

2017-2018 Application Pointing Tool - Expectant Mother



Total Points

Initial Application Returning Application

Section A: Expectant Mother's Information

Expectant Mother's Information	First Name: _____ Middle Initial: _____ Last Name: _____	BOX 1: 200 or 50		
	Due Date: _____			
	Are you under 20 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, check one: <input type="checkbox"/> 15 or under 6 <input type="checkbox"/> 16 – 19 4		
	If you are older than 19 years old, have you ever been a teen parent? <input type="checkbox"/> No <input type="checkbox"/> Yes 2	BOX 2: 6, 4, or 2		
	Are you over 35 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes 0			
	Do you need assistance getting clothing, furniture, equipment, or a car seat for your baby? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Were you referred to Early Head Start (EHS)? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, by whom? _____			
	Are you currently enrolled in an Early Head Start program? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	If yes, where? _____	BOX 3: 8000 or 225		
	Do you have Medical Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes 0	Do you have Dental Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes 0		
Do you have a Doctor/Midwife? <input type="checkbox"/> No <input type="checkbox"/> Yes 0	Do you have a Dentist? <input type="checkbox"/> No <input type="checkbox"/> Yes 0			
Have you received prenatal care for this pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes 0				
Is this pregnancy considered high risk? <input type="checkbox"/> No <input type="checkbox"/> Yes	BOX 4: diagnosed by medical provider; 20			
Do you have concerns in the area of Mental Health, Anxiety, Post-Partum Depression, or PTSD? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Are you currently receiving WIC services? <input type="checkbox"/> No <input type="checkbox"/> Yes 0	BOX 5: 4			

Expectant Mother Information	Second Expectant Parent Information
Name: Listed above	Name: _____
Date of Birth: ____/____/____	Date of Birth: ____/____/____
Address: _____	Living with expectant mother? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, address: _____
How do you identify your race(s)/ethnicity(ies)? 15	BOX 6: Opportunity Gap; 15 total
Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes	BOX 7: Interpreter; 4 total
What language(s) do you speak? _____	What language(s) do you speak? _____ BOX 8: ELL; 3 total

Expectant Mother Information	Second Expectant Parent Information
Primary phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	Primary phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message
Secondary phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	Secondary phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message
Email: _____	Email: _____
What is the best way to contact you?	What is the best way to contact you?
What is the best time to contact you? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Any time	What is the best time to contact you? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Any time

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Expectant Mother Information	Second Expectant Parent Information
Education Level (check highest completed) <input type="checkbox"/> Grade 6 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Grade 7 <input type="checkbox"/> College/Adv. Training <input type="checkbox"/> Grade 8 <input type="checkbox"/> College Degree/Training Certificate <input type="checkbox"/> Grade 9 <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 12 (No diploma) <input type="checkbox"/> GED	Education Level (check highest completed) <input type="checkbox"/> Grade 6 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Grade 7 <input type="checkbox"/> College/Adv. Training <input type="checkbox"/> Grade 8 <input type="checkbox"/> College Degree/Training Certificate <input type="checkbox"/> Grade 9 <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 12 (No diploma) <input type="checkbox"/> GED <p style="text-align: right;">BOX 9: Less than 7th grade; 6 7th – 12th grade/GED; 5</p>

Section B: Eligibility Information – Family, Mother, Second Parent

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Family Information	Does your family currently receive TANF cash assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes BOX 10: TANF or SSI; 250
	Are you or a member of your family currently receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes BOX 11: CPS or FAR; 50
	Is your family receiving Child Protective Services? <input type="checkbox"/> No <input type="checkbox"/> Yes BOX 12: Homeless; 950
	Is your family receiving services from Family Assessment Response (FAR)? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Are you currently experiencing homelessness? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Household income for the last calendar year or the last 12 months: BOX 13: Risk Factor Pts for Income; FPL Chart
	Number of people in your household: _____ (include the pregnancy as part of the family size) BOX 14: Total
	Do you have any concerns for yourself, other family members and/or your significant other? (Check all that apply)
	<input type="checkbox"/> Disability/Unable to work 3 <input type="checkbox"/> Job/Employment 2 <input type="checkbox"/> Little or no support from family or friends 5 <input type="checkbox"/> Drug/Alcohol issues 5 <input type="checkbox"/> Learning difficulties 3 <input type="checkbox"/> Immigrant/Refugee(past 3 years) 15 <input type="checkbox"/> Health Concern 4 <input type="checkbox"/> Medical coverage 0 <input type="checkbox"/> Loss/Grief 3 <input type="checkbox"/> Incarcerated Parent(s) 6 <input type="checkbox"/> Family Violence 6 <input type="checkbox"/> Housing 4 <input type="checkbox"/> Legal issues 2 <input type="checkbox"/> Military deployment (current or in last year) 4 <input type="checkbox"/> Immigration 3 <input type="checkbox"/> Past CPS Involvement 6 <input type="checkbox"/> Homeless in the past 12 months (not currently) 5
	How did you hear about our program?
<input type="checkbox"/> Agency referral from: _____ BOX 15: Agency referral; 4 <input type="checkbox"/> Other: 0	

Expectant Mother Signature _____

Date _____

I have answered the questions to the best of my knowledge. The information provided will be used to determine my child's eligibility for the Early Learning Programs. The information on your application is confidential and used to determine eligibility. We do not release information to immigration or other government authority. The information provided may be shared with our funders: the Office of Head Start.

Date Received: _____

Date sent to PSESD: _____

Site ID/Name: _____