

## How to Apply for Puget Sound ESD Early Head Start Programs.

Welcome!

Please complete one application packet and attach the requested documents.

**Your information is confidential. We do not require, check on, or report on immigration status.**

Eligibility to our programs is determined by family income, not by the date you applied.

Our programs fill up fast, so please apply as soon as you can!



**Contact us if you need help to complete the application, or if you do not have all of the requested documents.**

Please follow the steps below:



Fill out the application form using a black or blue pen.



Attach a copy of your proof of family income.



Attach a copy of proof of family size.

**Use all that apply:**

- Last year's Income Tax Return
- Last year's W-2 Form
- Pay stubs from the last 12 months
- SSI/TANF benefits letters from the last 12 months
- Foster care grant
- Child support
- Employer letter stating your total gross income from the last 12 months

**Use one of these:**

- Last year's Income Tax Return
- Housing Lease



**Call our office if you receive other types of income, not listed above.**



**Return your completed application and documents to:**

**Address:**

**Phone Number:**

**Please make sure that your proof of income is included. We cannot process your application without this information.**

**Remember to return your completed application as soon as possible! Thank you for choosing our Early Head Start Programs!**

# Expectant Mother Application 2018-2019

Total Points:

STAFF ONLY	Date received:	Site ID/Name:
	Date staff reviewed application with family:	Date sent to PSESD:

The information on your application is confidential and used only to determine your child's eligibility for our Early Head Start Programs. We do not require, check, or report on immigration status.

Child's Due Date:		
Family Information	Expectant Mother	Second Parent
Name:		
❖ Date of Birth:	____/____/____ Month/Day/Year  If not currently, have you been a teen parent in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ Month/Day/Year  If not currently, have you been a teen parent in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Are you living with the expectant mother? <input type="checkbox"/> Yes <input type="checkbox"/> No - Write address below:
Phone:	____-____-____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	____-____-____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alternate Phone:	____-____-____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	____-____-____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email Address:		
What is the best way to contact you?	<input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text
When is the best time to contact you?	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Any time	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Any time
<b>Collecting the information below helps us to determine the most culturally appropriate services and supports unique to your family.</b>		
Do you identify as Hispanic/Latino?	<input type="checkbox"/> Yes - Please describe or write the country of origin: _____  <input type="checkbox"/> No	<input type="checkbox"/> Yes - Please describe or write the country of origin: _____  <input type="checkbox"/> No
How do you identify your race? Check all that apply:	<input type="checkbox"/> African/African American/Black ➤ Please describe or write the tribe/country of origin: _____  <input type="checkbox"/> Asian ➤ Please describe or write the tribe/country of origin: _____  <input type="checkbox"/> Alaska Native/Native American/American Indian ➤ Please describe or write the tribe/country of origin: _____  <input type="checkbox"/> Native Hawaiian or Pacific Islander ➤ Please describe or write the tribe/country of origin: _____  <input type="checkbox"/> White ➤ Please describe or write the tribe/country of origin: _____  If not listed above, please describe your child's heritage: _____	<input type="checkbox"/> African/African American/Black ➤ Please describe or write the tribe/country of origin: _____  <input type="checkbox"/> Asian ➤ Please describe or write the tribe/country of origin: _____  <input type="checkbox"/> Alaska Native/Native American/American Indian ➤ Please describe or write the tribe/country of origin: _____  <input type="checkbox"/> Native Hawaiian or Pacific Islander ➤ Please describe or write the tribe/country of origin: _____  <input type="checkbox"/> White ➤ Please describe or write the tribe/country of origin: _____  If not listed above, please describe your child's heritage: _____

