

Expectant Mother Application Pointing Tool with Guidance

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 Learning Programs. We do not require, check, or report on immigration status.

Child's Due Date:						
FAMILY INFORMATION	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	<input type="checkbox"/>	Age of expectant mother 6 pts – 15 or under 4 pts – 16-19 2 pts – 20+ (has been a teen parent) 0 pts – 20+ (has never been a teen parent)	
	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	____-____-____ <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	____-____-____ <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			
	Collecting the information below helps us to determine the most culturally appropriate services and supports unique to your family.					
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			See opportunity gap pts. on next page.	

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	<p>How do you identify your race? Check all that apply:</p>	<p><input type="checkbox"/> African/African American/Black ➤ Please describe or write the tribe/country of origin: _____</p> <p><input type="checkbox"/> Asian ➤ Please describe or write the tribe/country of origin: _____</p> <p><input type="checkbox"/> Alaska Native/Native American/American Indian ➤ Please describe or write the tribe/country of origin: _____</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander ➤ Please describe or write the tribe/country of origin: _____</p> <p><input type="checkbox"/> White ➤ Please describe or write the tribe/country of origin: _____</p> <p>If not listed above, please describe your child's heritage: _____</p>	<p><input type="checkbox"/> African/African American/Black ➤ Please describe or write the tribe/country of origin: _____</p> <p><input type="checkbox"/> Asian ➤ Please describe or write the tribe/country of origin: _____</p> <p><input type="checkbox"/> Alaska Native/Native American/American Indian ➤ Please describe or write the tribe/country of origin: _____</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander ➤ Please describe or write the tribe/country of origin: _____</p> <p><input type="checkbox"/> White ➤ Please describe or write the tribe/country of origin: _____</p> <p>If not listed above, please describe your child's heritage: _____</p>	<p><input type="checkbox"/> 8 pts – Expectant mother is of a race or ethnic group identified in the Opportunity Gap* (Black/African American, Hispanic/Latino, Native American/Alaska Native, Hawaiian/Pacific Islander). If the child is bi-racial or multi-racial heritage, the parent must identify the child as one of the above. (Immigrant/Refugees who are <u>not</u> in the Opp Gap may receive 8 pts in “concerns” section.)</p> <p>*Opportunity Gap: Access gaps that arise from the inequities in the education system that pose as barriers to student academic success. All students can succeed, but they need highly effective teachers, culturally responsive curriculum, materials, academic and social support – resources that are often missing today for student of color.</p>
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FAMILY INFORMATION	Family Information			
	Do you need an interpreter? What language(s) do you speak?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
	Did you get a high school diploma or GED? What is the highest degree you completed?	<input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> None - What is the highest grade you completed? _____ <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College degree/training 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"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> None - What is the highest grade you completed? _____ <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College degree/training 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"/> 3 pts – One or both parent/guardian needs interpreter. Some may say “no” because they speak a fair amount of English. You may share with them that we often use academic language in conferences, parent events, etc. so an interpreter can be very helpful. Asking their language recognizes the importance of their language and helps prepare for interpreter needs. (May also receive 3 pts for Recent Immigrant/Refugee.) <input type="checkbox"/> Give points for only one parent: If applicable to two parents/guardians, select points only for the lowest grade. Non-teen parent: 5 pts – less than 6 th grade education 3 pts – 7-12 th grade with no diploma Teen parent/parent currently attending high school: 6 pts – 8 th grade or less 5 pts – 9 th grade 4 pts – 10 th grade 3 pts – 11 th grade 2 pts – 12 th grade (Highest degree: info for PIR)
	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				

