



STAFF USE ONLY

Entry Date: _____

Classroom Assignment: _____

Program/Class Session: EHS-Pregnant Mom

**Lorain County Community Action Agency
EHS Pregnant Mother
Quick Application
FY 2014-2015**

Date of Application: _____ (mm/dd/yyyy)

Check one that applies:

Pregnant Mom Applicant Pregnant Mom of Enrolled Child

Demographic Information

- 1.) Child First Name _____
- 2.) Child Middle Initial _____
- 3.) Child Last Name _____
- 4.) Date of Birth _____ (mm/dd/yyyy)
- 5.) Gender: ___ Male or ___ Female Race: _____
- 6.) Social Security Number _____ (000-00-0000)
- 7.) School District of Residence _____
- 8.) Disability Status: ___ No Disability
___ Diagnosed but no IEP or IFSP
___ Diagnosed with IEP or IFSP
___ Suspected but not diagnosed
- 9.) Total number of adults in household: _____
Note: if this child is a dual-custody child, enter the number of adults in both households combined
- 10.) Total number of children in household: _____
Note: if this child is a dual-custody child, enter the number of children in both households combined
- 11.) Guardian First Name _____
- 12.) Guardian Last Name _____
- 13.) Guardian Gender: ___ Male or ___ Female
- 14.) Guardian Address 1 _____
- 15.) Address 2 (PO Box or Apt #) _____
- 16.) City _____
- 17.) State _____
- 18.) Zip Code _____
- 19.) Home Phone (____) _____
- 20.) Work Phone (____) _____
- 21.) Cell Phone (____) _____
- 22.) Email Address _____
- 23.) Primary language spoken in the home ___ English ___ Spanish ___ other
- 24.) Language Details: _____
- 25.) Please specify Language: _____
- 26.) Does Parent need an Interpreter? ___ Yes ___ No
- 27.) Guardian 2 First Name _____
- 28.) Last Name _____
- 29.) Gender: ___ Male ___ Female

- 30.) Address 1 _____
 31.) Address 2 _____
 32.) City _____
 33.) State _____
 34.) Zip Code _____
 35.) How did you hear about the program? _____
 36.) Source of Information: ___ E-Mail ___ Phone ___ Center ___ Website ___ Event ___ Referral ___ Other
 37.) Comments: _____

Preferences

1.) Program Option Preferences

- Full-Day Enrollment Part-Day AM Enrollment Part Day PM Enrollment EHS Home Based

2.) Center Preferences:

Directly Operated

- ___ Hopkins-Locke (Lorain)
 ___ Hamilton (Elyria)
 ___ Oberlin (Oberlin)

Collaborative Partners

- ___ Horizon Activities Center
 ___ Little Lighthouse Learning Center
 ___ Lorain City Schools
 ___ Elyria City Schools

- 3.) Program Type: ___ Head Start ___ Early Head Start

Family Income

1.) Special Eligibility Information

- ___ Someone in family receives cash benefits or other services through TANF
 ___ Someone in family receives public assistance through SSI (not SSD or Veterans Benefits)
 ___ Family is homeless
 ___ Child is a foster child

- 2.) Is this child a dual-custody child? ___ Yes ___ No

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- 3.) Link to Income Calculator [For Staff Use Only]
 4.) Estimated Household Income Applicable to this Child [For Staff Use Only]
 ___ Eligible
 ___ Over Income (<=130%)
 ___ Over Income (>130%)
 ___ Over Income-SSI-TANF-Foster-Homeless (>130%)
 ___ Eligible-SSI-TANF-Foster-Homeless

Eligibility Verification [For Staff Use Only]

1.) Income verification documents received:

- ___ Individual Income Tax Form 1040 ___ W-2
 ___ TANF Documentation ___ Paystub or Pay Envelope
 ___ Unemployment ___ SSI Documentation
 ___ Written Statements from Employers ___ Documentation of No Income
 ___ Other 2.) If 'Other', please explain: _____

3.) Address Verification:

- ___ Government Identification Card ___ Utility Bill
 ___ Account Statement ___ Passport ___ Other 4.) If 'Other', please explain: _____

5.) Age verification documents received:

- ___ Birth Certificate ___ Baptism Certificate ___ Hospital Record
 ___ Medical Card ___ Other 6.) If 'Other', please explain: _____

Completed by: _____, Staff Person

Center Assigned: Hopkins-Locke Hamilton Oberlin Collaborative: _____
 (Center Name)

Intake Status: Placeable Eligible Incomplete