



ROCK-WALWORTH HEAD START/EARLY HEAD START PRE-NATAL APPLICATION - Program Year 2024-2025



Thank you for your interest in our Early Head Start Program. A healthy pregnancy has a direct influence on the health and development of a newborn child. Early Head Start strives to have the greatest impact on children and families by offering supportive services as early in life as possible.

Services to pregnant women and their families are provided through the child's first three years of life. The prenatal period of growth and development has a lasting impact on the child's potential for healthy growth and development after birth. The home visit program incorporates the following:

- healthy pregnancies and positive childbirth outcomes;
- supportive postpartum care for the parents and child;
- fully involving fathers in the lives of their young children; and
- nurturing and responsive care during infancy.



Specialized services are available by certified Doulas for pregnant and postpartum moms. This service is currently **only** available in Rock County and space is limited. 2023 proof of income and an interview are required to determine your eligibility for the program. Completing the application does not mean you are automatically accepted. Pregnant moms 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 confidential.

WE ARE AN INCOME BASED PROGRAM AND WILL NEED YOUR 2023 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 please send copies of all incomes below that apply to your family:

- 2023 Tax Return • SSDI (Supplemental Security Disability Income) • Caretaker's Supplement
- Unemployment Compensation • 2023 W2 Employer Statements • Written statement from the employer
- 2023 Child Support received for all children in the home • Written statement for cash received for work

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

Incomplete applications are NOT considered for placement. Please call us with any new contact information.



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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CONFIDENTIAL PRE-NATAL APPLICATION FOR ENROLLMENT PY 2024 -2025
THIS APPLICATION SHOULD ONLY BE FILLED OUT AND SIGNED BY THE PRE-NATAL PARENT
PEN ONLY PLEASE!

1. PREGNANT PARENT INFORMATION:

NAME: _____ **DOB:** _____
FIRST LAST

HOME ADDRESS: _____

PRIMARY PHONE: _____ H C W Opt in for text messages: ☐ Yes ☐ No

EMAIL ADDRESS: _____

RACIAL/ETHNIC BACKGROUND:

- ☐ White ☐ American Indian/Alaska Native ☐ Hispanic
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ Asian ☐ Other: _____

Primary Language: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other: _____

Education:	Completed Elementary School: <input type="checkbox"/> Yes <input type="checkbox"/> No Some College or Degree <input type="checkbox"/> Yes <input type="checkbox"/> No Received: <input type="checkbox"/> High School Diploma <input type="checkbox"/> HSED/GED <input type="checkbox"/> None Highest Grade _____
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2. 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
Concerns: _____

3. PARENT INFORMATION:

NAME: _____ **DOB:** _____

Race/Ethnicity: _____ **Hispanic:** ☐ Yes ☐ No

Address if different than child's family: _____

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

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

Primary Language: _____ Completed Elementary School: ☐ Yes ☐ No
Some College or Degree ☐ Yes ☐ No Received: ☐ High School Diploma ☐ HSED/GED ☐ None
Highest Grade: _____

4. MARITAL STATUS OF BIRTH PARENTS:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Married/Living Together | <input type="checkbox"/> Legally Married/Not Living Together | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Never Married/Living Together | <input type="checkbox"/> Never Married/Not Living Together | <input type="checkbox"/> Widowed |

CURRENT LIVING ARRANGEMENT:

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

☐ I am homeless. Meaning you are staying in a car, park, campgrounds, hotel, emergency shelter, transitional living, on the street, or are living with family/friend's short term. **If homeless, please circle which applies to you:**

6. DO YOU HAVE ANY FAMILY CONCERNS?

<input type="checkbox"/> Reading	<input type="checkbox"/> Writing	<input type="checkbox"/> Parent has/had an IEP
<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Transportation	<input type="checkbox"/> Parent has a chronic/terminal illness
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Not enough food in the home	<input type="checkbox"/> Shelter / Homelessness
<input type="checkbox"/> Unemployed / Not enough hours	<input type="checkbox"/> Alcohol / Drug use	<input type="checkbox"/> Legal Concerns
<input type="checkbox"/> House Fire	<input type="checkbox"/> Frequent Moves (2+ a yr.)	<input type="checkbox"/> Immigration Concerns
<input type="checkbox"/> One parent is incarcerated	<input type="checkbox"/> Both parents are incarcerated	<input type="checkbox"/> One or both parents are deceased
<input type="checkbox"/> Other:		<input type="checkbox"/> None

7. **HOW DID YOU FIND OUT ABOUT US?**

<input type="checkbox"/> Child Care	<input type="checkbox"/> Birth-3	<input type="checkbox"/> School Staff
<input type="checkbox"/> Early Head Start/Head Start Staff	<input type="checkbox"/> Job Center: Rock/Walworth Co	<input type="checkbox"/> Doctor
<input type="checkbox"/> Social media / Internet	<input type="checkbox"/> Counselor	<input type="checkbox"/> Children's WI Resource Center
<input type="checkbox"/> Friend/Family <input type="checkbox"/> Yard Sign	<input type="checkbox"/> Community Health Program/WIC	<input type="checkbox"/> Autism Services Provider
<input type="checkbox"/> Other:	<input type="checkbox"/> Health & Human Services	<input type="checkbox"/> Homeless/Domestic Violence Shelter

8. DOES ANY MEMBER OF THE HOUSEHOLD RECEIVE ANY OF THE FOLLOWING? (Check all that apply)

<input type="checkbox"/> Foster / Kinship Care	<input type="checkbox"/> Health Insurance (State or Private)	<input type="checkbox"/> Energy Assistance
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Caretaker Supplement	<input type="checkbox"/> SSDI - Social Security Disability
<input type="checkbox"/> W2 / Cash Assistance	<input type="checkbox"/> Survivor's Benefits	<input type="checkbox"/> Child Care Assistance
<input type="checkbox"/> Food Share/Food Stamps	<input type="checkbox"/> WIC	<input type="checkbox"/> Public Housing / Section 8
	<input type="checkbox"/> Child Support for any child in the home	<input type="checkbox"/> None

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

1.			
	Name	Relationship to child	Phone

2. _____

Name	Relationship to child	Phone
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10. LIST SIBLINGS TO THE UNBORN CHILD IN THE HOUSEHOLD:

(First)	(Last)	(Relationship to child)
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1. _____ ☐ Male ☐ Female DOB: _____

2. ☐ Male ☐ Female DOB: _____

3. ☐ Male ☐ Female DOB: _____

PLEASE READ THE 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 services.

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

SIGN AND DATE:

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Interview: ☐ In Person ☐ Phone Staff Initials: _____ Date: _____

Interview completed with: _____

Documents Received: ☐ Income – Proof of eligibility provided: _____

<u>INCOME POINTS:</u>	<u>TOTAL POINTS:</u>	<u>DATA ENTERED BY:</u>	<u>REVIEWED BY:</u>