



Early Head Start Program Application For Pregnant Women

Community Action Early Head Start program is a free service for income eligible pregnant women and children from birth to three (3) years of age. The mission of this program is to assist young families to move towards self-sufficiency by providing high quality care and to collaborate with all community agencies to give each participating family the services and support they need to develop into strong, knowledgeable, self-sufficient families.

The Community Action Early Head Start program will provide enrollment to income eligible families regardless of race, creed, color, national origin or disability.

The program will include these free services for you and your child:

- Assistance in helping prepare for newborns arrival
- Ways to help parents learn about fetal development
- Information about other community services
- Home base visits that support nutrition, birthing, and family planning
- Assistance to ensure ongoing prenatal care

To ensure accuracy in processing, please complete all of the questions on this application.
Print this form and fill it out by hand, or type the information into the boxes before printing it out.

Return this application to either of these addresses:

WMCAP Early Head Start
205 Phillips Street
Marietta, Ohio 45750

WMCAP Early Head Start
320 South Main Street
Malta, Ohio 43758

If you have any questions regarding Early Head Start, please call (740) 373-3745.

This institution is an equal opportunity provider.

Early Head Start Program Application For Pregnant Women

Office Use Only

Date Received _____

Staff Initials _____

In-person Interview

1. Please complete all of the following information.

Have you ever participated in Early Head Start before? YES NO

Pregnant Woman's Name:

Expectant Father's Name:

Pregnant Woman's Age:

Date of Birth:

Due Date:

I'm having a: Boy Girl Unknown

Home Phone:

Cell Phone:

If no phone, a number where we can leave a message:

Email:

Address:

If your home is not within city limits, please give a brief description of location:

Will you need daycare upon the arrival of your newborn? YES NO

2. Number of family members in household: Number of adults living in the home:

Age of children:

Do you receive ongoing prenatal care? YES NO

If so, please name your Doctor:

Date of last prenatal visit:

Date of last dental visit:

Do you have a disability? YES NO

Do you use the Ohio Medicaid/Healthy Start card? YES NO

Are you or your children (check all that apply):

- In emergency or transitional housing
- Residing in a motel or campground
- Doubled up or staying with friends/family due to economic hardship
- Staying in a car, park, or public area
- Sleeping in an area that is not designed for, or ordinarily used as a regular sleeping space such as an office, dining room, unfinished basement, etc.

3. It is very important that you complete the following information and attach a copy of your income. We cannot process this application without income verification.

My income for last year was: \$

I receive Ohio Works First/TANF. Amount per month: \$

Because we are an income based program, we need exact income from last year.

Please attach copies of forms that verify your total household income. Attach all that apply.

Proof of income may include:

- W-2
- 1040 Tax Forms
- Statement from Employer
- Pay Stubs
- Social Security
- Child Support
- Temporary Assistance for Needy Families (TANF)

I receive Ohio Works First/ADC/SSI Amount received monthly \$

My income for last year \$

I certify that the above information on this application is true and correct. If my family is found to be over the income guidelines, I understand I will be placed on an over-income waiting list, which does not guarantee placement. I also understand that completing this application DOES NOT AUTOMATICALLY ENROLL ME IN THE EARLY HEAD START PROGRAM. Notification or denial of enrollment will follow at a later date.

Pregnant Woman's Signature

Date

How did you hear about Early Head Start? Please check all that apply.

- Friend
- Flier
- TV/Radio
- Past parent/student
- Head Start employee
- Other