

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
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medical Card / Healthy Start
<input type="checkbox"/> WIC | <input type="checkbox"/> CATS / Public Transportation
<input type="checkbox"/> Childcare Financial Assistance
<input type="checkbox"/> Emergency/Crisis Intervention Programs
<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
<input type="checkbox"/> Apartment
<input type="checkbox"/> Mobile home/trailer
<input type="checkbox"/> Community Shelter | <input type="checkbox"/> Hotel/Motel room
<input type="checkbox"/> Homeless/ living with others
<input type="checkbox"/> Migrant Housing
<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**