

Office Use Only

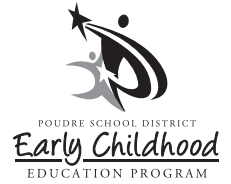
Date Received: _____

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 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

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:
Cell Phone:	Work Phone:		Can we send you text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:					
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?					
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:
Cell Phone:	Work Phone:		Can we send you text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:					

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: _____							
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 prenatal mother (Y/N)				
LIVING SITUATION							
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you and your child(ren) sharing the housing of another person due to loss of housing or economic hardship?						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you and your child(ren) living in hotels, motels, cars, or camping grounds due to lack of housing?						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you and your child(ren) living in emergency or transitional shelters/housing?						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your home lack proper kitchen/bathroom facilities?						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your home have infestations (bed bugs), mold or other dangers?						
If YES to any of the above, briefly describe the situation:							
WORK HISTORY							
Name of mother:							
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/DEVELOPMENTAL FACTORS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Family was homeless in the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child did NOT complete high school or a GED.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family is currently homeless.	<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child have current or past issues with violence or abuse.
<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child is 18 years old or younger.	<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child have a history of mental health issues or a psychiatric diagnosis.
<input type="checkbox"/> Yes <input type="checkbox"/> No	You are a single parent family.	<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child have a history of learning problems.
<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child have significant health concerns. Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child have been incarcerated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child have a history of alcohol or drug abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an English Language learner?
<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child is a member of the United States military.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current pregnancy is a high risk pregnancy.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	You or the father of your child is a veteran of the United States military.

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.