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<p>Are you currently enrolled in an EHS program? <input type="checkbox"/> Yes – Name of program: _____ <input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1000 pts – If expectant mother currently attending a PSESD or EHS Children’s Home Society (CHS) program. OR 3 pts – Expectant mother currently attending a non-PSESD or non-CHS program.</p>
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<p>Please check areas of concern that you have for yourself/your family that we may be able to assist you with:</p> <table border="0"> <tr> <td><input type="checkbox"/> Prenatal care services – 0 pts</td> <td><input type="checkbox"/> Household mental illness/counseling, including maternal depression – 3 pts*</td> </tr> <tr> <td><input type="checkbox"/> High-risk pregnancy – 20 pts*</td> <td><input type="checkbox"/> Parent/guardian is a migrant worker – 1 pt.</td> </tr> <tr> <td><input type="checkbox"/> No medical coverage/dental coverage – 1 pt.</td> <td><input type="checkbox"/> Household domestic violence (past or current) – 4 pts</td> </tr> <tr> <td><input type="checkbox"/> No doctor/midwife/dentist – 1 pt.</td> <td><input type="checkbox"/> Household drug/alcohol issues or substance abuse – 3 pts</td> </tr> <tr> <td><input type="checkbox"/> Assistance with clothing, furniture, equipment for baby – 0 pts</td> <td><input type="checkbox"/> Family has little or no support from other family or friends – 2 pts</td> </tr> <tr> <td><input type="checkbox"/> Parent/guardian has learning difficulties – 2 pts*</td> <td><input type="checkbox"/> Getting or keeping a job – 2 pts</td> </tr> <tr> <td><input type="checkbox"/> Previously homeless (in the last 12 months)</td> <td><input type="checkbox"/> Concerns with housing – 2 pts*</td> </tr> <tr> <td><input type="checkbox"/> Parent/guardian is disabled – 2 pts*</td> <td><input type="checkbox"/> Legal concerns – 2 pts*</td> </tr> <tr> <td><input type="checkbox"/> Parent/guardian is currently deployed to a combat zone, or was within the last 12 months – 3 pts</td> <td><input type="checkbox"/> Recent immigrant/refugee (past 5 years) – 8 pts*</td> </tr> <tr> <td><input type="checkbox"/> Parent/guardian is incarcerated – 4 pts</td> <td></td> </tr> </table>	<input type="checkbox"/> Prenatal care services – 0 pts	<input type="checkbox"/> Household mental illness/counseling, including maternal depression – 3 pts*	<input type="checkbox"/> High-risk pregnancy – 20 pts*	<input type="checkbox"/> Parent/guardian is a migrant worker – 1 pt.	<input type="checkbox"/> No medical coverage/dental coverage – 1 pt.	<input type="checkbox"/> Household domestic violence (past or current) – 4 pts	<input type="checkbox"/> No doctor/midwife/dentist – 1 pt.	<input type="checkbox"/> Household drug/alcohol issues or substance abuse – 3 pts	<input type="checkbox"/> Assistance with clothing, furniture, equipment for baby – 0 pts	<input type="checkbox"/> Family has little or no support from other family or friends – 2 pts	<input type="checkbox"/> Parent/guardian has learning difficulties – 2 pts*	<input type="checkbox"/> Getting or keeping a job – 2 pts	<input type="checkbox"/> Previously homeless (in the last 12 months)	<input type="checkbox"/> Concerns with housing – 2 pts*	<input type="checkbox"/> Parent/guardian is disabled – 2 pts*	<input type="checkbox"/> Legal concerns – 2 pts*	<input type="checkbox"/> Parent/guardian is currently deployed to a combat zone, or was within the last 12 months – 3 pts	<input type="checkbox"/> Recent immigrant/refugee (past 5 years) – 8 pts*	<input type="checkbox"/> Parent/guardian is incarcerated – 4 pts		<p><input type="checkbox"/> Total all <input checked="" type="checkbox"/> points: *Additional info on a few items High-risk pregnancy: If diagnosed by a medical provider Learning difficulties: Point if learning difficulty is <u>not</u> related to points given for disability Disabled: (May also receive 100 pts if receiving SSI.) Mental Illness: May include grief and loss, does not include child Concerns with housing: Substandard, costly, small, etc. (May also receive 100 related pts for Homeless) Legal concerns: May include immigration status if disclosed as a concern. Recent (5 years) immigrant/ refugee: Families who do <u>not</u> get Opp Gap points.</p>
