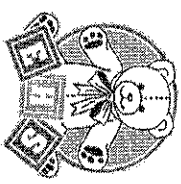


**NORTH TEXAS PARENT AND CHILD DEVELOPMENT, INC.  
EARLY HEAD START**

**Empowering children and families through education**

500 Flood St. Wichita Falls, TX 76301  
Ph: 940.687.5437 Fax: 940.687.0800



**PREGNANT WOMAN APPLICATION**

We are an early education center for children & families.

We serve children ages birth to three (0-3) & pregnant women.

To participate in our program, families must qualify based on the **poverty guidelines** provided below or;

If you are a **Foster Parent**; are **Homeless**; or receive **SSI/TANF**

Your family automatically qualifies for our services.

We provide **Center-Based** and **Home-Based** service options.

Please ask staff which service your family qualifies for.

Thank you for your interest in our program. We look forward to serving you.

**PLEASE PROVIDE THE FOLLING DOCUMENTS WHEN SUBMITTING YOUR APPLICATION.**

**PARENT'S:**

\_\_\_\_ Proof of Eligibility (Income, TANF/SSI, Homeless, Foster, No Income Form)

\_\_\_\_ Proof of Pregnancy

\_\_\_\_ Picture I.D.

\_\_\_\_ Medicaid/Insurance Card

\_\_\_\_ Copy of School Admission (if applicable)

**APPLICATION WILL NOT BE ACCEPTED IF MISSING DOCUMENTATION**

**2017 POVERTY GUIDELINES**

<b>Persons in family/household</b>	<b>Poverty guideline</b>
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

For families/household with more than 8 persons add \$4,180 for each additional person.

## EARLY HEAD START

### SELECTION CRITERIA (POINTS)

- 20 points: Child's age 0-11 months
- 15 points: Child's age 12-20 months
- 10 points: Child's age 20-29 months
- 5 points: Child's age 30-36 months
- 50 points: Family Income below Poverty Guidelines
- 50 points: Family is currently receiving TANF or SSI (supplemental security income)
- 10 points: Within 130% of Poverty Guidelines
- 200 points: Child in Foster Care-Shelter (CPS has conservatorship) \***must have documentation\***
- 180 points: Child in Foster Care Home or Kinship Placement (CPS conservatorship)\***must have documentation\***
- 500 points: Family is Homeless-lives in public places \***must complete Homeless Verification Form\***
- 300 points: Family is Homeless-lives with others \***must complete Homeless Verification Form\***
- 40 points: Diagnosed Disability- Current IJSP or IEP
- 10 points: Previously diagnosed disability
- 5 points: Suspected Disability-
- 10 points: Child has obvious medical need
- 15 points: Child on waitlist previous year
- 15 points: Child previously enrolled in an Early Head Start Program
- 15 points: Child's primary language is not English
- 100 points: Non-parent Caregiver
- 30 points: Family Preservation – open CPS case
- 10 points: Two Parent Home
- 20 points: Two parents working and/or in school/training
- 20 points: Single Parent Home
- 10 points: One parent working and/or in school/training
- 10 points: Currently a Teen Parent
- 10 points: Family has 3 or more children
- 10 points: Pregnancy/Expectant Family
- Stressors (2 points each) (choose all that apply)**
  - Lack of transportation (family does not have private vehicle)
  - CPS Intervention (not an open case)
  - Family living with relatives
  - Education level below 12<sup>th</sup> grade
  - Teenage parent (when Early Head Start child was born-between 13-19)
  - Migrant Family (family has moved several times in the past 12 months/seasonal/agricultural work)
  - Parent Deployed
  - Parent Disability
  - Sibling Disability
  - Recent Relocation (within 6 months)
  - Recent Unemployment (within 6 months)
  - Working and in School (Including GED Classes, Vo Tech, College)
  - Parent Incarcerated
  - Referred by another agency

STAFF USE ONLY:  
 Staff Accepting Application  
 Initial \_\_\_\_\_

Pregnant Woman Application

Applicant (Pregnant Woman)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_ Gender \_\_\_\_\_  
 M / F

Race  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_ Ethnicity  Hispanic  Non-Hispanic English Proficiency  None  Little  Moderate  Proficient Other Language Proficiency  Poor  Moderate  Proficient

Highest Grade Completed  < 9<sup>th</sup> grade  Some College  9<sup>th</sup> - 10<sup>th</sup> grade  10<sup>th</sup> grade  11th  11th  H.S. Diploma  Master's Employment Status  Full Time (35 + hrs)  Full Time & Training  Part Time (-35 hrs)  Part Time & Training  Retired Relationship  Natural/Adopted/Step  Grandchild  Niece/Nephew  Foster  Other Custody  Yes  No Check all that apply  Lives with family  Provide financially  Teen parent  Subsidized housing

Primary Health Coverage  Other Health Coverage  Insurance # \_\_\_\_\_ Medicaid # \_\_\_\_\_ Doctor \_\_\_\_\_ Dentist \_\_\_\_\_  
 Not Eligible  On Medicaid  Potentially Eligible

Adult 2 (Spouse or Significant Other)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_ Gender \_\_\_\_\_  
 M / F

Race  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_ Ethnicity  Hispanic  Non-Hispanic English Proficiency  None  Little  Moderate  Proficient Other Language Proficiency  Poor  Moderate  Proficient

