THE COMMUNITY ACTION PROGRAM CORPORATION OF WASHINGTON-MORGAN COUNTIES, OHIO

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DAVID E. BRIGHTBILL
EXECUTIVE DIRECTOR

Early Head Start

Pregnant Woman Application

Washington Morgan Community Action's Early Head Start program is a free service for income eligible pregnant women and children from birth to three (3) years of age. The mission of this program is to assist families to move towards self-sufficiency by providing high quality care and to collaborate with all community agencies to give each participating family the services and support they need to develop into strong, knowledgeable, self- sufficient families.
The Community Action Early Head Start Program will provide enrollment to eligible families regardless of race, creed, color, national origin or disability.

The Community Action Early Head Start Program will include these free services for you and your child:

- Assistance in helping prepare for newborns arrival.
- Ways to help parents learn about fetal development.
- Information about other community services.
- Home based visits that support nutrition, birthing, and family planning.
- Assistance to ensure ongoing prenatal care.

To ensure accuracy in processing, please complete all of the questions on this application.

If you have any additional questions regarding Early Head Start, please call (740)-373-3745 or (740)-962-3792

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
fax: (202) 690-7442; or
email: program.intake@usda.gov.

EARLY HEAD START PREGNANT PARENT APPLICATION

Office Use Only
Date received _____
Receiving staff _____
Did staff conduct face to face interview?
□ Yes □ No
Income Sources:
_____ Employment
_____ SSI/ TANF
_____ SNAP
_____ Unemployment
_____ Military Income
_____ Other: _____

205 Phillips Street, Marietta, Ohio 45750 (740) 373-3745
320 South Main Street, Malta, Ohio 43758 (740) 962-3792

Pregnant women are served in the Early Head Start program through home visiting services. The goal of serving pregnant women and expectant families in EHS is to provide early, continuous, intensive, and comprehensive child development and family support services.

Part 1. Please complete all of the following information.

Expectant Parent 1 Name:

_____

Pregnant Parent's- Age: _____ Date of Birth: _____/_____/_____

Due Date:_____ I'm having a: ☐ Boy ☐ Girl Unknown

Preferred way of communication: ☐ Text ☐ Call ☐ Email ☐ In-person Phone (____)_____

Email: _____ If no phone, a message number (____) _____

Address _____ City, State, Zip _____

Is your mailing address the same as your physical address? ☐ Yes ☐ No

(If no, please add mailing address)_____

Does Expectant Parent 1 work or go to school 25 hours a week? ☐ Yes ☐ No

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Expectant Parent 2 Name_____ Is expectant partner living in the home? ☐ Yes ☐ No

Preferred way of communication: ☐ Text ☐ Call ☐ Email ☐ In-person Phone (____)_____

Email: _____ If no phone, a message number (____) _____

Address _____ City, State, Zip _____

Is your mailing address the same as your physical address? ☐ Yes ☐ No

(If no, please add mailing address)_____

Does Expectant Parent 2 work or go to school 25 hours a week? ☐ Yes ☐ No

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Part 2. Please complete all of the following information.

Will you need child care upon the arrival of your newborn? ◉ Yes ○ No

Do you receive ongoing prenatal care? Yes ☐ No ☐

If so, please name your Dr.: _____

Date of last prenatal visit: _____ Date of last dental visit: _____

Do you receive the Ohio Medicaid/Healthy Start card? ☐ Yes ☐ No

Continued on back

Part 2, continued. *Please complete all of the following information*

Please list all FAMILY Household Members. (* A "Family" is all persons living in the household who are supported by the income of the child's parents or guardians and related to the parents or guardians by blood, marriage or adoption.)

Name of Family Members	Relationship to HS Child	Date of Birth

** If you need to add additional family members, please add information to separate paper and attach to application.*

Part 3 Please complete all of the following information.

Are you or your children (check all that apply):

- ☐ In emergency or transitional housing
- ☐ Residing in a motel or campground
- ☐ Doubled up or staying with friends/family due to economic hardship
- ☐ Staying in a car, park, or public area
- ☐ Sleeping in an area that is not designed for, or ordinarily used as a regular sleeping space (such as an office, dining room, unfinished basement, etc.)

Does your family currently receive SNAP (food stamp) benefits? ☐ Yes ☐ No

Does anyone in your family receive Supplemental Security Income (SSI)? ☐ Yes ☐ No

Does anyone in your family receive TANF assistance (Kinship, Ohio Works First, ADC)? ☐ Yes ☐ No

Are your monthly housing costs (i.e. rent, utilities) more than 30% of your gross income? ☐ Yes ☐ No

If you do not receive Public Assistance, you must include copies of all income of any adult related to the child in the home. We are an income-based program and need exact income from the past year. Income may include:

W2 or 1040 Federal Tax Forms
Unemployment statement
Pension/Annuity
Military Income
Most recent paystub

My annual income for last year $_____

I certify the above information on this application is true and correct. If my family is found to be over the income guidelines, I understand I will be placed on an "over-income" waiting list, which does not guarantee placement. **I also understand that completing this application DOES NOT AUTOMATICALLY ENROLL ME IN THE HEAD START PROGRAM.**
Notification of denial or enrollment will follow at a later date.

_____

Parent/Guardian Signature Date

How did you hear about Early Head Start?

☐ Friend ☐ Family ☐ Flyer ☐ Social Media/Facebook ☐ Past parent/student ☐ Head Start employee
☐ Other agency ☐ Internet Search/Google ☐ Parade ☐ Fair/Festival ☐ TV/Radio