Prenatal Applicant & Family Member Information

| Prenatal Applic | ant | | | | | | | | | | | | | | | |
|---|------------------------|----------------------|------------------------|-----------------------------|------------------------|------------------------|---------------------------|---------------------------|-----------------------|------------------------------|------------------------------|-----------------------|--------------------------|--|--|--|
| First Middle | | | Last Suffix | | | | fix Nickname | | | Birthday | | Gender | SSN | | | |
| | | | | | | | | | | | | | | | | |
| Race | | His | panic | End | ilish Pr | oficiency | Other | Language | | Other Language Proficiency | | | | | | |
| | an India | an/Alaska N | ative | | | | ittle | onoronoy | Ourion | Languago | | ☐ Little | | | | |
| □ Black □ Hawaii | fic Islander | | | | | /lodera | te | | | | ☐ Moderate | | | | | |
| ☐ White ☐ Multi-F | Racial | | | | | | lone | | | | | ☐ Non | | | | |
| ☐ Other: | | | | | Proficie | nt | | | | icient | | | | | | |
| Highest Grade Comp | | Employment Status | | | | Medicaid | Eligibilit | y | Medic | | | | | | | |
| ☐ Associate's | ☐ Gra | ide 10 | ☐ Full Tim | | ☐ Full Time | | | ☐ Not Eli | gible | | | | | | | |
| ☐ Bachelor's ☐ Grade 11 | | | ☐ Part Tir | | ☐ Part Time & Training | | | dicaid | | | | | | | | |
| ☐ Col Deg/Train ☐ Grade 12 ☐ Col or Adv Train ☐ < Grade 9 | | | ☐ Season | | 3 | | | ☐ Potenti | ally | | | | | | | |
| ☐ Col or Adv Train☐ GED | □Unempl | oyea | /ed ☐ Retired or Disab | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Primary Health Cove | overage Insurance # | | | | | Prenatal Care Provider | | | Phone # | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Primary Dental Cove | erage | Other Co | overage | | Insurance # | | | Dentist/De | ental Ho | me | Doctor/Medical Home | | | | | |
| - | _ | | niedianee n | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Pregnancy Info | | | | | | | | | | | | | | | | |
| How old are you? | | ou considere | ed high | d high Expected Due Dat | | | | | , | | | al Visit | Next Scheduled Visit | | | |
| | risk? | | | | | | been p | regnant? | | | | | | | | |
| | ☐ Yes | s □ No | | | | | □ <12 | □ 12-24 | □ >2 | 4 | | | | | | |
| | | | | | | | | | | | | | | | | |
| Other Adult | | | | | | | | | | | | | | | | |
| First | Middle |) | Last | | | Suffix | | Nickname | Э | Birthday | | Gender | SSN | | | |
| | | | | | | | | | | , | | | | | | |
| | | | | | | | | | | | | | | | | |
| Race | | | | | | | | ish Proficiency Other Lar | | | | _anguage Proficiency | | | | |
| | | an/Alaska N | lative | ☐ Yes ☐ Little ☐ No ☐ Moder | | | | | | | Little | | | | | |
| ☐ Black ☐ Hawai | | □ No | | | |) | | | | □ Mod | | | | | | |
| ☐ White ☐ Multi-F☐ Other: | | □ No | | | | oficient | | | | ☐ None ☐ Proficient | | | | | | |
| Highest Grade Comp | leted | | | Employment Status | | | | | | | | Check all that apply: | | | | |
| ☐ Associate's | ☐ Gra | de 10 | ☐ Full Tim | | □ Full Time | | aining | ☐ Spouse | | opiloant | | ☐ Lives with Family | | | | |
| ☐ Bachelor's | □ Part Time □ Part Tir | | | | | | | | | ☐ Provides Financial Support | | | | | | |
| ☐ Col Deg/Train | □ Season | ☐ Training | | | ☐ Other Relative | | | | | • • | | | | | | |
| ☐ Col or Adv Train | rade 9 Graduate | □Unemployed □ Retire | | | or Disa | bled | ☐ Other | | | | | | | | | |