FAMILY INFORMATION

# Expectant Mother Application 2018-2019

FAMILY INFORMATION	<b>Family Information</b>		
	Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	What language(s) do you speak?	_____	_____
	Did you get a high school diploma or GED?	<input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> None - What is the highest <b>grade</b> you completed? _____	<input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> None - What is the highest <b>grade</b> you completed? _____
	What is the highest <b>degree</b> you completed?	<input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College degree/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> None	<input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College degree/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> None
	Are you currently receiving WIC services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you referred to Early Head Start (EHS)?	<input type="checkbox"/> Yes - Name of referring person/agency: _____ <input type="checkbox"/> No		
Are you currently enrolled in an EHS program?	<input type="checkbox"/> Yes - Name of program: _____ <input type="checkbox"/> No		
Please check areas of concern that you have for yourself/your family that we may be able to assist you with:			
<input type="checkbox"/> Prenatal care services <input type="checkbox"/> High-risk pregnancy <input type="checkbox"/> No medical coverage/dental coverage <input type="checkbox"/> No doctor/midwife/dentist <input type="checkbox"/> Assistance with clothing, furniture, equipment for baby <input type="checkbox"/> Parent/guardian has learning difficulties <input type="checkbox"/> Previously homeless (in the last 12 months) <input type="checkbox"/> Parent/guardian is disabled <input type="checkbox"/> Parent/guardian is currently deployed to a combat zone, or was within the last 12 months <input type="checkbox"/> Parent/guardian is incarcerated			
<input type="checkbox"/> Household mental illness/counseling, including maternal depression <input type="checkbox"/> Parent/guardian is a migrant worker <input type="checkbox"/> Household domestic violence (past or current) <input type="checkbox"/> Household drug/alcohol issues or substance abuse <input type="checkbox"/> Family has little or no support from other family or friends <input type="checkbox"/> Getting or keeping a job <input type="checkbox"/> Concerns with housing <input type="checkbox"/> Legal concerns <input type="checkbox"/> Recent immigrant/refugee (past 5 years)			
INCOME INFORMATION	<b>Income Information</b>		
	Do you or a member of your family receive these types of income? Check all that apply:		
	<input type="checkbox"/> TANF ➤ Is it for child only? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Do you have a Working Connections Child Care Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supplemental Security Income (SSI) for disability ➤ Person's relationship to unborn child: _____	<input type="checkbox"/> Foster Child Income
	Total estimated household income for the last calendar year or the last 12 months*: _____		
	Number of people in your family or household that are supported by your total income (include the pregnancy as part of the family size): _____ <b>Please include proof of income and family size with this application.</b>		
Is your family receiving services from Child Protective Services (CPS), Family Assessment Response (FAR), OR Indian Child Welfare (ICW)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your family received services from CPS or ICW in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your current housing situation? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other - <b>If this is checked, please complete the attached <i>Housing Questionnaire</i>.</b>			
How did you learn about our program? Check all that apply:			
<input type="checkbox"/> Website <input type="checkbox"/> Community event <input type="checkbox"/> Flyer <input type="checkbox"/> Media <input type="checkbox"/> Word of mouth <input type="checkbox"/> Site staff <input type="checkbox"/> Past parent <input type="checkbox"/> Community agency/Case worker - Please specify: _____ <input type="checkbox"/> Other - Please specify: _____			

I have answered the questions to the best of my knowledge and have provided the requested documentation that I have available.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Housing Questionnaire**

Site Name and Address

**If you own/rent your home, you do not need to complete this form.**

The answers to the following questions can help determine the services this student may be eligible to receive. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see the next page for more information)

If you do not own/rent your home, please share your current living situation. Check all that apply below:

- |   |  |
|---|--|
| <input type="checkbox"/> In a motel   | <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |
| <input type="checkbox"/> In a shelter   | <input type="checkbox"/> Moving from place to place/couch surfing                                      |
| <input type="checkbox"/> In someone else's house or apartment with another family – Please check one: | <input type="checkbox"/> A car, park, campsite, or similar location                                    |
| ➤ <input type="checkbox"/> By choice  | <input type="checkbox"/> Transitional Housing  |
| ➤ <input type="checkbox"/> Due to loss of housing, economic hardship, or similar reason               | <input type="checkbox"/> Other – Please describe:  |

**STAFF: Review the ERSEA Procedure for follow up questions.**

Name of expectant mother: \_\_\_\_\_  
First
Middle
Last

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month/Day/Year

Address of current residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.**

Name: \_\_\_\_\_

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

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

## SEC. 725. DEFINITIONS

For purposes of this subtitle:

(1) The terms “enroll” and “enrollment” include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(3) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

## Additional Resources

Parent information and resources can be found at the following:

[http://center.serve.org/nche/ibt/parent\\_res.php](http://center.serve.org/nche/ibt/parent_res.php)

<http://www.schoolhouseconnection.org/>

### STAFF ONLY

**Check the services that are needed or desired by the family and provide resources as soon as possible:**

- |   |  |
|---|--|
| <input type="checkbox"/> Child care resources                   | <input type="checkbox"/> School transportation (if site provides)  |
| <input type="checkbox"/> Clothing resources                     | <input type="checkbox"/> Hygiene products/toiletries               |
| <input type="checkbox"/> School supplies                        | <input type="checkbox"/> Food resources                            |
| <input type="checkbox"/> Medical/dental referral                | <input type="checkbox"/> Vision referral                           |
| <input type="checkbox"/> College/vocational/technical resources | <input type="checkbox"/> Medicaid/DSHS services – Food stamps/TANF |
| <input type="checkbox"/> Housing/shelter referral               | <input type="checkbox"/> Birth certificate                         |
| <input type="checkbox"/> Immunization/medical records           | <input type="checkbox"/> Other:                                    |

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_