Highest Grade Completed  < 9<sup>th</sup> grade  Some College  9<sup>th</sup> - 10<sup>th</sup> grade  10<sup>th</sup> grade  11th  11th  H.S. Diploma  Master's Employment Status  Full Time (35 + hrs)  Full Time & Training  Part Time (-35 hrs)  Part Time & Training  Retired Relationship  Natural/Adopted/Step  Grandchild  Niece/Nephew  Foster  Other Custody  Yes  No Check all that apply  Lives with family  Provide financially  Teen parent  Subsidized housing

Unborn Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Nickname \_\_\_\_\_ Due Date \_\_\_\_\_ Gender \_\_\_\_\_  
 M / F

Race  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_ Ethnicity  Hispanic  Non-Hispanic Check Any Concerns  Underweight  Overweight  Nutrition  Drug/Alcohol  Domestic Violence  Health  Housing  Disability  Clothing  Child Abuse

Currently seeing a Doctor for this pregnancy?  Yes  No If yes, please list Doctor's name: \_\_\_\_\_  
 Interested in DOJJA Services?  Yes  No

Additional Child - Is this child also applying for services?  Yes  No

First: Middle Last Suffix Nickname Birthday Gender  
 M / F

Race:  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

English Proficiency:  None  Little  Moderate  Proficient

Other Language:  Poor  Moderate  Proficient

Primary Health Coverage:  Other Health Coverage  Insurance # \_\_\_\_\_ Medicaid # \_\_\_\_\_ Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Not Eligible  
On Medicaid  
Potentially Eligible

Additional Child - Is this child also applying for services?  Yes  No

First: Middle Last Suffix Nickname Birthday Gender  
 M / F

Race:  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

English Proficiency:  None  Little  Moderate  Proficient

Other Language:  Poor  Moderate  Proficient

Primary Health Coverage:  Other Health Coverage  Insurance # \_\_\_\_\_ Medicaid # \_\_\_\_\_ Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Not Eligible  
On Medicaid  
Potentially Eligible

Additional Child - Is this child also applying for services?  Yes  No

First: Middle Last Suffix Nickname Birthday Gender  
 M / F

Race:  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

English Proficiency:  None  Little  Moderate  Proficient

Other Language:  Poor  Moderate  Proficient

Additional Child - Is this child also applying for services?  Yes  No

First: Middle Last Suffix Nickname Birthday Gender  
 M / F

Race:  Asian  American Indian/Alaska Native  Black  Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_

Ethnicity:  Hispanic  Non-

English Proficiency:  None  Little  Moderate  Proficient

Other Language:  Poor  Moderate  Proficient

IF YOU NEED MORE SPACE TO LIST OTHER CHILDREN IN HOME, PLEASE ASK STAFF FOR ANOTHER PAGE

**Family Information**

Living Address Apt# Apt# City State Zip County

Mailing Address Apt# Apt# City State Zip County

Phone Numbers Type (check one) Note (extension, best time to call)

Cell  Home  Work  Message

Cell  Home  Work  Message

Cell  Home  Work  Message

Parental Status (check one) Primary Language at Home Homeless Family  
 One Parent  Two Parent  Yes  No Number in Household Number in Family

Did another agency refer you to Early Head Start? Is Parent Incarcerated? Yes / No

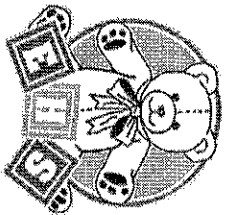
Receiving ECI Services?  Yes  No Developmental Delays?  No  Suspected/Diagnosed

TANF SSI WIC Receiving SNAP  
 Yes  No  Formerly  Yes  No  Yes  No  Yes  No

Parent/Guardian Signature: Date:

Annual Income Document(s) Verified Number In Family % of Poverty Level Eligibility (Circle)  
0-100% /100-130%/Public Assistance/Foster/Homeless

Income Verified by: (Signature & Title) Date:



## Early Head Start No Income Statement

Child Name: \_\_\_\_\_

I \_\_\_\_\_ declare that my family's income is \$0.00  
based on the reasons given below:

**Reason given**

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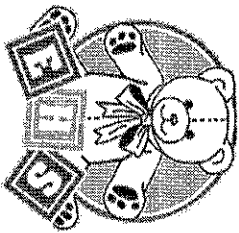
The Early Head Start staff listed below has made every attempt to verify income by requesting information in accordance with standards.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
EHS Employee Signature

\_\_\_\_\_  
Date



# Homeless Verification Form

*Any child marked homeless on the eligibility verification form and application must have this form completed.*



**Child's Name:** \_\_\_\_\_

*According to section 725(2) of the McKinney-Vento Homeless Assistance Act, the term "homeless children and youth" means individuals who lack a fixed, regular, and adequate nighttime residence...; and*

**Mark the ONE statement that best describes the family's situation:**

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; **300 points**
- (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. **500 points**
- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; **500 points**

**Complete the following:**

Family Circumstances: Document the circumstances that created the Homeless situation:

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**Verification Signature:** I verify that the information I have given to the Head Start program is correct and accurately reflects the circumstances outlined on this verification form. I understand that any misrepresentation of critical information could result in the denial of services for my child/children.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Early Head Start Staff Signature Date