

Dear Expectant Mother,

Attached is the Early Head Start Application for Expectant Mothers that you requested.

- Pregnant women applying for services for themselves and their unborn child must fill out the Family Income Worksheet and the Application.
- Homeless pregnant women should also complete the Homelessness Questionnaire.

Please fill out all forms completely and include proof of income for the last 12 months or last calendar year for the expectant mother and for the expectant father if he lives in the household. Families who are homeless may submit applications without proof of income.

A completed application packet should include the following:

- Completed forms as listed above. Be sure to sign and date them where appropriate.
 - Proof of income from expectant mother, and expectant father's (if in the household).
 - Or proof of currently receiving Temporary Assistance to Needy Families (TANF).
 - Or currently receiving Supplemental Social Security (SSI).
- If you do not receive any of the above, please submit proof of income for the last 12 months or last calendar year. Items that can be used as proof of income are:
 - ❖ 1040 Tax Returns (pages 1 & 2)
 - ❖ W2 forms
 - ❖ Pay stubs
 - ❖ **FSRN** printout from the Department of Human Services (reported income history)
 - ❖ Financial aid award letters
 - ❖ Unemployment Statements
 - ❖ Copies of child support awards or checks
 - ❖ Certain types of military pay are exempt, please call if you need information.

After we receive your application, it will be processed by the program that serves your area and scored based on your needs and income. Completing this application does not guarantee you a place in the program. Completed application packets should be mailed or brought to one of the following addresses:

Community Action Head Start
2475 Center St NE
Salem, OR 97301
(503)581-1152

or

Family Building Blocks
180 18th St NE
Salem, OR 97301
(503)798-4744

USDA and this institution are equal opportunity providers and employers.

Family Income Worksheet

To be completed and attached to the Early Head Start Application for Expectant Mothers

- Step 1 Are you currently homeless?
 Yes – complete Homelessness Questionnaire on the back of this form and go to step 5
 No - go to step 2
- Step 2 Does your family receive Supplemental Social Security Income (SSI) or Temporary Assistance to Needy Families (TANF)?
 Yes - attach current proof of SSI or TANF and go to step 5
 No - go to step 3
- Step 3 Check the boxes for all the proof of income you are sending with your Early Head Start application. Income can be for the past 12 months or the last calendar year. All income must be reported for expectant parent/s living in the household. You do not need to report income of other family members who live in the household, or for expectant father not living with expectant mother. If you had no income for the past 12 months or last calendar year, go to step 4.
- 1040 Tax Returns (pages 1 & 2)
 - W2 form(s) all W2 forms issued for the year
 - Pay stubs (for all pay periods during the past 12 months or last calendar year)
 - FSRN** printout from Department of Human Services (reported income history)
 - Unemployment statement or pay stubs
 - Child support statement or pay stubs
 - Financial aid or scholarship award letters
 - Alimony statement or pay stubs
 - Other (specify): _____
- Step 4 If you had no income for the past 12 months, please attach a statement explaining how you, the expectant mother (and expectant father if he lives in same household) were supported for the past calendar year or each of the last 12 months.
- Step 5 Sign and date to indicate that you declare the above information to be true and correct, and that you have reported all income for the designated period.

Name of expectant mother (print): _____

Signature: _____

Date: _____

Homelessness Questionnaire for Early Head Start Eligibility

Families who are homeless are income eligible for Early Head Start services and are not required to provide any proof of income. You must be currently homeless at the time of application and meet the federal definition of homelessness from the McKinney-Vento Homeless Assistance Act which states:

"Homeless children and youth are defined as those who lack a fixed, regular, or adequate nighttime residence including:

- Doubled up sharing the housing of others due to the loss of housing, economic hardship, or similar reasons.
- Emergency or transitional shelters.
- Motels, trailer parks or camping due to lack of alternative accommodations.
- Vehicle, parks, or other public spaces.
- Abandoned buildings or substandard housing.
- Migrant students living in any of the above situations"

