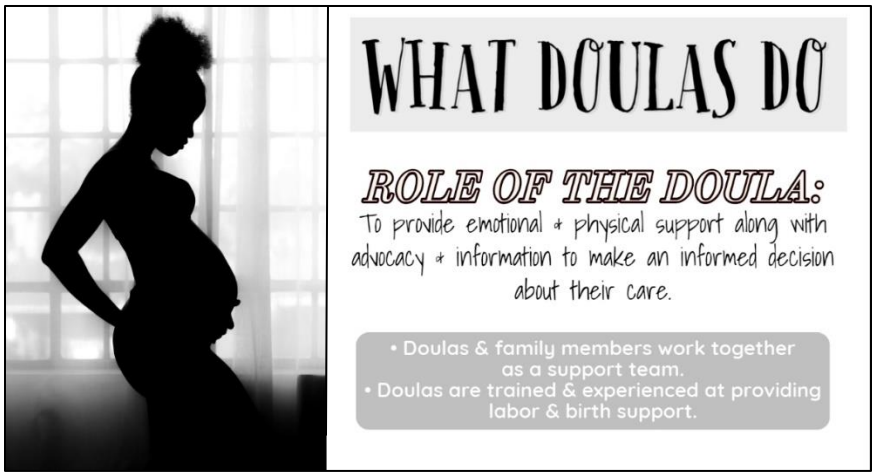
ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES, INC. PRE-NATAL APPLICATION - Program Year 2022-2023

Thank you for your interest in our Early Head Start Program. Our prenatal program helps pregnant women receive education and a further understanding of the medical care they and their growing babies need. A home visitor will work with you to provide information support as you prepare for the birth of your baby.



Specialized services are provided by certified Doulas for pregnant and postpartum moms. This service is currently only available in Rock County and space is limited. 2021 proof of income and an interview are required to determine your eligibility in the program. Completing the application does not mean you are accepted. Pregnant mothers with the greatest need for services will be placed first. Please complete the application thoroughly so we know how to best serve you. **All information is kept confidential.**

WE ARE AN INCOME BASED PROGRAM AND WILL NEED YOUR 2021 INCOME:

If you ***currently*** receive one of the following we will need verification.
Example: award letter or current statement

• SSI • W2 Cash Assistance • Foster Care Supplement • Kinship Care • *Food Share*

If the incomes above do not apply to you, please send copies of all incomes below that apply to your family:

- 2021 Tax Return
- 2021 W2 Employer Statement(s)
- Unemployment Compensation
- Written statement for cash received for work
- 2021 Child Support received for all children in the home
- SSDI
- Caretaker's Supplement
- Written statement from the employer

If none of these apply to you, please contact the enrollment office.

Please allow up to 30 days for processing the application. Incomplete applications will not be considered for placement. Please contact us with new address/phone number changes.

We can't serve you if we can't find you.

If you have any questions or need help with anything please call/email us:

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1221 Henry Ave, Beloit, WI 53511 • Phone: (608) 299-1500 or 1-800-774-7778 • Fax: (608) 299-1629

Revised: 7/22 DD

CONFIDENTIAL PRE-NATAL APPLICATION FOR ENROLLMENT PY 2022-2023
THIS APPLICATION SHOULD ONLY BE FILLED OUT AND SIGNED BY THE PRE-NATAL PARENT

1. MOTHER'S INFORMATION

NAME: _____ **DOB: _____**
(As name appears on birth certificate) FIRST MIDDLE LAST

2. RACIAL/ETHNIC BACKGROUND

☐ White ☐ American Indian/Alaska Native Hispanic?
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Yes ☐ No
☐ Asian ☐ Other:

Primary Language: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other:
English speaking ability? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Work History:	Did you work in 2021? ☐ Yes ☐ No Has your financial situation changed since then? ☐ Yes ☐ No
Education:	Completed Elementary School: ☐ Yes ☐ No Did you receive? ☐ High School Diploma ☐ HSED/GED ☐ None

HOME ADDRESS: _____
APT/LOT # CITY ZIP COUNTY

Mailing Address: (If different) _____

3. PREGNANCY INFORMATION

What trimester of pregnancy are you in: ☐ 1ST ☐ 2ND ☐ 3RD Due date: _____
Number of past pregnancies (Do not count your current pregnancy): _____ Number of live births: _____
Have you ever been pregnant with multiples? ☐Yes ☐No Are you receiving prenatal care: ☐Yes ☐No
Do you or your doctor have any concerns with your pregnancy? ☐Yes ☐No
If yes, comment briefly:

