UAMS | Head Start/ Early Head Start

Pregnant Women Pre-Application 2022-2023

Applicant & Family Member Information

Pregnant Woman

First	Middle	Last	Birthday	Gender	SSN

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ None ☐ Proficient	☐ Yes, (please list) _____ ☐ No	☐ Little ☐ Moderate ☐ None ☐ Proficient

Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home
			☐ Not Eligible ☐ On Medicaid ☐ Potentially		

Dental Coverage	Dental Coverage #	Dentist/Dental Home

Secondary/Other Adult (Baby's Father)

First	Middle	Last	Birthday	Gender

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ None ☐ Proficient	☐ Yes, (please list) _____ ☐ No	☐ Little ☐ Moderate ☐ None ☐ Proficient

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:
☐ No High School or GED ☐ High School or GED ☐ Associate Degree, Vocational School or Some College ☐ Bachelor or Advance Degree	☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed ☐ Retired ☐ Disabled	☐ Biological /Adopted /Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other	☐ Yes ☐ No	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent

Email Address:

Family Information

Family Living Address

Living Address	ZIP	City	State	County

Family Mailing Address

Same as living?	Mailing Address	ZIP	City	State
☐ Yes ☐ No				

Phone Number(s)	Type (*check one*)	Note (extension or best time to call)	Opt In for Text Messages
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No

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Additional Family Information (Please answer all questions)

Parental Status:
☐ One
☐ Two

Referred by a Child Welfare Agency?
☐ Yes
☐ No

Is Pregnant Woman Disabled?
☐ Yes
☐ No

Incarcerated Spouse?
☐ Yes
☐ No

Is your Family Homeless?
☐ Yes
☐ No

Receiving SNAP?
☐ Yes
☐ No

Have you seen a doctor for your Pregnancy?
☐ Yes
☐ No

Head Start Employee?
☐ Yes
☐ No

Active Duty Military?
☐ Yes
☐ No

Receiving WIC?
☐ Yes, WIC ID _____
☐ No

Are you employed?
☐ Yes
☐ No

Do you have support from family or Community Resources?
☐ Yes
☐ No

# of Months Pregnant: _____

Pregnant Teen?
☐ Yes
☐ No

Food Security?
☐ Yes
☐ No

Is this a high-risk pregnancy?
☐ Yes
☐ No

Are you pregnant with twins, triplets or other multiples?
☐ Yes
☐ No

Is there chemical dependency issues in the family?
☐ Yes
☐ No

Displaced by Natural Disaster?
☐ Yes
☐ No

Family Income

What was your family's total YEARLY income for 2020? Please add income from all sources (salary, child support, unemployment, etc.) that your family received and enter the number below in U.S. Dollars.

Yearly Income: $

# of Persons in Family: _____

TANF Status
☐ Yes ☐ No
☐ Formerly on TANF/Not now

SSI
☐ Yes
☐ No

Emergency Contacts

Contact 1

Name	Relationship	Emergency Contact	Release To
		☐ Yes ☐ No	☐ Yes ☐ No

Address	ZIP	City	State

Phone Number 1	Phone Number 2
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Contact 2

Name	Relationship	Emergency Contact	Release To
		☐ Yes ☐ No	☐ Yes ☐ No

Address	ZIP	City	State

Phone Number 1	Phone Number 2
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Additional Children

First	Middle	Last	Birthday	Gender

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native	☐ Yes	☐ Little	☐ Yes, (please list)	☐ Little
☐ Black ☐ Hawaiian/Pacific Islander	☐ No	☐ Moderate	_____	☐ Moderate
☐ White ☐ Multi-Racial		☐ None	☐ No	☐ None
☐ Other: _____		☐ Proficient		☐ Proficient

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☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Moderate	____________	☐ Moderate
☐ White	☐ Multi-Racial		☐ None	☐ No	☐ None
☐ Other: ____________			☐ Proficient		☐ Proficient

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☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Moderate	____________	☐ Moderate
☐ White	☐ Multi-Racial		☐ None	☐ No	☐ None
☐ Other: ____________			☐ Proficient		☐ Proficient

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☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ Little	☐ Yes, (please list)	☐ Little
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Moderate	____________	☐ Moderate
☐ White	☐ Multi-Racial		☐ None	☐ No	☐ None
☐ Other: ____________			☐ Proficient		☐ Proficient

How did you hear about our program?				
☐ Word of Mouth	☐ Social Media	☐ Community Referral	☐ Website	☐ Other ____________

Verification: I certify that the information provided in this application, and the income indicated for enrollment eligibility, is accurate and truthful to the best of my knowledge. Providing false income/information could result in dismissal from the program and may be subjected to legal action. I also understand that the information given to the program will remain confidential and is accessible to me during normal business hours.

Pregnant Woman Signature	Date	Head Start Staff Signature	Date