

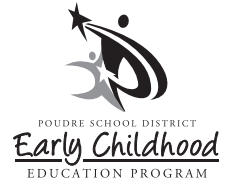
Office Use Only

Date Received: _____

Year Applying: _____

Prenatal Program Application Poudre School District Early Childhood Education Program

Fullana Learning Center
220 N. Grant Avenue, Fort Collins, CO 80521
Phone: (970) 490-3204 Fax: (970) 490-3134
Email: psdece@psdschools.org www.bit.ly/PSDpreschool



The following documents are needed to determine eligibility:

Completely fill out this application. A completed application contains all documentation listed below:

1. Proof of your family's current income for the past 12 months or preceding calendar year, examples:
 - a. Federal tax form (preferred) - most current
 - b. W-2 - most current
 - c. SSI or TANF proof of enrollment
 - d. Pay stubs reflecting current income for last three months
 - e. Student income (scholarship/grant/monthly stipends covering living expenses)
 - f. University benefits
 - g. Child support documentation
2. Utility bill or lease/mortgage for address verification (lease must be signed by landlord)

Need help filling out your application? Call or visit our enrollment office!

**220 N. Grant Avenue
Fort Collins, CO 80521
(970) 490-3204**

INCOMPLETE application or missing documents will delay processing of application.

PROGRAM DESCRIPTION

You are applying as a **Prenatal Mother to the Poudre School District Early Childhood Program.**

The Early Head Start program serves prenatal mothers and children birth through three years of age. Enrolled mothers will receive weekly home visits from an Early Childhood Family Mentor. Home visits provide an opportunity to develop goals, learn about education, healthy prenatal habits, child development and identify resources that will support parents and children in the early years of life.

Please read and initial by the following statement:

I understand that home visits are an important part of the Early Head Start Program. _____ Initials

PRENATAL MOTHER INFORMATION

Mother's last name:		First:		Middle:	
Age:	Birthdate:	Due Date:	High Risk Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:			Mailing Address (if different):		
City:	State:	Zip:	City:	State:	Zip:
Home Phone: ()		Cell Phone: ()		Can we send you text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Best phone to reach you at (circle one): Home Cell Work			Email Address:		
Do you consider your ethnicity to be Latino or Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		What do you consider your race (choose all that apply)? <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Home/First Language:			Second Language:		
How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> No English					
Current Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Stay-At-Home Parent <input type="checkbox"/> Retired/Disabled					
Last Grade Completed: <input type="checkbox"/> Bachelor or Above <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Trade School <input type="checkbox"/> Currently in High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> No Diploma					
How did you hear about the Early Childhood Program?					
Secondary Contact last/first name:				Relationship to the prenatal mother:	
<input type="checkbox"/> Address is same as the prenatal mother?		Birthdate: / /			
Street Address:			Mailing Address (if different):		
City:	State:	Zip:	City:	State:	Zip:
Home Phone: ()		Cell Phone: ()		Can we send you text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Best phone to reach you at (circle one): Home Cell Work			Email Address:		

Do you consider your ethnicity to be Latino or Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	What do you consider your race (choose all that apply)? <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White						
Home/First Language:	Second Language:						
How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> No English							
Current Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Stay-At-Home Parent <input type="checkbox"/> Retired/Disabled							
Last Grade Completed: <input type="checkbox"/> Bachelor or Above <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Trade School <input type="checkbox"/> Currently in High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> No Diploma							
Other persons in the home: List all children or adults who live in the same household as you (attach another sheet if there are more than four):							
Full Name	Relationship to Prenatal Mother	Date of Birth	Financially supported by parent/guardian (Y/N)				
LIVING SITUATION							
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you sharing the housing of another person due to loss of housing or economic hardship?						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you living in hotels, motels, cars, or camping grounds due to lack of housing?						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you living in emergency or transitional shelters/housing?						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you work in the agriculture, farming or fishing industry?						
If YES to any of the previous in Section 2 please describe the situation below.							
WORK HISTORY							
<input type="checkbox"/> Yes <input type="checkbox"/> No Did you work in the last 12 months? (If YES, please answer below.)		<input type="checkbox"/> Yes <input type="checkbox"/> No Did your spouse work in the last 12 months? (If YES, please answer below.)					
How many jobs did you work in the last 12 months? _____		How many jobs did your spouse work in the last 12 months? _____					
Please fill in the chart below indicating all jobs in the last 12 months and timeframe at each job. Please send in proof of income for each job. Attach an additional sheet if more than 3 jobs.		Please fill in the chart below indicating all jobs in the last 12 months and timeframe at each job. Please send in proof of income for each job. Attach an additional sheet if more than 3 jobs.					
	Employer Name	Start Date	End Date (if applicable)		Employer Name	Start Date	End Date (if applicable)
1				1			
2				2			
3				3			
OTHER SOURCES OF INCOME							
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support (if YES, please include proof of the amount of child support received in the last 12 months.)						
<input type="checkbox"/> Yes <input type="checkbox"/> No	School Grants or Scholarships (DO NOT INCLUDE LOANS.) (If Yes, please include proof of the amount of grants or scholarships received for the last 12 months.)						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, Retirement, Veteran's or Disability Benefits. (If Yes, please include proof of the amount of the benefits received for the last 12 months.)						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Benefits (if YES, please include proof of the benefits received for the last 12 months. If worked any jobs in the last 12 months, please attach the last paystub for each job or W-2 indicating timeframe worked at each job.)						

OTHER SOURCES OF INCOME CONTINUED

Yes No

Are you or anyone in the household enrolled in Larimer County Works/TANF?
If yes, please list each family member's name that is enrolled and attach a copy of the TANF contract.

Yes No

Do you or any of the family members receive SSI (Supplemental Security Income)? If yes, please attach a copy of the last SSI statement.

SIGN AND DATE APPLICATION

By my signature below, I am verifying that the information provided to the Poudre School District Early Childhood Education (ECE) Program on this program application is, to the best of my knowledge, complete and truthful. I understand that I may be withdrawn from enrollment if any information I have provided proves to be false. By signing, I am further verifying that I understand that submitting an application does not guarantee enrollment and that enrollment is based on the eligibility requirements of federal, state and district programs.

Date _____ Pre-Natal Mother's Signature _____

Yes No

Did someone help you fill out this application?
If yes, who: _____ Phone: __ (_____) _____

Can we contact this person? Yes No Relationship to prenatal mother: _____

Yes No

I give permission for the person listed above to be contacted in order to help with my enrollment in the program.