In NYC we represent over 40 ethnicities, tens of languages and religions, and a multitude of cultures and immigration experiences. On behalf of the almost 50 Asian-led and Asian-serving community and social service organizations that comprise our membership, I urge the Council to ensure Asian Pacific American (APA) and immigrant children and families have access to much-needed culturally competent and linguistically accessible preventive services.

**Today we ask that you encourage the Administration for Children's Services (ACS) to expand preventive services contracts and various innovative models of prevention, including Family Enrichment Centers, to be able to serve the diverse and high-need Asian Pacific American communities of New York City. Currently, there are no Family Enrichment Centers serving the various Asian Pacific American communities across New York City. Additionally, there are no preventive services for a large number of APA children and families – apart from the Chinese and Arab American communities.**

Contrary to the model minority myth -- Almost 25% of Asian Americans live in poverty in NYC. The latest data from the NYC Mayor's Office of Economic Opportunity shows that Asian Americans have the **HIGHEST** poverty rate in the City of all racial ethnic groups, as well as the highest intensity of poverty. And almost 40% of Asian Americans in New York City are on Medicaid, the highest rate of Medicaid utilization within racial/ethnic group. Asian Americans also have the highest poverty rate among full-

time, year-round workers – this is the working poor. About 80% of our population is foreign-born. Over 40% of Asian American homes are linguistically isolated, meaning that no one age 14 and above in the home is fluent in English. This data, although helpful in beginning to paint accurate pictures of our community needs, is mostly aggregate and fails to shed light on the various unique struggles among specific Asian ethnic communities.

Many times, we are not accurately counted and our needs remain misunderstood and unaddressed. Currently, despite our growing need and population, APA community organizations receive approximately 1% of City social service contract dollars. In data collection efforts across the City, including City agencies such as ACS, our communities are many times mistaken in our ethnic or language backgrounds and needs OR relegated to the category "Other". This lack of accurately collected data and information on the community, coupled with a lack of accessible information and entry points for APA children and families who require resources and services, is often erroneously equated to a lack of need or risk within our communities.

Currently, there are NO culturally competent and language accessible preventive services available for multiple APA communities, including those most disenfranchised and struggling such as various Southeast and South Asian communities.

Asian Pacific Americans struggle not only with a lack of culturally competent service provision, but also struggle with a cultural stigma regarding receiving government services. The recent federal proposals and mandates such as changes in Public Charge serve to alienate and punish immigrants, especially those who are undocumented, that access needed services. This has only increased the amount of misunderstanding and fear among our communities regarding accessing City services, and driven those who require services to remain in isolation.

As reported by many of our APA organizational members, language barriers that still exist within the child welfare system in New York City include: a mismatch in interpretation services with requested language/dialect; lack of quality interpretation and interpreter bias; delays in interpretation; and poor-quality translations of written materials. Limited access to culturally competent, linguistically accessible services in child welfare services and other settings make navigating systems impossible for individuals struggling with Limited English Proficiency (LEP), cultural barriers and lack of knowledge or familiarity with existing systems of care. This should be considered part of the definition of high risk that draws the City's funding and attention for innovative preventive programming, yet our APA immigrant communities and the community organizations serving them have traditionally been left out of the dialogue in this regard.

We would like to acknowledge the recent efforts of ACS to invite in and understand some of our APA community needs in prevention. Our community has been invited to meet regularly with ACS leadership; and we have been involved with the strategic processes of the Child Welfare 20/21 Initiative in preparing for the upcoming round of RFPs for preventive and other ACS contracts. We hope to see reflected in the agency's upcoming RFP for preventive services the various issues and priorities discussed.

Still, there remains much to be done and multiple families are languishing without enough data and understanding of community needs, and without appropriate preventive services. Improving language access and cultural competence within ACS is crucial to the APA communities. All services should be linguistically accessible at all access points (phone, mail, website and in-person). City agencies must go beyond simple translation and interpretation services. Sustained oversight is needed to ensure that strategic policies and investments targeted at ameliorating the cultural gap between immigrant communities and child welfare systems are implemented.

Our recommendations today:

