



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



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. This product was funded by USDA. This institution is an equal opportunity provider.

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) _____

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: _____
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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.

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:** _____