



NCCAA Birth-to-Five Head Start Expectant Women's Program



Dear Parent/Guardian:

The NCCAA Birth-to-Five Head Start Program is currently recruiting pregnant women and children ages Birth-to-Five years of age. To qualify for Early Head Start, a woman must be pregnant or the child must be 6 weeks to 36 months old and family income meets the Health & Human Services Poverty Guidelines.

Expected Date of Delivery: _____

Have you ever applied for services with Early Head Start or Head Start? No Yes

Where: _____ When: _____

Is the Expectant Mother related to an NCCAA employee? No Yes If yes, who? _____

What is their relationship and their Work Site: _____?

How did you hear about the Birth-to-Five Head Start Program? _____

What is your reason for needing services?

Employed Seeking Employment School/Training Retired/Disabled Other _____

PRIMARY ADULT

Parent/Caregiver Name: _____ Date of Birth: _____

Primary Language: _____ Other Language Spoken in Home? If so, _____

Insurance: No Yes Insurance Type & Ins. Number: _____ WIC: No Yes

Race: Asian American Indian/Alaska Native Black/African American Hawaiian/Pacific Islander White

Multi-Racial/Bi-Racial Other: _____ Hispanic: No Yes **Military:** No Yes

Home Address: _____ City/Zip: _____

Same as the mailing address? No Yes If no, address? _____

Email (required) _____

SNAP: No Yes If yes, SNAP EDG Number _____

Number of people in the Family: _____ (include unborn) **Number of people in the Home:** _____

Is this your 1st Pregnancy? No Yes **Which Trimester?** 1st 2nd 3rd

| Phone Number (s) | Type (check one) | Opt in for Text Messages/Emails: |
|------------------|--|---|
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

Parental Status: *check all that apply*

Two Parent One Parent Guardian Teen Parent Student Parent Grandparent Foster Parent
 Disabled Parent Migrant Active Male Dual Custody

| Highest Grade Completed | Employment Status | Child's Relationship | Custody | Check all that apply |
|---|---|---|---|--|
| <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Col Deg/Trai <input type="checkbox"/> Grade 12 <input type="checkbox"/> Col or Adv Trai <input type="checkbox"/> < Grade 9 <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's | <input type="checkbox"/> Full Time <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> FT & Training <input type="checkbox"/> PT & Training <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled | <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Lives with Family <input type="checkbox"/> Financial Supporter |

SECONDARY or OTHER ADULT

Parent/Caregiver Name: _____ Date of Birth: _____ Gender: M F

Primary Language: _____

Race: Asian American Indian/Alaska Native Black/African American Hawaiian/Pacific Islander White

Multi-Racial/Bi-Racial Other: _____ Hispanic: No Yes Military: No Yes

Home Address: _____ City/Zip: _____

Same as the mailing address? Yes No If No, Address? _____

Email: _____

Do Secondary/Other Adults live in the home with Primary Adults? No Yes

| Phone Number (s) | Type (check one) | Opt in for Text Messages/Emails: |
|------------------|--|---|
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Highest Grade Completed | Employment Status | Child's Relationship | Custody | Check all that apply |
|---|---|---|---|--|
| <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Grade 12 <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Master's <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED | <input type="checkbox"/> Full Time <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> FT & Training <input type="checkbox"/> PT & Training <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled | <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Financial Supporter |

SIBLINGS IN THE HOME:

Child's Name: _____ Date of Birth: _____ Age: _____ Applying? No Yes Male/Female

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Child's Name: _____ Date of Birth: _____ Age: _____ Applying? No Yes Male/Female

List other people we could contact in case we are unable to contact you:

Name: _____ Phone Number: _____ Language: _____
Name: _____ Phone Number: _____ Language: _____
Name: _____ Phone Number: _____ Language: _____

Check off all that applies to your child/family and provide documentation at time of application:

- Foster Care/Kinship Placement
- Receiving services from CPS (Safety Plan/Reunification/etc.)
- Exposure to Family Violence
- Teen Parent (currently younger than 19 yrs. Old)
- Minor Parent (currently 17 year's old or younger)
- Migrant Family
- TANF benefits
- Receiving Unemployment Benefits
- Family is Homeless
- Non English Speaking/Sign Language
- Section 8 (receipt or lease required)
- Reside in Public Housing (receipt or lease required) (ie. La Armada/Navarro/Wiggins/Treyway/Leeward etc.)
- EHS: Reside at Navigation Pointe/Riversquare Apt. (copy of receipt or lease required)
- Supplemental Security Income (for child enrolling/sibling)
- Parent Employed
- Parent in School/Training
- Parent currently in Prison/Parent who has been incarcerated within the last three years.
- SNAP (Food Stamp) benefits

I understand this application places my unborn child on the Active Waitlist. If my application is selected, I will be contacted by a Family Advocate for an appointment. If I have the baby before my application is selected, I understand I need to fill out an Early Head Start Application for my newborn baby.

I further understand that it is my responsibility to notify the Birth-to-Five Head Start Program if there are any changes in the address or telephone numbers listed on the application. If changes are not reported and the Birth-to-Five Head Start Program staff is unable to contact me, my application will be removed from the waitlist.

I, _____, declare the information that I have provided is accurate to the best of my knowledge and will be verified to the fullest extent possible.

Expectant Mother Signature: _____ **Date:** _____