| □ GED | | | | | | | | | | | | | | | | |
| | □ Mas | sters | | | | | | | | | | | | | | |
| Other Adult | | | | | | | | | | | | | | | | |
| First Middle | | | Last | | | Suffix | | Nickname | Э | Birthday | | Gender | SSN | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | <u></u> _ | | | | |
| Race | | Hispanic | | | | ficiency | Other | Language | | Other Language Proficiency | | | | | | |
| ☐ Asian ☐ Ameri | lative | | | | tle | | | | | ☐ Little | | | | | | |
| ☐ Black ☐ Hawaiian/Pacific Islander☐ White ☐ Multi-Racial | | | □ No | | | | oderate |) | | | | ☐ Moderate ☐ None | | | | |
| ☐ Other: | | | | | oficient | İ | | | _ | ☐ Proficient | | | | | | |
| Highest Grade Comp | | Employment Status | | | | Relations | hip to Ai | oplicant | Check | all that ap | | | | | | |
| ☐ Associate's | □ Full Tim | | ☐ Full Time | | ainina | | | | ☐ Lives with Family | | | | | | | |
| ☐ Associate's ☐ Grade 10 ☐ Bachelor's ☐ Grade 11 | | | □ Part Tir | | ☐ Part Tim | | | ☐ Boyfriend / Fiancé | | | ☐ Provides Financial Support | | | | | |
| ☐ Col Deg/Train ☐ Grade 12 | | | ☐ Season | al | □ Training | | | ☐ Other Relative | | | | | | | | |
| ☐ Col or Adv Train ☐ < Grade 9 | | | □Unemployed □ Retired | | | or Disa | bled | ☐ Other | | | | | | | | |
| □ GED | | Graduate | | | | | | | | | | | | | | |
| □ Master's | | | | | | | | | | | | | | | | |
| Additional Child (Non-Applicant) * | | | | | | | | | | | | | | | | |
| First | Middle | | Last | | | Suffix | | Nickname |) | Birthday | | Gender | SSN | | | |
| | | | | | | | | | | | | | | | | |
| Race | | | <u> </u> | Hic | panic | End | lich Dr | oficiency | Othor | Language | | Other | _anguage Proficiency | | | |
| Race American Indian/Alaska Nativ | | | | | | | English Proficien Little | | ciency Other Language | | | ☐ Little | | | | |
| ☐ Black ☐ Hawaii | | | | | /lodera | te | | | | ☐ Moderate | | | | | | |
| ☐ White ☐ Multi-F | | | | | □ None | | | | | | □ None | | | | | |
| ☐ Other: | | | | | ☐ Proficient | | | | | ☐ Prof | ☐ Proficient | | | | | |
| City/State of Birth: | | | | | | | | | | | | | | | | |
| Sity/Clate of Billin. | | | | | | | | | | | | | | | | |

| A | dditional Child | (Non-Applic | ant) * | | | | | | | | | | | | | |
|--|---------------------|--|----------------|--|--------------------------|--------------------------------|---------------|--|----------------|--|----------------------------|-----------------------|------------------------|----------------------|---------------|--|
| Fir | st Middle Last | | | Suffix | | | | Nickname | | Birthday | G | Gender | | SSN | | |
| | | | | | | | | | | | | | | | | |
| Ra | nce | | | | h Proficiency O | | Oth | ther Language | | Othe | | r Language Proficienc | | | | |
| | Asian | ☐ Yes | | le | 9 | | | | ☐ Little | | | | | | | |
| | Black ☐ Hawaiia | | | | oderate | | | | | ☐ Moderate | | | | | | |
| | White ☐ Multi-Ra | □ None | | | | | | | | ☐ None ☐ Proficient | | | | | | |
| ☐ Other: ☐ Proficient ☐ Proficient City/State of Birth: | | | | | | | | | | | | | | | | |
| Additional Child (Non-Applicant) * | | | | | | | | | | | | | | | | |
| | | 0.00 | | | | Nielmene | | Dieth de c | | | | CCN | | | | |
| Fir | St | Middle | Last | | 1 | Suffix | | Nickname | | Birthday | | Gender | | SSN | | |
| | | | | • | | | | | | | | | | | | |
