



Head Start of Washington County, Inc.

Head Start of Washington County is MSDE Certified and OCC Licensed.

EXPECTANT MOTHER PROGRAM

Our program will offer the following options for the 2019-20 school year:

Head Start of Washington County offers a homebased prenatal options to expectant mothers.

When enrolling in this program the expectant mother is assigned a home based teacher who uses Parents as Teachers Curriculum to educate the mother about her pregnancy and what to expect once the baby is born.

While enrolled the mother will receive 2 visits per month from the HBT consisting of handouts and a lesson from the curriculum. The visit is scheduled with the mother and last about an hour and a half.

The mother is also offered a prenatal and postnatal visit from a registered nurse employed by Meritus Hospital.

Once the baby is born the baby is then enrolled into the home based program and the family then receives weekly visits from HBT using the Parents as Teachers Curriculum.

The baby then remains in HB until entering into the Early Head Start classroom.

All of our program options also include Health, Nutrition and Family Services so that we can support children and their families in all areas of their lives. ★We also provide bus transportation for many areas.★

For questions or further information, contact the Enrollment Coordinator at **301-733-4640 ext. 110.**



Head Start of Washington County, Inc.

Families must meet Federal Income Guidelines for eligibility into the program. Those receiving financial assistance, food stamps, and/or other TANF services from the Department of Social Services could be eligible. Families receiving SSI benefits are automatically eligible.

You must attach a copy of the following items to your EARLY HEAD START EXPECTANT MOTHER ELIGIBILITY AND SELECTION FORM as proof of Household Income.

The Following documents can be used as verifications of your family's income:

- ◆ W-2 Tax Forms
- ◆ Copy of actual tax form filed with the IRS (1040)
- ◆ Department of Social Services Award Letter (Food Stamps, TCA)
- ◆ Social Security Award Letter (SSI)
- ◆ Unemployment Benefit Check or Check Stubs
- ◆ Paycheck Stubs (for each different employer in the past 12 months)
- ◆ Any other documentation that will disclose your income (Child Support)

Be sure to complete all forms within the Enrollment Packet and return with copies of Income Documentation to the address on the bottom of the application or to any Head Start Site.

If you need help completing the Enrollment Paperwork you may contact our Enrollment Specialist at (301) 733-4640 extension 110.



Head Start of Washington County, Inc.

EARLY HEAD START EXPECTANT MOTHER ELIGIBILITY AND SELECTION FORM



Name _____ Date of Birth _____

Address _____
STREET CITY STATE ZIP

Mailing address if different than above _____
STREET CITY STATE ZIP

Race /Ethnicity _____ Home Phone (_____) _____

Primary Language _____ Work Phone (_____) _____

Expected Delivery Date _____ Message Phone (_____) _____

MARITAL STATUS:

- Single
- Married
- Separated
- Divorced
- Widowed

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 a 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: _____

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:

Home Based Program

Full Day Classes

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

Does he have a Diploma or GED? Yes No

Is English his second language? Yes No

Signature

Date

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

Mail or Return to:

Head Start of Washington County, Inc.

837 Spruce Street

Hagerstown, MD 21740

(301) 733-4640



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
W-2 FORM OR 1040 Tax Form

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 HOSEHOLD 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	\$ _____
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Weekly Biweekly Monthly
(INCLUDE COPY OF COURT ORDER, CHECK OR BANK STATEMENT)

Unemployment	\$ _____
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Weekly Biweekly
(INCLUDE COPY OF UNEMPLOYMENT CHECK OR CHECK STUB W / START DATE)

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-
LETTER OF SUPPORT
RENT STATEMENT OR UTILITY CHECK

NOTE: ALL INCOME MUST BE VERIFIED

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 and Staff Initials _____

Phone Interview Date and 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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