



## EDUCATION & CHILDREN'S SERVICES (ECS) APPLICATION FOR EARLY HEAD START EXPECTANT MOTHER PROGRAM



Expectant Mother's Information:	Income Information – REQUIRED FOR FAIR CONSIDERATION OF APPLICATION:
Legal Name:         Last         First         Middle           Date of Birth:         Expected Delivery Date:	Number of people in the family (count unborn child, expectant mother, expectant father if in household, & all people supported by parents of unborn child)
If under 18, are you a foster child?   Yes  No  Race/Ethnicity (optional) Check all that apply: Black  White  Asian  Native American  Pacific Islander  Hispanic  Other  Home Address:	Family's Total Yearly Income for past 12 months or else income reported on last year's income taxes \$  Do you receive: SSI (Supplemental Security Income) □ Yes □ No FIP/DHS Dollars □ Yes □ No
City: Zip Code: County:  Phones: / /	School District you live in:  Do you wish to continue Early Head Start (EHS) services for your child after birth?  Pes Pool No  If your child is accepted into the EHS program, will you be able to provide transportation?
Name  Date of birth  to applicant  Yes □ No  List Other Adults & Children in the Home:  Name  Date of birth  Relationship to Exp. Mom	Employed at least 25 hours per week School/college Email Address:  Expectant Mother
	Where did you hear about our program?  □ Previous involvement with program □ Friend or relative involved in program □ Sign on building □Billboard □Radio □TV □ From other agency/school □ Newspaper □ Local free paper Flyer/brochure - □ in mail □ on bulletin board □ Other
	Important: Complete both pages 1 and 2 before submitting application



## Early Head Start Expectant Mother Application

Applicant Name:	Health Concern Identification Section	
Expected Due Date:	Is this a high-risk pregnancy? □ Yes □ No (If no, skip this section)	
This section is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the applicant may be eligible to receive.	Your response is voluntary and the information provided is confidential. Your declining to respond will not be used to exclude you from enrollment.  Doctor or Specialist:  Name	
1. Is your current address a temporary living arrangement? ? □ Yes □ No	Address	
2. If no, please skip the rest of this section.		
If yes, please answer the questions below.	Phone:	
Is this temporary living arrangement due to loss of housing or economic hardship?  Yes No  Where are you presently living? (Check one box)  In a motel Moving from place to place  In a shelter With more than one family in a house or apartment In a place not designed for ordinary sleeping accommodations, such as a car, park, or campsite.	Release of Information Consent  Community Action Education and Children's Services Release of Information regarding health information about high-risk pregnancy  I,	
I certify that the above information on pages 1 and 2 is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information contained will be held in confidence and used to determine eligibility and program planning.  Applicant's Signature:		
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Community Action Education & Children's  Services center, or mail it to:  Education  Att	In accordance with Federal law and U. S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (800) 795-3272 or (202) 720-5964 (TDD). USDA is an equal opportunity provider and employer.	