4. FATHER'S INFORMATION

NAME: _____ DOB: _____

Race/Ethnicity: _____ Hispanic? ☐ Yes ☐ No

Address if different than child's family: _____

Primary Phone: _____ H C W Opt in for text messages: ☐ Yes ☐ No

Secondary Phone: _____ H C W E-Mail: _____

English speaking ability: ☐ None ☐ Little ☐ Moderate ☐ Proficient Primary Language: _____

Completed Elementary School: ☐ Yes ☐ No Did you receive? ☐ High School Diploma ☐ HSED/GED ☐ None

5. MARITAL STATUS OF BIRTH PARENTS

☐ Married/Living Together ☐ Legally Married/Not Living Together ☐ Divorced
☐ Never Married/Living Together ☐ Never Married/Not Living Together ☐ Widowed

6. CURRENT LIVING ARRANGEMENT

☐ Rent ☐ Own ☐ Staying with family/friends long term ☐ Foster Home ☐ Other:

☐ I am homeless. This means that you are staying in a car, park, campgrounds, hotel, emergency shelter, transitional housing, on the street, or are living with family/friends short term. *If homeless, please check which applies to you:*

☐ Motel/Hotel ☐ Shelter ☐ Mission/Church ☐ Transitional Housing ☐ Staying on the street ☐ Family/Friends short term

7. DO YOU HAVE ANY FAMILY CONCERNS?

☐ Reading ☐ Writing ☐ Parent has/had an IEP

☐ Continuing Education ☐ Transportation ☐ Parent has a chronic illness

☐ Mental Health ☐ Not enough food in the home ☐ Shelter / Homelessness

☐ Unemployed / Not enough hours ☐ Alcohol / Drug use ☐ Legal Concerns

☐ One parent is incarcerated ☐ Both parents are incarcerated ☐ One or both parents are deceased

☐ Other:

☐ ***None***

8. HOW DID YOU FIND OUT ABOUT US?

☐ Day Care ☐ Birth-3 ☐ School Staff

☐ Early Head Start/Head Start Staff ☐ Job Center: Rock/Walworth Co ☐ Doctor

☐ Social media / Internet ☐ Counselor ☐ Children's WI Resource Center

☐ Friend/Family ☐ Community Health Program/WIC ☐ Autism Services Provider

☐ ***Other:*** ☐ Health & Human Services ☐ Homeless/Domestic Violence Shelter

9. DOES ANY MEMBER OF THE HOUSEHOLD RECEIVE ANY OF THE FOLLOWING? (check all that apply)

☐ Foster / Kinship Care ☐ Health Insurance (State or private) Other:

☐ Supplemental Security Income (SSI) ☐ Caretaker Supplement ☐ SSI - Social Security

☐ W2 / Cash Assistance ☐ Survivor's Benefits ☐ Child Care Assistance

☐ ***Food Share*** ☐ Public Housing / Section 8 ☐ WIC / Healthy Start

☐ ***None*** ☐ Energy Assistance ☐ Child Support for **any** child in the home

10. ADDITIONAL CONTACT PERSON(S) IF WE ARE UNABLE TO REACH YOU:

1. _____
   Name Relationship to child Phone

2. _____
   Name Relationship to child Phone

11. LIST SIBLINGS TO THE UNBORN CHILD IN THE HOUSEHOLD

(First) (Last) (Relationship to child)

1. _____ ☐ Male ☐ Female DOB: _____

2. _____ ☐ Male ☐ Female DOB: _____

3. _____ ☐ Male ☐ Female DOB: _____

Please continue on back if you need more space.

PLEASE READ STATEMENTS BELOW CAREFULLY BEFORE SIGNING

Application will not be complete until we have proof of income.

Family income is the income of the biological parent(s) / adoptive parent(s) or guardian(s) living in the household.

For enrollment purposes, I understand that RWCFS Head Start-Early Head Start may need to coordinate programming with my local school district, and other home visitation programs for placement. By signing, I verify that the information provided is correct and complete to the best of my knowledge. I further understand that if I knowingly provide false information that my family may no longer be eligible for further services.

