

Office Use Only

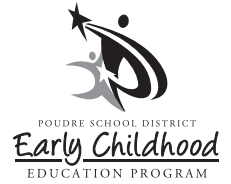
Date Received: \_\_\_\_\_

School Year Applying For:  
\_\_\_\_\_

# 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](mailto:psdece@psdschools.org) [bit.ly/PSDpreschool](http://bit.ly/PSDpreschool)



The Poudre School District Early Childhood Education Program offers quality, comprehensive opportunities for education from birth through five years old and prenatal mothers.

**Complete this application with the following documents. These are needed to determine eligibility and enrollment.**

**Completely fill out this application legibly in blue or black ink.**

**Documents to bring with you or attach to email:**

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, TANF or SNAP 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)

**Apply today!**  
Enrollments happen throughout the school year.

**(970) 490-3204**

This application is best completed on a laptop or computer. Computers are available at Fullana Learning Center.

## 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 home visits every two weeks from an EHS Family Specialist. 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

<b>Mother's first name:</b>		Middle:	Last:		
Age:	Birthdate:		Due Date:		
Street Address:			Mailing Address (if different):		
City:	State:	Zip:	City:	State:	Zip:
Cell Phone:			Work Phone:		
<b>Email:</b>					
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					
Education: <input type="checkbox"/> Bachelor or Above <input type="checkbox"/> Associate 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    Last Grade Completed: _____					
How did you hear about the Early Childhood Program?					
<b>Secondary Contact first/middle/last name:</b>				<b>Relationship to the prenatal mother:</b>	
<input type="checkbox"/> Address is same as the prenatal mother?		Birthdate:			
Street Address:			Mailing Address (if different):		
City:	State:	Zip:	City:	State:	Zip:
Cell Phone:			Work Phone:		
<b>Email:</b>					

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							
Education: <input type="checkbox"/> Bachelor or Above <input type="checkbox"/> Associate 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    Last Grade Completed: _____							
<b>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):</b>							
Full Name	Relationship to Prenatal Mother	Date of Birth	Financially supported by prenatal mother (Y/N)				
<b>LIVING SITUATION</b>							
<b>Please check which of the following situations the child resides in</b> (choose all that apply or None of the above):							
<input type="checkbox"/> Living with extended family members, non-family members, or friends							
<input type="checkbox"/> Motel, car, campsite, or park							
<input type="checkbox"/> Shelter (emergency safehouse) or transitional housing program							
<input type="checkbox"/> Inadequate housing (lacks proper kitchen, bathroom facilities, water or electricity, and/or infestations, mold, or other dangers)							
<input type="checkbox"/> None of the above							
<input type="checkbox"/> Other, please explain:							
<b>WORK HISTORY</b>							
Name of mother:							
Name of partner:							
Please fill in the chart below indicating your current employment situation.							
	Employer Name/Phone	Start Date	End Date		Employer Name/Phone	Start Date	End Date
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 that include living expenses - If yes, please include proof of the amount of grants or scholarships received for living expenses in 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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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 (Temporary Assistance for Needy Families) contract:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or any of the family members in your household receive SSI (Supplemental Security Income)? If yes, please attach a copy of the last SSI statement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or anyone in your household enrolled in SNAP (Supplemental Nutrition Assistance Program)? If yes, please attach a copy of your last eligibility letter.

ENVIRONMENTAL/FAMILY FACTORS			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is currently homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents did NOT graduate high school or earn a GED
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family was homeless in the last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current or past issues with violence or abuse
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents were 18 years or younger at birth of applying child	<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have mental health issues or a psychiatric diagnosis
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is a single parent family/relative guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have been incarcerated
<input type="checkbox"/> Yes <input type="checkbox"/> No	Member of the household has periodic or significant health concerns. Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	At least one parent/guardian is an active-duty member of the United States military
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or both parents have history of alcohol or drug abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	At least one parent/guardian is a veteran of the United States military
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any other language spoken in the home on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have internet service at home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is currently working with a social worker at the Dept of Human Services or Child Protection Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a laptop or tablet at home for remote learning?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Housing Choice Voucher?

**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** \_\_\_\_\_

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did someone help you fill out this application? If yes, who: _____ Phone: _____ Can we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to prenatal mother: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for the person listed above to be contacted in order to help with my enrollment in the program.