



**EARLY HEAD START PRE ELIGIBILITY
2010**

The Early Head Start (EHS) program is for low-income infants, toddlers (ages 0-3), pregnant women and their families. EHS programs enhance children's physical, social, emotional, and intellectual development; assist pregnant women to access comprehensive prenatal and postpartum care; support parents' efforts to fulfill their parental roles; and help parents move toward self-sufficiency.

Name: _____ Today's Date : _____

Person applying for program

Relationship to child: _____ Phone#: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address _____ City _____

If you are Pregnant, due date (mm/yy) : _____

Are you receiving prenatal services? Yes No

Child's Name _____

D.O.B. _____

Programs currently enrolled in:

- Medicaid TANF
- WIC SSI
- Foster Care

FAMILY INFORMATION: TOTAL FAMILY MEMBERS LIVING WITH THE CHILD: _____

Name _____ Gender _____ Birthdate _____ Relationship to child _____

Name _____ Gender _____ Birthdate _____ Relationship to child _____

Name _____ Gender _____ Birthdate _____ Relationship to child _____

Name _____ Gender _____ Birthdate _____ Relationship to child _____

It is very important that you complete the income information. We are an income based program and need your exact income for last year. You will need to provide proof of income for enrollment.

Family/Parents income for last year \$ _____

To the best of my knowledge, the information given on this form is true and accurate. Completion of this form does not complete or guarantee enrollment in the program.

Parent Signature

Date