SIGN AND DATE: (When both parents live in the home, then both should sign whenever possible)

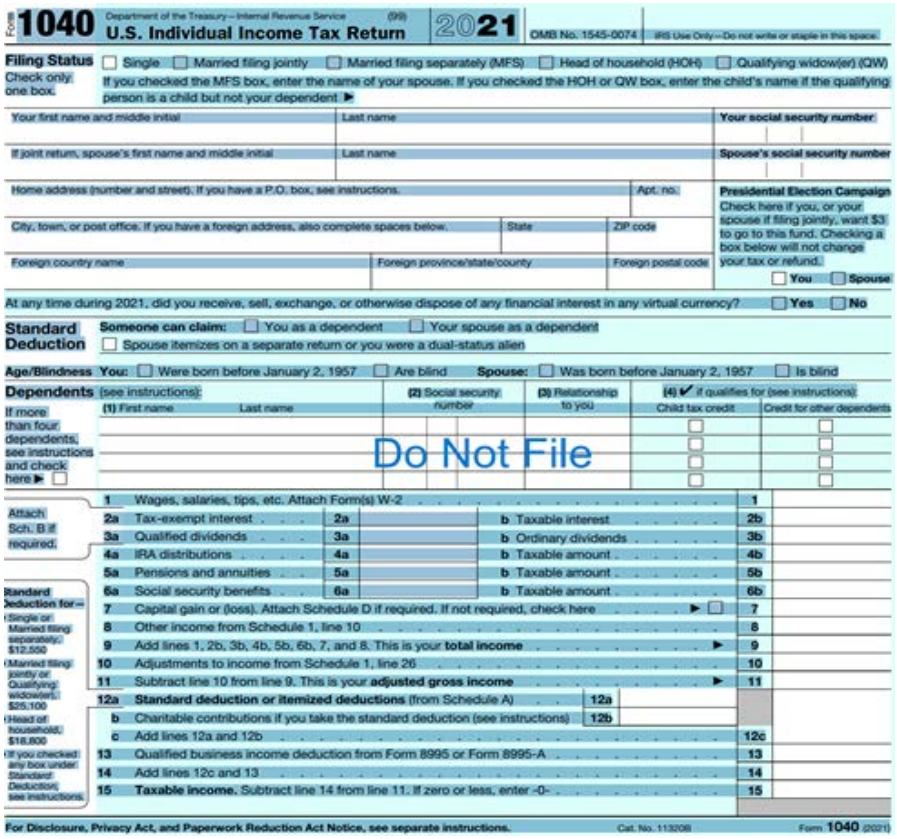
Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Non-discriminatory Clause: RWCFS HS&EHS policy is not to discriminate on the basis of race, sex, age, color, national origin, religion, or disabilities in the provision of services and employment.

INTERVIEW (Staff use only)			
	In-Person		Phone (Reason for phone interview):
Staff Person:			Date:
Parent Guardian:			Date:
Proof of income obtained:			

Example of Income Tax Return form that we need to collect as proof of income



Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2021** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial | Last name | Your social security number

If joint return, spouse's first name and middle initial | Last name | Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code

Foreign country name | Foreign province/state/county | Foreign postal code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☐ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Do Not File

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1
	2a	Tax-exempt interest 2a		b Taxable interest	2b
	3a	Qualified dividends 3a		b Ordinary dividends	3b
	4a	IRA distributions 4a		b Taxable amount	4b
	5a	Pensions and annuities 5a		b Taxable amount	5b
	6a	Social security benefits 6a		b Taxable amount	6b
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7
	8	Other income from Schedule 1, line 10			8
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9
	10	Adjustments to income from Schedule 1, line 26			10
	11	Subtract line 10 from line 9. This is your **adjusted gross income** ▶			11
Standard Deduction for— Single or Married filing separately, $12,550; Married filing jointly or Qualifying widow(er), $25,100; Head of household, $18,800; If you checked any box under Standard Deduction, see instructions.	12a	**Standard deduction or itemized deductions** (from Schedule A)	12a		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b		
	c	Add lines 12a and 12b			12c
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13
	14	Add lines 12c and 13			14
	15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 113208 Form **1040** (2021)

FOR OFFICE USE			
INCOME POINTS	**TOTAL POINTS:**	**DATA ENTERED BY:**	**REVIEWED BY:**