- 1) **Encourage ACS to continue to improve its data collection on the diverse and high-need APA immigrant communities, and to consider and incorporate the various challenges faces by immigrant communities in the assessment of community risk and need.** Under Local Laws 126 and 127, ACS is named as one of the City agencies to start providing a demographic survey regarding ethnicity and languages spoken of people involved in the system, and a compilation of that data for review. There is not enough clarity at this point around the ethnic and language backgrounds of the APA families already involved in ACS services. Additionally, the most recent NYC language access law, Local Law 30, requires the expansion of translation and interpretation services to include Arabic and Urdu among other languages. We ask that there be continued oversight on this process, and will be testifying on the implementation of that law tomorrow in front of the Committees on Immigration and General Ops. Ultimately, better data and consideration of the APA community's high needs can result in innovations like Family Enrichment Centers and other prevention models to be reach the APA communities in New York City.
- 2) **Encourage the Administration for Children's Services (ACS) to focus on APA community needs in the upcoming RFP process for preventive services.** APA children and families comprise 15% of New York City's population, and APA-serving preventive agencies have seen a significant increase in demand -- over their service capacity -- for in-language preventive services. APA community organizations that provide culturally competent and language accessible services and that aren't contracted with ACS are also providing intensive support services to families involved with ACS. Mainstream prevention providers must be held accountable to prioritizing outreach and service to the currently underserved Asian Pacific American ethnicities. For example, there has been a significant increase in the APA population in the Bronx and Staten Island but because of the dearth of Asian-led and Asian-serving CBOs in these boroughs many clients travel to Manhattan, Brooklyn and Queens for child welfare and youth services that are culturally competent and linguistically accessible. Ultimately, ACS must be able to ensure vital preventive services in neighborhoods that have well-established *and* newly-emerging APA communities.

Thank you for the opportunity to testify. We hope that the City Council will continue to be a champion for New York's most vulnerable children and families.



**Brooklyn Headquarters**

150 Court Street, 3rd Fl  
Brooklyn, NY 11201  
T: (718) 643-8000  
F: (718) 797-0410

**Queens Office**

37-10 30th Street, 2nd Fl  
Queens, NY 11101  
T: (718) 937-8000  
F: (347) 808-8778

**AAFSC @ the Family Justice Centers**

FJC Bronx: (718) 508-1220  
FJC Brooklyn: (718) 250 - 5035  
FJC Manhattan: (212) 602-2800  
FJC Queens: (718) 575 - 4500  
FJC Staten Island: (718) 697 - 4300

**AAFSC @ The Khalil Gibran**

**International Academy**  
362 Schermerhorn St,  
Brooklyn, NY 11217  
T: (718) 237-2502

**Arij Abdul-Halim, Senior Director of Preventive Services, Arab-American Family Support Center**

Thank you to the New York City Council and to the Administration for Children's Services for collaborating with community based organizations like the Arab-American Family Support Center to improve the lives of our most vulnerable neighbors. I am honored to be here today to testify on behalf of the marginalized and under-resourced immigrant and refugee families throughout New York City. Together, we have come far in providing strong support systems and together, we will continue to ensure the most effective solutions are available for those in need.

At the Arab-American Family Support Center, we have strengthened immigrant and refugee families since 1994 by promoting wellbeing, preventing violence, getting families ready to learn, work, and succeed, and amplifying the voices of marginalized populations. We have been strong partners of New York City and ACS through our Preventive Services Program. Our culturally and linguistically competent, trauma-informed case managers meet with families throughout the five boroughs to prevent and end violence, improve parenting skills, and keep children out of foster care. We commit to serving these families, which are at various levels of risk, at a high touch point, seeing clients for 9-12 months, and sometimes longer. Our staff speak 16 languages, including Arabic, Bangla, Hindi, Nepali, Pashto, Spanish, Tibetan and over 30 dialects. The value of this cultural and linguistic competence cannot be overstated. Our city is rich with diversity - as such, we cannot utilize a one-size fits all approach to any service.

We can only drive real, effective, and sustainable change when we offer services in a language that makes sense to the clients, when we understand the cultural elements at play, and when the service providers appreciate and respect the trauma our clients have faced in their home countries, in war, through harrowing migration journeys, and living in poverty.

We urge you to continue your commitment to prioritizing and increasing the availability of culturally and linguistically competent, trauma-informed services throughout the five boroughs. The Arab-American Family Support Center stands ready to work with you to help the most vulnerable among us thrive.



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Name: Deedra Cheatham

Address: 106-07 Glenwood Road #3C Bklyn, NY 11236

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: Jeanette Vega

Address: 2110 Arthur Ave

I represent: Rise Parent & organization

Address: 204 W 30th St.

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Name: David Hansell, Commissioner

Address: 150 William Street, NY, NY

I represent: NYC Administration for Children's Services

Address: \_\_\_\_\_

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Name: Jacqueline Martin, Deputy Commissioner

Address: 150 William Street, NY, NY

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Address: \_\_\_\_\_

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(PLEASE PRINT)

Name: ARIJ ABDUL-HALIM

Address: 37-10 30TH STREET QUEENS NY 11011

I represent: ARAB-AMERICAN FAMILY SUPPORT CENTER

Address: \_\_\_\_\_

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(PLEASE PRINT)

Name: Lorelei Vargas, Deputy Commissioner

Address: 150 William Street, NY, NY

I represent: NYC Administration for Children's Services

Address: \_\_\_\_\_

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Date: \_\_\_\_\_

Name: ROBERT KREMER (PLEASE PRINT)

Address: 233 BROADWAY

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

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☐ in favor ☐ in opposition

Date: 10-24-2018

Name: Tastia Rahman (PLEASE PRINT)

Address: \_\_\_\_\_

I represent: Coalition For Asian American Children & Families

Address: 50 Broad St New York, NY

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