

Dear Expectant Mother,

Attached is the Early Head Start Application for Expectant Mothers that you requested for the 2025-2026 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:

- Sign and date, where appropriate.
- Proof of income from expectant mother, and expectant father (if in the household).
- Proof of **current** (within the last month) 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) for the most recent year
- ❖ All W2 form(s) issued for the most recent 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 Early Head Start application, it will be processed by the program that serves your area and scored based on your family's needs and your family income. **Completing this Early Head Start for Expectant Mothers application does not guarantee you a place in the program.** If you have questions about the application process, please call the numbers below. Completed Early Head Start application packet 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 th St NE Salem, OR 97301 (503)566-2132
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Family Income Worksheet

(Must be included with application)

Early Head Start Application for Expectant Mothers for 2025-2026 school year

Early Head Start and Family Building Blocks

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 month) 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) for the most recent year
- ☐ All W2 form(s) issued for the most recent 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 2025-2026

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

Address: _____
Street City Zip Code

(Check all that apply)

☐ Living ☐ Mailing

Additional Address: _____
Street City Zip Code

(Check all that apply)

☐ Living ☐ Mailing

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 Early Head Start/ EHS CCP/ Head Start. ☐ Yes ☐ No

Child's Name: _____

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

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): _____

How did you learn about Early Head Start Expectant Mothers Program? ☐ Preschool HUB ☐ Word of Mouth ☐ Flyer
☐ Yard Sign ☐ School District ☐ WIC ☐ Health Department ☐ Teen Parent Program ☐ Early Head Start
☐ Family Building Blocks ☐ WESD ☐ Referral ☐ DHS ☐ Doctor ☐ STEP Program ☐ Other: _____

✓ If you work for CAHS, SKHS or FBB, please indicate which program you work for: _____

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/Second hand smoke
- ☐ Sibling has a diagnosed disability or ☐ Mental Health condition
- ☐ Parent has a diagnosed disability or ☐ 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 does not have high school diploma/GED
- ☐ 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 for Expectant Mothers. I understand this application is used jointly by Community Action Head Start & Early Head Start and Family Building Blocks, and authorize each program to refer this application and attached supporting documents to the program that is appropriate for my family's needs and geographic location.

Expectant Mother's Signature: _____ Date: _____

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