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| --- |
| **Date Child is Due:** |

|  | **Expectant Mother** | | **Second Parent** | |
| --- | --- | --- | --- | --- |
| Name |  | |  | |
| Gender | M  F  Not specified | | M  F  Not specified | |
| Date of Birth (month/day/year) |  | |  | |
| Address (include City, State, Zip) |  | |  | |
| Phone |  | Home  Cell  Work |  | Home  Cell  Work |
| Alternate Phone |  | Home  Cell  Work |  | Home  Cell  Work |
| Email |  | |  | |
| What is the best way and time to contact you? | Phone Call  Email  Text  Morning  Afternoon  Evening  Any Time | | Phone Call  Email  Text  Morning  Afternoon  Evening  Any Time | |
| If not currently, have you been a teen parent in the past? | Yes  No  N/A | | Yes  No  N/A | |
| What language(s) do you speak? |  | |  | |
| Do you need an interpreter for this language? | Yes  No | | Yes  No | |
| Do you identify as Hispanic/Latino? | Yes  No | | Yes  No | |
| What is your race? Check all that apply | African/African American/Black  Asian  Alaska Native/Native American/American Indian  Native Hawaiian or Pacific Islander  White  Not listed above: | | African/African American/Black  Asian  Alaska Native/Native American/American Indian  Native Hawaiian or Pacific Islander  White  Not listed above: | |
| What is the **highest** level of education you completed? | 6th grade or less  7th to 12th grade, no diploma or GED  High school diploma  GED  Some college/advanced training  College/professional certificate  Associate degree  Bachelor’s degree  Master’s or doctorate degree  None | | 6th grade or less  7th to 12th grade, no diploma or GED  High school diploma  GED  Some college/advanced training  College/professional certificate  Associate degree  Bachelor’s degree  Master’s or doctorate degree  None | |
| Are you currently employed? | Yes  No  Retired or disabled  Seasonal | | Yes  No  Retired or disabled  Seasonal | |
| Are you a single parent? | Yes  No | | Yes  No | |

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| Are you currently receiving WIC services?  Yes  No |
| Are you or one of your children (if any) currently enrolled in an Early Head Start, Head Start, or ECEAP program?  Yes  No |
| Does your family currently receive services through the following?  Child Protective Services (CPS)  Family Assessment Response (FAR)  Indian Child Welfare (ICW)  None |
| Has your family received services from CPS/FAR/ICW in the past?  Yes  No |

**Family Concerns**

|  |  |  |  |
| --- | --- | --- | --- |
| Please check all that apply to yourself or to family in your household: | | | |
| Lack of prenatal care services  High-risk pregnancy  No medical/dental insurance  No doctor/midwife/dentist  Need assistance with clothing, furniture, or equipment for baby  Have other health concerns – specify: | Disability or chronically ill (physical health/mental health/maternal depression) and:  Unable to engage in work/school/family life  Somewhat able to engage in work/school/ family life  Mostly able to engage in work/school/family life  Learning difficulties, no disability | Domestic violence (past or current)  Drug/alcohol issues (past or current)  Feelings of isolation, with complete or near-complete lack of contact with others  Currently in U.S. military or veteran  Getting or keeping a job  Legal concerns | Migrant worker  Recent immigrant/refugee (past 5 years)  Recent/current incarceration  Loss of a family member (death, abandonment, or deportation)  Divorced or separated  Previously homeless (in the last 12 months)  Concerns with housing |

**Family Living Situation**

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| --- | --- | --- | --- |
| What is your current housing situation? **The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Your answers may help us determine the services your child may be eligible to receive.** | | | |
| Rent  Own | In a motel  In a shelter | A car, park, campsite, or similar location  Transitional Housing | Moving from place to place/couch surfing  In a residence with inadequate facilities (no water, heat, electricity) |
| In someone else’s house or apartment with another family:   * By choice (e.g. to save money, to be close to family, etc.) * Due to loss of housing, economic hardship, or similar reason | | | Other – Please describe: |

**Family Income and Family Size**

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| Check all that apply if you or another person living in your home related to you by blood, marriage, or adoption receive these types of Public Assistance:  SSI for disability received by:  Child  Parent/Guardian  Other – Relationship to you:  Temporary Assistance for Needy Families (TANF) cash. |
| Check if you also have the following:  Child-only TANF  WorkFirst  Working Connections Child Care subsidy  SNAP |

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| Were you referred to this program by an agency?  Yes: | No |

| **Please list additional people living in your home below, including the pregnancy.** | | |
| --- | --- | --- |
| **Name (First and Last)** | **Do you financially support this person?** | **Is this person related to you by blood, marriage, or adoption?** |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |
|  | Yes  No | Yes  No – relationship to you: |

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| What is the **total number** of family members living in your home, including yourself and the pregnancy? |
| What is your **total estimated** household income for the last calendar year or the last 12 months? |

I promise that the information on this form is true and correct. I have reported all my income and family size, as required by the Early Learning Programs. If I knowingly provide false information, I understand my family may be unable to continue program services.

I understand that information from this application is entered in various Early Learning databases operated by Puget Sound Educational Service District (PSESD). PSESD is committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered in the databases or shared with state or federal agencies. Information in the databases may be used for the following:

* Research studies to determine if participating in Early Learning helps children later in life.
* To prove Washington State spends some of their own dollars on programs for families, which is required to receive Temporary Assistance for Needy Families dollars from the federal government.

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **\*Staff Only – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the enrollment visit.** | |
| **Reviewed and received verbal verification on (date):** | **Staff Initials:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Only** | | | | | | | |
| **Initial App**  **Returning App** | **Total Verified Family Size:** | | **Total Verified Income:** | | | | **Total Points:** |
| **Site Name/ID:** | | | | **Date received:**  (This date will determine eligibility timeframe) | | | |
| **Date staff reviewed application with family:** | | | | **Date sent to PSESD:** | | | |
| **For McKinney-Vento Act children/families. Check services the family received. Staff should provide resources within 24-48 hours.** | | | | | | | |
| Childcare resources  Clothing resources  School supplies  Medical/dental referral  Housing/shelter referral | | Immunization/medical records  Vision referral  Hygiene products/toiletries  Food resources  Birth certificate | | | | Medicaid/DSHS services – Food stamps/TANF | |
| College/vocational/technical resources | |
| School transportation (if site provides) | |
| Other: | |
|  | |
| **Staff Name & Signature:** | | | | | **Date:** | | |