| | nce | | NI - C | Hispanic | | nglish Proficiency (Little | | | ner Language | | Other Language Proficiency | | | | | |
| | | an Indian/Alaska ın/Pacific Islande | | | | | oderate | | | | | ☐ Little ☐ Moderate | | | | |
| | White ☐ Multi-Ra | | | | ne | | | | | □ None | | | | | | |
| | Other: | | | ☐ Proficient | | | | | | | | | | oficient | | |
| City/State of Birth: | | | | | | | | | | | | | | | | |
| Family Information, Income & Contacts | | | | | | | | | | | | | | | | |
| Fa | mily Informatio | on | | | | | | | | | | | | | | |
| Fan | nily Living Address | 3 | | | | | | | | | | | | | | |
| Sta | rted Living At Date | Living Address | | | | | | City | | | St | ate | Zip | Zip | | |
| | | | | | | | | | | | | | | | | |
| | - U BA - U' A -1-1 | | | | | | | | | | | | | | | |
| | nily Mailing Addres | | Mailia a Aalal | | | | | | T au | | | Ct- | (| | | |
| San | ne as living? | Started Using Date | Mailing Add | | | | | | ity | | | ate Zip | | | | |
| | 'es □ No | | | | | | | | | | | | | | | |
| Pho | ne Number(s) | | Type (check | Type (<i>check one</i>) Note (extension or | | | | | | best time to call) Opt In for Text Messa | | | | | sages | |
| | | ome □ Work □ Other | | | | | | | | | ☐ Yes ☐ No | | | | | |
| | | ome D Work D Other | | | | | | | | ☐ Yes ☐ No | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Parental Status | Primary La | | | | | ve Duty Milit | | | Referred by Child Welfare Agency | | | | ceiving WIC NAP | | |
| | (check one) | at Hon | ne | Family | | Military | | Veteran | | | Э | | | | | |
| | One | | | ☐ Yes | I Yes ☐ Yes I No ☐ No | | | ☐ Yes ☐ No | | ☐ Yes ☐ No | | _ | | es Io | ☐ Yes ☐ No | |
| | I wo | | | □ NO | L | ⊔ INO | | □ NO | | LI NO | | | | 10 | LI NO | |
| En | nergency Conta | ects | | | | | | | | | | | | | | |
| | Name | icts | | Relation | nehin | | | | | Emergency C | ontac | + | Pal | aaca Int | formation To | |
| 1 | INdille | Relation | | | | <u> </u> | | <u>. </u> | | Release Information | | | | | | |
| | | | | | | | | | □ Yes [| | | □ Yes □ N | | | | |
| tac | Address | | | | | | | | | State | ZIP Code | | | | | |
| Contact | | | | | | | | | | | | | | | | |
| O | Phone Number 1 | Phone Number 2 | | | | | | Phone Number 3 | | | | | | | | |
| | | □ Cell □ H | □ Cell □ Hon | | | | omo 🗖 Wor | | | | | □ Cell □ Home □ Work | | | | |
| | N | п сеп п п | | | | | one 🗆 wo | I N | - | | | | | | | |
| A I | Name | | Relationship | | | | | | Emergency C | ontac | | | telease Information To | | | |
| t 2 | | | | | | | | ☐ Yes ☐ N | | 0 | | □ Yes □ No | | | | |
| Contact | Address | (| | | City | ty | | State ZIF | | Code | | | | | | |
| on | | | | | | | | | | | | | | | | |
| C | Phone Number 1 | | Phone Nu | Phone Number 2 | | | | | Phone Number 3 | | | | | | | |
| | Cell Home Work | | | | | | | ome 🗆 Wor | | I Hono (Admisor o | | | | ☐ Cell ☐ Home ☐ Work | | |
| A.E. | irmotion | ц сеп ц ғ | ionie 🗆 work | | | □ Ce | пПП | one 🗆 wor | K | | | | | en LI H | onle 🗀 WORK | |
| Affirmation | | | | | | | | | | | | | | | | |
| By signing, 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 may lead to my dismissal from the program. I hereby agree to limit any and all claims I may have against Community Action Committee of Pike County 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 Social Security Number Date Signed | | | | | | | | | | | | | | | | |