

Dear Expectant Mother,

Attached is the Early Head Start Application for Expectant Mothers that you requested for the 2023-2024 school year.

**We welcome all families, regardless of nationality or place of birth/no proof of citizenship is required.**

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:

- Be sure to sign and date them where appropriate.
- Proof of income from expectant mother, and expectant father's (if in the household).
- Proof of **current** (within the last 30 days) Supplement Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) or Supplemental Social Security Income (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)

**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:

Early Head Start & Childcare Partnership Office 625 Hawthorne Ave SE Suite 100 Salem, OR 97301 (503)581-1152 hs.app@mwvcaa.org	Family Building Blocks 180 18 <sup>th</sup> St NE Salem, OR 97301 (503)566-2132
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# Family Income Worksheet

(To be completed and attached to the Early Head Start Application for Expectant Mothers)  
Early Head Start school year 2023-2024

1. Does your family receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) or Supplemental Social Security Income (SSI)?

- Yes - attach **current** (within the last 30 days) proof of SNAP or SSI or TANF and go to step 5  
 No - go to step 2

2. *Are you currently homeless?*

- Yes - Currently homeless at the time of application and meet the Federal Definition of homelessness from the "McKinney-Vento Homeless Assistance Act". Homeless children and youth are defined as those who lack a fixed, regular, or adequate night time 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.

No proof of income submitted because my family is eligible because we meet the federal definition of homelessness. Go to step 5 and sign and date Family Income Worksheet.

- No - go to step 3.

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.

**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)

**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): \_\_\_\_\_

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 last 12 months.**
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 for all parents/guardians who live in the household.

Name of Expectant Mother (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Application for Expectant Mothers for Early Head Start School Year 2023-2024**  
Community Action Early Head Start & Family Building Blocks

Expectant Mother's Name: \_\_\_\_\_, \_\_\_\_\_ MI  
Last First

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  Email

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.  Yes  No Child's Name: \_\_\_\_\_

Are you receiving pre-natal care?  Yes  No 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: \_\_\_\_\_

Expectant Father's Name: \_\_\_\_\_, \_\_\_\_\_ MI  
Last First

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  No, permanently absent (provide address)

Living Address: \_\_\_\_\_  
Street City Zip Code

Telephone Numbers: \_\_\_\_\_  
 Home/Cell  Work  Message  Home/Cell  Work  Message  Email

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

**SPECIAL CONCERNS (Check all that apply):**

- Family is seeking refuge in the United States because of conditions in their country
- Family is displaced or severely impacted due to natural disaster, (specify \_\_\_\_\_) loss of employment/housing
- Mother is experiencing anxiety, and/or mental health distress during pregnancy
- Prenatal exposure to drugs/alcohol
- Prenatal exposure to tobacco
- Sibling has a diagnosed disability/Mental Health condition
- Parent has a diagnosed disability/Mental Health condition
- Parent is deceased or has a terminal illness
- Parent is incarcerated  On parole/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
- High risk complications in pregnancy/advanced maternal age. Specify: \_\_\_\_\_

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: \_\_\_\_\_

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