



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

- Marital Status:
- Single
 - Married
 - Separated
 - Divorced
 - Widowed

Mailing address if different than above _____
Street City State Zip

Race / Ethnicity _____ Home Phone _____

Primary Language _____ Work Phone _____

Expected Delivery Date _____ Message Phone _____

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

Does 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 _____

Do you plan to enroll your child in the Early Head Start program when it is born? Yes No

If yes, which program choice

____ Home Based

____ Full Day / Full Year (Must be working or in school)

**** POC Vouchers required for Full Day / Full Year Program ****

Are you receiving services from another agency? (check all that apply)

- Healthy Start
- Healthy Families
- The Family Center
- Other

Number of people living in household?

Adults _____ Children _____ (include unborn child)

Are three or more children under the age of five living in the household? Yes No

Signature _____

Date _____

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

For Office Use Only	
Family Number	Ranking Points

Mail or Return to:
Head Start of Washington County
131 West North Avenue
Hagerstown, MD 21740
(301) 797-5231

For Referral Agency Only

FAMILY INCOME

<u>EMPLOYMENT</u>	<u>EMPLOYMENT</u>	<u>OTHER HOUSEHOLD INCOME</u>																		
<p>Male Parent/Guardian (if living in home)</p> <p>Gross Income (Before Taxes) _____</p> <p>Employer's Name _____</p> <p>Employer's Phone Number _____</p> <p><input type="checkbox"/> Full Time No. of Hours _____</p> <p><input type="checkbox"/> Part Time No. of Hours _____</p> <p>Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Year Round? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Please include a copy of your paycheck stub(s), W-2 form or 1040</p>	<p>Female Parent/Guardian (if living in home)</p> <p>Gross Income (Before Taxes) _____</p> <p>Employer's Name _____</p> <p>Employer's Phone Number _____</p> <p><input type="checkbox"/> Full Time No. of Hours _____</p> <p><input type="checkbox"/> Part Time No. of Hours _____</p> <p>Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Year Round? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Please include a copy of your paycheck stub(s), W-2 form or 1040</p>	<p>If applicable complete information for all that apply to your household.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>SOURCE</u></th> <th style="text-align: right;"><u>AMOUNT</u></th> </tr> </thead> <tbody> <tr> <td>TANF (TCA) Include certification letter</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Social Security/Pension Include letter of eligibility</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>SSI Benefits Include letter of eligibility</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Child Support <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly Include copy of check or bank statement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Unemployment <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly Include copy of unemployment check or check stub</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Foster Care Subsidy Include copy of award letter</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other: Specify _____ Include copy of supporting documentation</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> No Income Documentation such as rent statement or utility check</td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">NOTE: All income must be verified.</p> <p style="text-align: center;">If you receive Food Stamps, a copy of your certification letter must be included.</p>	<u>SOURCE</u>	<u>AMOUNT</u>	TANF (TCA) Include certification letter	\$ _____	Social Security/Pension Include letter of eligibility	\$ _____	SSI Benefits Include letter of eligibility	\$ _____	Child Support <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly Include copy of check or bank statement	\$ _____	Unemployment <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly Include copy of unemployment check or check stub	\$ _____	Foster Care Subsidy Include copy of award letter	\$ _____	Other: Specify _____ Include copy of supporting documentation	\$ _____	<input type="checkbox"/> No Income Documentation such as rent statement or utility check	
<u>SOURCE</u>	<u>AMOUNT</u>																			
TANF (TCA) Include certification letter	\$ _____																			
Social Security/Pension Include letter of eligibility	\$ _____																			
SSI Benefits Include letter of eligibility	\$ _____																			
Child Support <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly Include copy of check or bank statement	\$ _____																			
Unemployment <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly Include copy of unemployment check or check stub	\$ _____																			
Foster Care Subsidy Include copy of award letter	\$ _____																			
Other: Specify _____ Include copy of supporting documentation	\$ _____																			
<input type="checkbox"/> No Income Documentation such as rent statement or utility check																				
<p>Complete if there is a second place of employment</p> <p>Gross Income (Before Taxes) _____</p> <p>Employer's Name _____</p> <p>Employer's Phone Number _____</p> <p><input type="checkbox"/> Full Time No. of Hours _____</p> <p><input type="checkbox"/> Part Time No. of Hours _____</p> <p>Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Year Round? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Please include a copy of your paycheck stub(s), W-2 form or 1040</p>	<p>Complete if there is a second place of employment</p> <p>Gross Income (Before Taxes) _____</p> <p>Employer's Name _____</p> <p>Employer's Phone Number _____</p> <p><input type="checkbox"/> Full Time No. of Hours _____</p> <p><input type="checkbox"/> Part Time No. of Hours _____</p> <p>Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Year Round? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Please include a copy of your paycheck stub(s), W-2 form or 1040</p>																			