CARD Head Start / Early Head Start

Pregnant Mom Application

Mom's Name::

DOB:

Pregnant Mom Information	
Name:	**Date of Birth:** **SS#:**
Preferred Name:	**Hispanic:** ☐ Yes ☐ No
Race (check all that apply) ☐ Asian ☐ Native American ☐ White ☐ Black ☐ Pacific Islander ☐ Other: _____	**Speaks English?** ☐ Very Good ☐ Good ☐ Not Good ☐ Not At All
Primary Language:	
Nationality:	

Contact Information

Home Address:		**Apartment Complex Name:**	
City:	**State:**	**Zip:**	**County:**

Mailing Address: (If different than the address given above)

Phone Number	Type of Phone	Is this your primary phone
	☐ Home ☐ Work ☐ Cell ☐ Other	☐ Yes ☐ No

Emergency Contact

		☐ Home ☐ Work ☐ Cell ☐ Other
		☐ Home ☐ Work ☐ Cell ☐ Other

Highest Grade Completed
☐ 11 or Less
☐ High School Graduate
☐ GED
☐ Two Year Degree
☐ Bachelors
☐ Masters or Higher

Employment Statu
☐ Part Time
☐ Full Time
☐ Unemployed
☐ Student/Training
☐ Disability
☐ Other:

Place of Employment/Schoo

Eligibility			
Program Term :	Agency:	Site:	Application Date:
Number in Family:		Program Option after birth:	:

EHS

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Medical Home Information

Physician/Clinic: _____ Phone: _____

Dentist: _____ Phone: _____

Specialist: _____ Phone: _____

Type of Health Insurance: ☐ SoonerCare ☐ Medicaid ☐ Indian ☐ Private ☐ None ☐ Other: _____

Insurance Provider's Name: _____ Dental Coverage Included: ☐ Yes ☐ No

Insurance Policy Number or ID: _____ Insurance Expiration Data: _____

Do you receive prenatal care through Indian health Services? ☐ Yes ☐ No

Do you receive regular prenatal care: ☐ Yes ☐ No

First received Prenatal Care_____ Last Prenatal Visit_____

Pregnancy History

:

	Current	Previous		Current	Previous		Current	Previous
Anemia	☐	☐	Headache	☐	☐	Preterm Labor	☐	☐
Bleeding	☐	☐	Hypertension	☐	☐	Fatigue	☐	☐
C. Section	☐	☐	Preg. Ind. Hyperten.	☐	☐	Pain	☐	☐
Diabetes	☐	☐	Neonatal Death	☐	☐	Sickle Cell	☐	☐
Gest. Diabetes	☐	☐	Miscarriage	☐	☐	Swelling	☐	☐

Other Medical Conditions_____

Expected Delivery Date_____ High Risk Preganancy? ☐ Yes ☐ No

Last Dental Exam_____

# of pregnancies including current pregnancy_____ # of live births to date_____

Certification of Information Provided in Application

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that the information about my income may be reviewed by representatives of the State of Oklahoma, the Federal Government, independent auditors, or others as necessary for the administration of this program.

Parent or Guardian's Signature: _____ Date: _____

Print Parent or Guardian Name: _____

FSR Signature:_____ Date: _____

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Adult 2

Legal Name	Date of Birth	Relation to Child Applying	Race (check all that apply)	Hispanic	Highest Grade Completed	Employment Status
		☐ Parent ☐ Grandparent ☐ Uncle/Aunt ☐ Foster Parent ☐ Other:	☐ Asian ☐ Native American ☐ White ☐ Black ☐ Pacific Islander ☐ Other:	☐ Yes ☐ No	☐ 11 or Less ☐ High School Graduate ☐ GED ☐ Two Year Degree ☐ Bachelors ☐ Masters or Higher	☐ Part Time ☐ Full Time ☐ Unemployed ☐ Student/Training ☐ Disability ☐ Other:
Social Security Number						Place of Employment/School

Email Address	Check all that Apply	Custody	Gender	Primary Language	Speaks English?	Nationality/Place of Birth
	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent ☐ Pregnant	☐ Yes ☐ No ☐ Shared	☐ Female ☐ Male		☐ Very Good ☐ Good ☐ Not Good ☐ Not at All	

Other Family Members (Please list any children or dependents in your immediate family who are not applying to CARD Head Start/Early Head Start)

