

GCCARD Early Head Start Pregnant Mom Application

This application is required for all families requesting enrollment in the GCCARD Early Head Start Pregnant Mothers program.

Applicant's First Name _____ **Applicant's Last Name** _____

Due Date: ___/___/___ Number of Weeks Pregnant _____ Trimester (circle) 1st 2nd 3rd

Multiple Birth? Yes No Marital Status: Single Married Separated Divorced

Please mark services your family receives:

- WIC
- DHHS FAP/SNAP Food Assistance
- DHHS FIP/CASH Assistance
- Supplemental Security Income (SSI)
- Social Security (SSD/SSDI)

Medical Insurance Type (Circle one)

Medicaid None Private: _____

Insurance ID Policy Number _____

Please list all family members living in the household including enrolling pregnant mother. List adults first. Please circle any adults who are currently enrolled in an educational program.

First Name	Last Name	Relation to applicant	Gender M/F	Birthdate	Ethnicity/Race	Last Grade Completed
		SELF	F			

Contact Information:

Address: _____ Phone Number (_____) _____

City: _____ Alt. Phone Number (_____) _____

Zip Code: _____ Email _____@_____. _____

School District: _____ Languages Spoken _____

Additional questions about the enrolling pregnant mother

1. Do you have a **disability**? Yes No If yes, describe: _____
2. Do you have any **allergies** (please check all that apply) Food Insects Seasonal Other
Please describe or list all known allergies: _____
3. Do you have **asthma/asthma symptoms**? Yes No
If yes, please list all current asthma medications _____
4. Do you need help establishing paternity of your child and/or obtaining child support? Yes No
5. Do you need help getting or keeping track of Department of Human Services benefits? Yes No
6. Are you a veteran of the United States Military? Yes No
7. Are you currently on active duty for the U.S. Military? Yes No
8. Are there any activities you do not wish to participate in for religious/personal reasons? Yes No
9. Please indicate which programming would work best for your family when the baby is born:
 Full day classroom (7.5 hours per day, 4 days per week)
 Part day classroom (3.5 hours per day, 4 days per week)
 Homebased - Weekly visits from a trained parent educator and a play group twice a month
10. Is your family currently homeless (living in a temporary living arrangement, shelter, etc) Yes No
11. Is your pregnancy a high risk pregnancy? Yes No

Parental Permission

I understand that by applying to enroll in GCCARD's Early Head Start (EHS) programming, I agree to the following:

General

- Photos and Videos may be taken while participating in Early Head Start activities and I expressly waive the right of privacy and consent to such taking.
- I will participate in prenatal visits with my OB/GYN and provide necessary documentation to the EHS Program.
- In case of emergency, I give my consent to have Early Head Start staff secure needed emergency medical care, if parents/guardians cannot be immediately contacted and/or do not arrive prior to Emergency Medical Services.
- I agree to participate as a volunteer for the Head Start program
- I will participate in a weekly home visit with my child.
- I will attend socialization experiences scheduled twice each month.

Sharing your Information:

- Information in my personal file may be reviewed by governmental officials.
- If GCCARD Head Start is not able to serve your family, do we have permission to provide your name, contact information, enrollment documentation such as application, birth verification, income, physical, dental, and immunization records to another local prenatal program that might be able to serve you? YES NO

Signature of Pregnant Mother

Date

PROGRAM INFORMATION (FOR STAFF ONLY)

Year of Eligibility: NEW _____ RETURNING _____

Enrollment Dates (First Year): ___/___/___ (Second Year): ___/___/___ Drop Date: ___/___/___

Unborn Information: Name: _____ Date of Delivery: ___/___/___

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