



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

**STAFF USE ONLY**

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