Name	Date of Birth	SS#	Race	Primary Language	Hispanic
1					Hispanic ☐ Yes ☐ No
2					Hispanic ☐ Yes ☐ No
3					Hispanic ☐ Yes ☐ No
4					Hispanic ☐ Yes ☐ No

Family Income

Please mark if your family is receiving any of the following

TANF	Supplemental Security Income (SSI)	OKDHS Childcare Subsidy	WIC	Unemployment	Child Support	Support from Friends/Family
☐ Yes ☐ No ☐ Formerly	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Family Information

Which of the following best describes your type of family: ☐ One Parent-Female ☐ Two Parents

How many people in your immediate family live with you?
Count yourself, your spouse, children and other dependents who live with you. _____

How many people do you live with at your current address?
Count yourself and anyone living with you that you buy and share food with. _____

Do any of the following describe your family, please check all that apply: ☐ A parent is in the military and deployed
☐ A parent is incarcerated ☐ Grandparent or Relative other than birth parent is supporting and caring for child(ren)

Type of Housing: ☐ House ☐ Apartment ☐ Mobile Home/Trailer ☐ Homeless Shelter ☐ Other: _____

House Payment Type: ☐ Own ☐ Rent ☐ Subsidized Housing ☐ Living with family member/friend

Are you or your child homeless, living in a shelter, pay a weekly rate for your housing, awaiting foster care placement, or living in a car? ☐ Yes ☐ No

Are you or your child living at a friend or relative's house because you cannot afford or find affordable housing? ☐ Yes ☐ No

What is the primary language spoken by your family at home: _____

How many times have you moved in the past 12 months? _____

What is your family's primary means of transportation: ☐ Own a car ☐ Bus/Public Transportation ☐ Friend/Relative ☐ Taxi
☐ Other: _____

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APPLICATION CHECKLIST

Complete applications to CARD's Head Start/Early Head Start will include the following items. Make sure you've included all necessary items before turning in your child's application. After the application is complete call and make an appointment with your FSR for the application to be accepted. Incomplete applications will not be accepted.

- ☐ Pregnant Mom Application (3 pages)
- ☐ Proof of Income
- ☐ Agency Expectations for Early Childhood Programs
- ☐ Proof of Pregnancy

You must provide a proof of receipt for any public benefit programs you receive assistance from.

Verify that all of your completed, signed application forms and copies of your supporting documentation are all together in one application folder. If so, you're ready to have your application reviewed.

Return your application to your local Head Start/Early Head Start site.

How to provide proof of income
Make a copy of the first page of your current tax return (tax form 1040) that shows your family's annual gross income for the current tax year. Other proofs of income can be your three most recent pay stubs, your SSI or TANF award letter, or some other official documentation of income whether from your employer, an insurance company, or the government.

How to get your child's birth certificate
If your child was born in Oklahoma, you can get a copy of your child's birth certificate at the Tulsa Health Department at 315 South Utica, Monday – Friday, 8:30 a.m. – 4:00 p.m. Call 594-4840 if you have questions. If your child was born in another state, contact that state's Department of Vital Records for a copy of your child's birth certificate.

How to get a well-child checkup for your child
Your child's health is very important. Every child should have a well-child checkup, which is a checkup provided by a doctor to assess your child's growth and development. You can get free or reduced-fee well-child checkups by visiting the Health Department, the Morton Clinic, or the OSU Health Care Center. A lead screening test will also be required for enrollment. If your child is three-years-old or older, a dental exam is required; otherwise, your child will need a dental screening completed by your child's doctor at his or her well-child checkup. Be sure to ask your doctor for a free copy of the well-child checkup at the time of visit so that you can include it with your child's application.

How to get a copy of your child's current immunization record
Your doctor or clinic can provide a copy of your child's current immunization record. If you do not have a doctor, we can connect you with a medical provider.

How to provide documentation of your child's health insurance
Bring a copy of your Medicaid, Sooner Care, private insurance card or other proof of insurance. If your child doesn't have health insurance, we can help you complete a Sooner Care application for your child.

How to provide proof of receipt of SSI, TANF, or OKDHS Child Care Assistance
Bring a copy of your benefit award or Notice of Action letter. If you cannot find this letter, contact your local OKDHS office to ask for verification assistance. If you need assistance finding your local OKDHS office, call 211 or 877-836-2111.