



# 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

Mailing address if different than above

Race /Ethnicity \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
STREET CITY STATE ZIP

Primary Language \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Expected Delivery Date \_\_\_\_\_ Message Phone (\_\_\_\_\_) \_\_\_\_\_

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

Does your 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: \_\_\_\_\_

**MARITAL STATUS:**

- Single
- Married
- Separated
- Divorced
- Widowed

**PLEASE CHOOSE ALL THAT APPLY: (PLACEMENT DEPENDS ON AVAILABILITY)**

Do you plan to enroll your child in the Early Head Start program when it is born?

YES  NO —If YES, which program choice:

- Part Day Classes
- Home Based Program
- Full Day Classes *(must have POC vouchers from DSS)*

Do you currently have Child Care Vouchers?  Yes  No

Can you provide daily transportation for your child if necessary?  Yes  No

Number of people living in household?

\_\_\_\_\_ Adults \_\_\_\_\_ Children (include unborn child)

Are three or more children under age 5 living in household?  Yes  No

How did you hear about Head Start?

Does unborn child's father live in household?  Yes  No

If Yes, please complete the following:

**Male Parent /Guardian**

Date of Birth \_\_\_\_\_

Parent's Primary Language \_\_\_\_\_

Is Male Parent/Guardian under age 20?  Yes  No

Do you have a Diploma or GED?  Yes  No

Is English your second language?  Yes  No

Signature

Date

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

**Mail or Return to:**

**Head Start of Washington County, Inc.**  
**131 West North Avenue**  
**Hagerstown, MD 21740**  
**(301) 797-5231**



FOR OFFICE USE ONLY

Family Number \_\_\_\_\_ Ranking Points \_\_\_\_\_

FOR REFERRAL AGENCY ONLY

# FAMILY INCOME

## EMPLOYMENT

**Male Parent/Guardian** (IF LIVING IN HOME)

Gross Income \$ \_\_\_\_\_  
(BEFORE TAXES)

Employer's Name:  
\_\_\_\_\_

Employer's Phone Number:  
(\_\_\_\_) \_\_\_\_\_

Full Time No. of Hours \_\_\_\_\_  
 Part Time No. of Hours \_\_\_\_\_

**Pay Period:**

Weekly  Bi-Weekly  
 Monthly  Annually  
 Twice a Month

Year Round  Yes  No  
Seasonal  Yes  No

PLEASE INCLUDE A COPY OF YOUR  
PAYCHECK STUB(S) &  
W-2 FORM OR 1040

## EMPLOYMENT

**Female Parent/Guardian** (IF LIVING IN HOME)

Gross Income \$ \_\_\_\_\_  
(BEFORE TAXES)

Employer's Name:  
\_\_\_\_\_

Employer's Phone Number:  
(\_\_\_\_) \_\_\_\_\_

Full Time No. of Hours \_\_\_\_\_  
 Part Time No. of Hours \_\_\_\_\_

**Pay Period:**

Weekly  Bi-Weekly  
 Monthly  Annually  
 Twice a Month

Year Round  Yes  No  
Seasonal  Yes  No

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## OTHER HOUSEHOLD INCOME

IF APPLICABLE COMPLETE INFORMATION  
FOR ALL THAT APPLY TO YOUR HOUSEHOLD

SOURCE	AMOUNT
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TANF (TCA) <small>(INCLUDE CERTIFICATION LETTER)</small>	\$ _____
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Social Security/Pension <small>(INCLUDE LETTER OF ELIGIBILITY)</small>	\$ _____
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SSI Benefits <small>(INCLUDE LETTER OF ELIGIBILITY)</small>	\$ _____
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Child Support	\$ _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <small>(INCLUDE COPY OF CHECK OR BANK STATEMENT)</small>	

Unemployment	\$ _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <small>(INCLUDE COPY OF UNEMPLOYMENT CHECK OR CHECK STUB W / START DATE)</small>	

Foster Care Subsidy <small>(INCLUDE COPY OF AWARD LETTER)</small>	\$ _____
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Other: Specify <small>(INCLUDE LETTER OF SUPPORTING DOCUMENTATION)</small>	\$ _____
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NO INCOME  
DOCUMENTATION NEEDED-  
RENT STATEMENT OR UTILITY CHECK

NOTE: ALL INCOME MUST BE VERIFIED

Please sign after reading below

\_\_\_\_\_  
Signature Date

I understand that this form will be used to receive benefits under the Federal Head Start Program. Providing knowingly false information may be a criminal violation under Federal Law. By signing this form, I certify and attest that to the best of my knowledge, the information provided on this form is true and accurate.

NOTE: ALL INCOME MUST BE VERIFIED. IF YOU RECEIVE FOOD STAMPS, A COPY OF YOUR CERTIFICATION LETTER MUST BE INCLUDED.

In-Person Interview Date & Staff Initials

Phone Interview Date & Staff Initials

Reason \_\_\_\_\_

## Complete if there is a second place of Employment

**Male Parent/Guardian** (IF LIVING IN HOME)

Gross Income \$ \_\_\_\_\_  
(BEFORE TAXES)

Employer's Name:  
\_\_\_\_\_

Employer's Phone Number:  
(\_\_\_\_) \_\_\_\_\_

Full Time No. of Hours \_\_\_\_\_  
 Part Time No. of Hours \_\_\_\_\_

**Pay Period:**

Weekly  Bi-Weekly  
 Monthly  Annually  
 Twice a Month

Year Round  Yes  No  
Seasonal  Yes  No

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W-2 FORM OR 1040

## Complete if there is a second place of Employment

**Female Parent/Guardian** (IF LIVING IN HOME)

Gross Income \$ \_\_\_\_\_  
(BEFORE TAXES)

Employer's Name:  
\_\_\_\_\_

Employer's Phone Number:  
(\_\_\_\_) \_\_\_\_\_

Full Time No. of Hours \_\_\_\_\_  
 Part Time No. of Hours \_\_\_\_\_

**Pay Period:**

Weekly  Bi-Weekly  
 Monthly  Annually  
 Twice a Month

Year Round  Yes  No  
Seasonal  Yes  No

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