



Head Start of Washington County, Inc.

EARLY HEAD START EXPECTANT MOTHER ELIGIBILITY AND SELECTION FORM



Name _____ Date of Birth _____ Social Security Number _____

Address _____
STREET CITY STATE ZIP

Mailing address if different than above

Race /Ethnicity _____ Home Phone (_____) _____
STREET CITY STATE ZIP

Primary Language _____ Work Phone (_____) _____

Expected Delivery Date _____ Message Phone (_____) _____

Are you expecting to have a multiple birth (twins, triplets, etc.)? Yes No

Does your family receive Food Stamp Assistance? Yes No

Does family receive SSI Benefits? Yes No

Are you currently homeless or in a shelter? Yes No

Are you under 20 years of age? Yes No

Do you have HS Diploma or GED? Yes No

Are you currently attending school? Yes No

If yes, check one of the following: Middle School High School College Other

Name of School attending: _____

Do you have a child applying for or enrolled in Early Head Start or Head Start? Yes No

If Yes, what is the child(ren)s name(s) _____

Do you have Medical Insurance? Yes No

Medical Card Number: _____

MARITAL STATUS:

- Single
- Married
- Separated
- Divorced
- Widowed

PLEASE CHOOSE ALL THAT APPLY: (PLACEMENT DEPENDS ON AVAILABILITY)

Do you plan to enroll your child in the Early Head Start program when it is born?

YES NO —If YES, which program choice:

- Part Day Classes
- Home Based Program
- Full Day Classes *(must have POC vouchers from DSS)*

Do you currently have Child Care Vouchers? Yes No

Can you provide daily transportation for your child if necessary? Yes No

Number of people living in household?

_____ Adults _____ Children (include unborn child)

Are three or more children under age 5 living in household? Yes No

How did you hear about Head Start?

Does unborn child's father live in household? Yes No

If Yes, please complete the following:

Male Parent /Guardian

Date of Birth _____

Parent's Primary Language _____

Is Male Parent/Guardian under age 20? Yes No

Do you have a Diploma or GED? Yes No

Is English your second language? Yes No

Signature

Date

★ **PLEASE COMPLETE BOTH SIDES OF THIS FORM** ★

Mail or Return to:

Head Start of Washington County, Inc.
131 West North Avenue
Hagerstown, MD 21740
★ (301) 797-5231 ★

FOR OFFICE USE ONLY

Family Number _____ Ranking Points _____

FOR REFERRAL AGENCY ONLY

FAMILY INCOME

EMPLOYMENT

Male Parent/Guardian (IF LIVING IN HOME)

Gross Income \$ _____
(BEFORE TAXES)

Employer's Name:

Employer's Phone Number:
(____) _____

Full Time No. of Hours _____
 Part Time No. of Hours _____

Pay Period:

Weekly Bi-Weekly
 Monthly Annually
 Twice a Month

Year Round Yes No
Seasonal Yes No

PLEASE INCLUDE A COPY OF YOUR
PAYCHECK STUB(S) &
W-2 FORM OR 1040

EMPLOYMENT

Female Parent/Guardian (IF LIVING IN HOME)

Gross Income \$ _____
(BEFORE TAXES)

Employer's Name:

Employer's Phone Number:
(____) _____

Full Time No. of Hours _____
 Part Time No. of Hours _____

Pay Period:

Weekly Bi-Weekly
 Monthly Annually
 Twice a Month

Year Round Yes No
Seasonal Yes No

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OTHER HOUSEHOLD INCOME

IF APPLICABLE COMPLETE INFORMATION FOR ALL THAT APPLY TO YOUR HOUSEHOLD

<u>SOURCE</u>	<u>AMOUNT</u>
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TANF (TCA) <small>(INCLUDE CERTIFICATION LETTER)</small>	\$ _____
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Social Security/Pension <small>(INCLUDE LETTER OF ELIGIBILITY)</small>	\$ _____
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SSI Benefits <small>(INCLUDE LETTER OF ELIGIBILITY)</small>	\$ _____
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Child Support	\$ _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <small>(INCLUDE COPY OF CHECK OR BANK STATEMENT)</small>	

Unemployment	\$ _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <small>(INCLUDE COPY OF UNEMPLOYMENT CHECK OR CHECK STUB W / START DATE)</small>	

Foster Care Subsidy <small>(INCLUDE COPY OF AWARD LETTER)</small>	\$ _____
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Other: Specify <small>(INCLUDE LETTER OF SUPPORTING DOCUMENTATION)</small>	\$ _____
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NO INCOME
DOCUMENTATION NEEDED-
RENT STATEMENT OR UTILITY CHECK

NOTE: ALL INCOME MUST BE VERIFIED

Please sign after reading below

Signature _____	Date _____
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I understand that this form will be used to receive benefits under the Federal Head Start Program. Providing knowingly false information may be a criminal violation under Federal Law. By signing this form, I certify and attest that to the best of my knowledge, the information provided on this form is true and accurate.

NOTE: ALL INCOME MUST BE VERIFIED. IF YOU RECEIVE FOOD STAMPS, A COPY OF YOUR CERTIFICATION LETTER MUST BE INCLUDED.

In-Person Interview Date & Staff Initials

Phone Interview Date & Staff Initials

Reason _____

Complete if there is a second place of Employment

Male Parent/Guardian (IF LIVING IN HOME)

Gross Income \$ _____
(BEFORE TAXES)

Employer's Name:

Employer's Phone Number:
(____) _____

Full Time No. of Hours _____
 Part Time No. of Hours _____

Pay Period:

Weekly Bi-Weekly
 Monthly Annually
 Twice a Month

Year Round Yes No
Seasonal Yes No

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Complete if there is a second place of Employment

Female Parent/Guardian (IF LIVING IN HOME)

Gross Income \$ _____
(BEFORE TAXES)

Employer's Name:

Employer's Phone Number:
(____) _____

Full Time No. of Hours _____
 Part Time No. of Hours _____

Pay Period:

Weekly Bi-Weekly
 Monthly Annually
 Twice a Month

Year Round Yes No
Seasonal Yes No

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