<input type="checkbox"/> Prenatal care services – 0 pts	<input type="checkbox"/> Household mental illness/counseling, including maternal depression – 3 pts*																				
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INCOME INFORMATION	Income Information									
	Do you or a member of your family receive these types of income? Check all that apply: <input type="checkbox"/> TANF <input type="checkbox"/> Supplemental Security Income (SSI) for disability <input type="checkbox"/> Foster Child Income ➤ Is it for child only? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Person's relationship to unborn child: _____ ➤ Do you have a Working Connections Child Care Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	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): _____ Please include proof of income and family size with this application.									
MAXIMUM ANNUAL INCOME FROM ALL SOURCES										
Percent FPL		< 50%	50% FPL	80%	100% (HS/EHS LIMIT)	110% (ECEAP LIMIT)	130%	185%	200%	250%
Points		65 pts	60 pts	50 pts	50 pts	50 pts	40 pts	35 pts	20 pts	15 pts
FAMILY SIZE	1	\$4,856	\$6,070	\$9,712	\$12,140	\$13,354	\$15,782	\$22,459	\$24,280	\$30,350
	2	\$9,176	\$10,390	\$14,032	\$16,460	\$17,674	\$20,102	\$26,779	\$28,600	\$34,670
	3	\$13,496	\$14,710	\$18,352	\$20,780	\$21,994	\$24,422	\$31,099	\$32,920	\$38,990
	4	\$17,816	\$19,030	\$22,672	\$25,100	\$26,314	\$28,742	\$35,419	\$37,240	\$43,310
	5	\$22,136	\$23,350	\$26,992	\$29,420	\$30,634	\$33,062	\$39,739	\$41,560	\$47,630
	6	\$26,456	\$27,670	\$31,312	\$33,740	\$34,954	\$37,382	\$44,059	\$45,880	\$51,950
	7	\$30,776	\$31,990	\$35,632	\$38,060	\$39,274	\$41,702	\$48,379	\$50,200	\$56,270
	8	\$35,096	\$36,310	\$39,952	\$42,380	\$43,594	\$46,022	\$52,699	\$54,520	\$60,590
For families/households with more than 8 persons, add \$4,320 for each additional person.										
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 – If this is checked, please complete the attached <i>Housing Questionnaire</i>.										<input type="checkbox"/> 100 pts – Currently receiving SSI/TANF. See <i>ERSEA Procedure</i> for more guidance on Public Assistance. (Give points only when no other 100 pts have been given.) <input type="checkbox"/> Use the Federal Poverty Level (FPL) chart to determine income points. The chart shows the MAXIMUM income amount for each % FPL. For example, if a family of 2 has a total income of \$14,000 per year, they would receive 50 pts because it is more than the maximum of 50% FPL and less than the maximum of 80%. <input type="checkbox"/> 100 pts – Currently receiving services through CPS or FAR or ICW (Give points only when no other 100 pts have been given.) <input type="checkbox"/> 6 pts – CPS or ICW in the past . (Not FAR) If <input checked="" type="checkbox"/> other, review <i>Housing Questionnaire</i> . 100 pts if meets McKinney-Vento definition of homeless (see definition on <i>Housing Questionnaire</i> or in <i>ERSEA Procedure</i>) (Give points only when no other 100pts have been given.)

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How did you learn about our program? Check all that apply

Website Community event Flyer Media Word of mouth Site staff Past parent

Community agency/Case worker – Please specify: _____ Other – Please specify: _____

1 pt. – Community agency/caseworker referrals such as DSHS, medical/dental, homeless organizations, CPS, etc.

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: _____