

For Office Use Only: \_\_\_\_\_ Early Head Start Prenatal  
Score / Program/s eligible for: \_\_\_\_\_ Over Income Early Head Start Prenatal

## Early Childhood Program Application for Pregnant Women

### Prenatal Participant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town/City & Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ School District: \_\_\_\_\_ Township: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name & Phone number of message person: \_\_\_\_\_

### Household Income Information ( if pregnant women is a minor, only her income will be considered)

Check all that applies	Gross Monthly Amount Received:	Person/s Receiving:
<input type="checkbox"/> Employment	\$ _____	_____
<input type="checkbox"/> TANF/OWF	\$ _____	_____
<input type="checkbox"/> SS	\$ _____	_____
<input type="checkbox"/> SSI	\$ _____	_____
<input type="checkbox"/> Child Support	\$ _____	_____
<input type="checkbox"/> Unemployment	\$ _____	_____
<input type="checkbox"/> Foster Care Stipend	\$ _____	_____
<input type="checkbox"/> Other	\$ _____	_____

Was your income less last tax year?  yes  no Yearly Gross last year: \$ \_\_\_\_\_

Is anyone in household employed (check all that applies)  Full time  Part time  Seasonally

**Income information is required in order for this application to be considered!**

Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Bi-racial / Multi-racial	Highest grade you completed in school? _____
	Are you still in High School or Jr. High? _____
	If you are in school, what school do you attend? _____
	Is there a teen GRADS program in your school? _____
	If so, are you enrolled? _____
	If you are not in school, check which applies to you: <input type="checkbox"/> Completed High School <input type="checkbox"/> Quit due to school policy
	<input type="checkbox"/> Quit school before getting pregnant <input type="checkbox"/> Quit school because?
	_____

### Pregnancy Information

Is your pregnancy considered high risk? (circle) Yes or No  
Have you already received any prenatal treatment or seen a physician for your pregnancy?(circle) Yes or No  
What is your expected due date: \_\_\_\_\_  
Name of Family Physician: \_\_\_\_\_ Name of Prenatal Physician: \_\_\_\_\_  
Do you have medical coverage?  List anyone in home without medical coverage: \_\_\_\_\_  
Please explain any concerns you have regarding your pregnancy or why your pregnancy is considered high risk.  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

If you are under 18 years old, who has the legal right to complete legal forms on your behalf?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Family Information

List all family members supported by the income reported:

Name:	Relationship to Pregnant Woman	DOB	SS#	School grade completed
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

Family Type: \_\_\_\_\_ Single Parent    \_\_\_\_\_ Two Parent Family    \_\_\_\_\_ Foster Parent    \_\_\_\_\_ Other

Please check services you are currently receiving:

- |  |   |
|--|---|
| <input type="checkbox"/> No services currently received<br><input type="checkbox"/> Food Stamps<br><input type="checkbox"/> Medical Card / Healthy Start<br><input type="checkbox"/> WIC | <input type="checkbox"/> CATS / Public Transportation<br><input type="checkbox"/> Childcare Financial Assistance<br><input type="checkbox"/> Emergency/Crisis Intervention Programs<br><input type="checkbox"/> Public Housing Assistance |
|--|---|

List any services you have applied for that are currently pending: \_\_\_\_\_

Do you have inadequate housing or are you homeless?    \_\_\_\_\_ yes    \_\_\_\_\_ no

Type of housing:

- |  |   |
|--|---|
| <input type="checkbox"/> House<br><input type="checkbox"/> Apartment<br><input type="checkbox"/> Mobile home/trailer<br><input type="checkbox"/> Community Shelter | <input type="checkbox"/> Hotel/Motel room<br><input type="checkbox"/> Homeless/ living with others<br><input type="checkbox"/> Migrant Housing<br><input type="checkbox"/> Other: _____ |
|--|---|

If you have another primary language spoken in home other than English, list here: \_\_\_\_\_

Do you think you may need someone to come to your home to complete forms?    \_\_\_\_\_yes    \_\_\_\_\_no

How did you hear about our programs? \_\_\_\_\_

I certify that the information provided in this application is accurate and truthful to the best of my knowledge. I understand that incorrect information given by me on this form might lead to my dismissal from the program. I hereby agree to limit any and all claims I may have against the Community Action Committee of Pike County, Inc., and its staff to the maximum coverage under the agency's liability insurance. I understand that I must provide proof of income before I can be considered for the program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
(If minor) Signature of Legal Guardian or Caregiver

**By signing as the legal guardian or caregiver, I am giving my child permission to participate in the Early Head Start Program and to attend scheduled socializations, parent meetings, and other activities.**

\_\_\_\_\_  
Signature of staff person taking application

\_\_\_\_\_  
Date:

Return application to:

**Community Action Committee of Pike County, Inc.  
941 Market St.  
Piketon, Ohio 45661**