

2017-2018 Expectant Mother Application



Total Points

Initial Application Returning Application

Section A: Expectant Mother's Information

Expectant Mother's Information	First Name: _____ Middle Initial: _____ Last Name: _____	
	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 <input type="checkbox"/> 16 – 19
	If you are older than 19 years old, have you ever been a teen parent? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Are you over 35 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	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? _____	
	Do you have Medical Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have Dental Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Do you have a Doctor/Midwife? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have a Dentist? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Have you received prenatal care for this pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is this pregnancy considered high risk? <input type="checkbox"/> No <input type="checkbox"/> Yes		
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		

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)?	How do you identify your race(s)/ethnicity(ies)?
Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes
What language(s) do you speak? _____	What language(s) do you speak? _____
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

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

Family Information	Does your family currently receive TANF cash assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Are you or a member of your family currently receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Is your family receiving Child Protective Services? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	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: _____	
	Number of people in your household: _____ (include the pregnancy as part of the family size)	
	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 <input type="checkbox"/> Job/Employment <input type="checkbox"/> Little or no support from family or friends <input type="checkbox"/> Drug/Alcohol issues <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Immigrant/Refugee (past 3 years) <input type="checkbox"/> Health Concern <input type="checkbox"/> Medical coverage <input type="checkbox"/> Loss/Grief <input type="checkbox"/> Incarcerated Parent(s) <input type="checkbox"/> Family Violence <input type="checkbox"/> Housing <input type="checkbox"/> Legal issues <input type="checkbox"/> Military deployment (current or in last year) <input type="checkbox"/> Immigration <input type="checkbox"/> Past CPS Involvement <input type="checkbox"/> Homeless in the past 12 months (not currently)	
	How did you hear about our program?	
<input type="checkbox"/> Agency referral from: _____		
<input type="checkbox"/> Other: _____		

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: _____