

Expectant Mother Application 2019-2020

Welcome! Please complete one application packet and attach the required documents.
 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!

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 or DSHS status.

REQUIRED DOCUMENTS

Please contact us if you need help to complete the application or if you do not have all of the required documents listed below.

1



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

2



Proof of Income: Attach a copy of your proof of family income.

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

3



Proof of Family Size: Attach a copy of proof of family size.

Use one of these:

- Last year’s Income Tax Return
- Rental or housing document
- Benefits letter (TANF, SSI, etc.)
- School records
- Court or legal document

- Please make sure that your proof of income is included. We cannot process your application without this information.
- Call our office if you receive other types of documents, not listed above.

Return your completed application and documents to:

Address:

Phone Number:

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Date Child is Due:

	Expectant Mother	Second Parent
Name		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not specified	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not specified
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
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		
What is the best way and time to contact you?	<input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Any time	<input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Any time
Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s) do you speak? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s) do you speak? _____
Do you identify as Hispanic/Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you identify your race? Check all that apply: What is your family's heritage/tribe/country origin?	<input type="checkbox"/> African/African American/Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Alaska Native/Native American/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Not listed above: _____ _____	<input type="checkbox"/> African/African American/Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Alaska Native/Native American/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Not listed above: _____ _____
What is the highest level of education you completed?	<input type="checkbox"/> 6 th grade or less <input type="checkbox"/> 7 th to 12 th grade, no diploma or GED <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's or doctorate degree <input type="checkbox"/> None	<input type="checkbox"/> 6 th grade or less <input type="checkbox"/> 7 th to 12 th grade, no diploma or GED <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's or doctorate degree <input type="checkbox"/> None
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonal

Are you currently receiving WIC services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently enrolled in an EHS program? <input type="checkbox"/> Yes – Name of program: _____ <input type="checkbox"/> No
Does your family currently receive services through the following? <input type="checkbox"/> Child Protective Services (CPS) <input type="checkbox"/> Family Assessment Response (FAR) <input type="checkbox"/> Indian Child Welfare (ICW)? <input type="checkbox"/> None
Has your family received services from CPS or ICW in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No



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What is your family's current housing situation? **The McKinney-Vento Act provides services and supports for families experiencing homelessness. Your answers may help us determine the services you may be eligible to receive.**

- Rent Own In a motel In a shelter A car, park, campsite, or similar location Transitional Housing
 Moving from place to place/couch surfing In a residence with inadequate facilities (no water, heat, electricity, etc.)
 In someone else's house or apartment with another family: Other – Please describe: _____
 • By choice (e.g. save money for future, be close to family)
 • Due to loss of housing, economic hardship, or similar reason

Do you or another person living in your home who is related to you by blood, marriage, or adoption receive these types of Public Assistance? Check all that apply:

- SSI for disability – Who receives? Self Child Other – Relationship to you: _____
 Temporary Assistance for Needy Families (TANF) cash. Check if you also have the following: Child-only TANF WorkFirst
 Working Connections Child Care subsidy

What is your **total estimated** household income for the last calendar year or the last 12 months? _____

What is the number of people in your household that are supported by your total income? _____
 • Of this number, how many are children (including the pregnancy)? _____

Are you a single parent? Yes No

Please check areas of concern that you have for yourself/family in your household:

- | | | |
|--|---|--|
| <input type="checkbox"/> Prenatal care services | <input type="checkbox"/> U.S. military veteran | <input type="checkbox"/> Household drug/alcohol issues or substance abuse |
| <input type="checkbox"/> High-risk pregnancy | <input type="checkbox"/> Currently/recently deployed to a combat zone | <input type="checkbox"/> Family is socially isolated, with complete or near-complete lack of contact with others |
| <input type="checkbox"/> No medical insurance/dental insurance | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> No doctor/midwife/dentist | <input type="checkbox"/> Household mental illness/counseling, including maternal depression | <input type="checkbox"/> Getting or keeping a job |
| <input type="checkbox"/> Other health concerns | <input type="checkbox"/> Migrant worker | <input type="checkbox"/> Concerns with housing |
| <input type="checkbox"/> Assistance with clothing, furniture, equipment for baby | <input type="checkbox"/> Household domestic violence (past or current) | <input type="checkbox"/> Legal concerns |
| <input type="checkbox"/> Previously homeless (in the last 12 months) | | <input type="checkbox"/> Recent immigrant/refugee (past 5 years) |
| <input type="checkbox"/> Disability | | <input type="checkbox"/> Recently deceased family member |

How did you hear about our program? Check all that apply:

- Website Community event Site staff Community agency/case worker (write name): _____
 Media Word of mouth Past parent Other – Please specify: _____
 Flyer

I promise that the information on this form is true and correct. I have reported all my income and family size, as required by the Early Learning Programs. If I knowingly provide false information, I understand my family may be unable to continue program services.

Expectant Mother Signature _____ **Date** _____

STAFF ONLY			
<input type="checkbox"/> Initial App	<input type="checkbox"/> Returning App	Total Verified Family Size:	Total Verified Income:
		Total Points:	
Site Name/ID:		Date received:	
Date staff reviewed application with family:		Date sent to PSESD:	
FOR HOMELESS FAMILIES - 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"/> Immunization/medical records	<input type="checkbox"/> Medicaid/DSHS services – Food stamps/TANF	
<input type="checkbox"/> Clothing resources	<input type="checkbox"/> Vision referral	<input type="checkbox"/> College/vocational/technical resources	
<input type="checkbox"/> School supplies	<input type="checkbox"/> Hygiene products/toiletries	<input type="checkbox"/> School transportation (if site provides)	
<input type="checkbox"/> Medical/dental referral	<input type="checkbox"/> Food resources	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Housing/shelter referral	<input type="checkbox"/> Birth certificate	_____	
Staff Name & Signature: _____		Date: _____	

