

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** (within the last 30 days) receiving Temporary Assistance to Needy Families (TANF) or 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 form(s) all issued for the year
- ❖ Pay stubs (for all pay periods during the past 12 months or the last calendar year)
- ❖ **FSRN** printout from the Department of Human Services (showing your reported income history to DHS)

**And, if applicable any of the following (in addition to income above):**

- ❖ 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

**Family Building Blocks**  
180 18<sup>th</sup> St NE  
Salem, OR 97301  
(503)798-4744

**No proof of legal status is required.**

This institution is an equal opportunity provider.

# 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** (within the last 30 days) 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.
- Submit one of the following:**
- 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 (showing your reported income History to DHS)
- And, if applicable any of the following** (in addition to income above):
- 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 the same household) were supported for the past calendar year or for 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
- Moving around frequently, staying with a variety of people, but not a long term place to stay (couch surfing).
- 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.*

**2020-2021 Application for Expectant Mothers for Early Head Start**  
Community Action Early Head Start & Family Building Blocks

**Information about expectant mother and pregnancy:**

Expectant mother's 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  Email (optional)

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's 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  Email (optional)

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. Specify: \_\_\_\_\_
- 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 or in process
- 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 and is now in recovery
- Parent or family is currently receiving individual or family counseling
- Family is in the process of eviction. How long \_\_\_\_\_
- Mother has experienced domestic violence during the last 12 months
- Mother has experienced domestic violence more than one year ago
- Parent will be age 17 or younger when this child is born

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.

Expectant mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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