If you believe you would be considered homeless, please check the box to indicate your situation:

- We are staying with friends, family or someone else because we lost our home or cannot afford a home.
- How long have you been staying there? _____
 - Why are you staying there (what caused you to move in)? _____
 - How long can you stay there? _____
 - Can we call to confirm? Yes No
- We move around frequently, staying with various friends or relatives because we lost our home or cannot afford a home.
- We are staying in a motel or hotel because we have no place else to stay.
- We are staying at a homeless shelter or domestic violence shelter.
- Which shelter? _____
 - Can we call to confirm? Yes No
- We are sleeping at night in a building or home that is not meant for people to sleep in. This includes garages, barns, parks, public place, abandoned building, bus or train station, or condemned homes or homes that do not have necessary services such as heat or water.
- Please describe: _____
- We are camping in a tent, motor home, trailer, van, car or other vehicle.
- We live in transitional housing, and must move out of this housing within two years.
- What program placed you in the transitional housing? _____
 - Can we call to confirm? Yes No
- We do not have a place to sleep at night.

If you cannot check any of the boxes above, you probably do not meet the definition of homeless. You may still apply for Early Head Start services, but will be required to provide proof of income. Please complete the Family Income Worksheet, and include your proof of income with the application.

2017-2018 Application for Expectant Mothers for Early Head Start
Community Action Early Head Start & Family Building Blocks

Information about expectant mother and pregnancy:

Expectant mother name: _____
Last First MI

Date of Birth: ____/____/____ Due Date: ____/____/____

Language Spoken at Home: _____

How well does expectant mother speak English? Very Well Well Very Little None

Living Address: _____
Street City Zip Code

Mailing Address: _____
Street City Zip Code

Telephone Numbers: _____
 Home Cell Work Message Home Cell Work Message

Employment Status: Employed Full Time (25-40 hours per week) Employed Part Time Student
 Homemaker Unemployed Other (explain): _____

Family Type: Two expectant parents Single expectant parent

Family members in household: Adults____ Children____

I have a child who is currently enrolled in Head Start. No Yes Child's Name: _____

Are you receiving pre-natal care? No Yes Name of medical provider: _____

Prenatal exposure to drugs or alcohol? Yes No

History of stillbirths or miscarriages? Yes No

Have you used tobacco during your pregnancy? Yes No

Do you have any serious health conditions? Yes No If yes, specify: _____

Information about expectant father:

Expectant father Name (last, first, and middle initial) _____

Date of Birth: ____/____/____ Language spoken at home: _____

How well does expectant father speak English? Very well Well Very little None

Living with expectant mother? Yes, lives with expectant mother or temporarily absent

No, permanently absent (provide address)

Address: _____
Street City Zip Code

Telephone: _____
 Home Cell Work Message Home Cell Work Message

Employment status: Employed full time (25-40 hours per week) Employed part time Unemployed
 Student Homemaker Other (explain): _____

SPECIAL CONCERNS (Check all that apply):

- High risk complications in pregnancy/advanced maternal age
- Parent has a diagnosed disability or mental health condition
- Parent is deceased or has a terminal illness
- Parent is incarcerated
- On parole or probation
- Parent is absent from home due to active military duty
- Parent is absent from home due to deportation
- Household member participate in gang activity
- Parent is unable to read or write in any language
- Family does not have a vehicle
- Parent currently has drug/alcohol issues
- Parent has had drug/alcohol issues in the past
- Parent or family is currently receiving individual or family counseling
- Family is in the process of eviction
- Mother has experienced domestic violence during the last 12 months
- Mother has experienced domestic violence more than one year ago

I declare the above information is true to the best of my knowledge, and that I have reported all sources of income. I understand this application does not guarantee enrollment in Early Head Start.

Parent/Guardian Signature: _____ Date: _____

Mail completed application and attachments to one of the following addresses:

**Community Action Head Start
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Salem, OR 97301
(503)581-1152**

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