

Early Head Start: Prenatal Application 2024-2025

SUMMIT HEAD START 0-5



Thank you for your interest in Early Head Start. Summit Head Start 0-5 is able to provide assistance to pregnant woman. Head Start is an income-qualifying program. Early Head Start and Head Start programs provide comprehensive family services for families with children ages prenatal to 5 years old. We work in partnership with the families and the community in providing comprehensive services, including:

- Health Support/ Mental Health Support
- Education Services
- Self-Sufficiency Development

We take pride in participating in an integrated program model within the school district preschools, and community-based center programs. We focus on the importance of child initiation, creative play, hands-on discovery, and continuous exposure to developmentally appropriate activities for each child. Available programming includes:

- Full year childcare/preschool for infants, toddlers, and preschoolers

As part of the process of recruiting eligible children and their families, the following information is required. Please complete and return the following to us: * Please address each section and provide all requested information. Missing information will delay your application.

No proof of citizenship required.

- _____ Completed Application
- _____ Signed Interagency Release
- _____ Residency Verification
- _____ Family Income Verification for the last 12 months (e.g., W-2, paystubs, Head Start prefilled letter)

OR current proof of currently receiving:

- Program Assistance Supplemental Nutrition Assistance (SNAP)
- Temporary Assistance Program for Needy Families (TANF)
- Supplemental Security Tax (SSI)

Families, we encourage you to also apply for the Childcare Assistance Programs in Summit County once your child is born.

- First Steps (after enrollment at a Licensed Childcare Provider)
- Colorado Childcare Assistance Program (CCCAP) *newborn to age 13
- You are encouraged to get on the Leg up waitlist by creating an account. <https://www.legup.care/> or scan QR code

We accept applications year-round, and always maintain a waitlist.



Dulce Hernandez - Eligibility and Enrollment Coordinator 970-368-3120 *bilingual

After we receive your application, program eligibility will be determined based on your income or other qualifying factors. Completing the application does not guarantee a place in the program.

The complete application package must be delivered to any of the following options:

Summit Head Start, 330 Fiedler Ave Suite #100, Dillon, CO 80435 Email: dulce@earlychildhoodoptions.org

Place of care preference when child is born (choose up to 3 options with #1 being 1st priority):

Lake Dillon Preschool in Dillon	
Summit County Preschool in Frisco	
Carriage House in Breckenridge	
Wildflower Nature School in Silverthorne	

Information on prenatal mother and pregnancy:

Name: _____
First Name Middle Name Last Name

Phone number: _____ Email: _____

Date of Birth: ____/____/____ Due Date: ____/____/____ Is this your first child? Yes No

Do you have a child currently enrolled in Head Start? Yes No If so, what's the Child's Name: _____

Primary Language: _____

Family Type: Two Parents Single Mother Blended or Temporary Family Living with a Partner

Divorced or Separated If so, date of separation or divorce: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Other: Race: White/Mestizo Native American/Alaska Native

Asian/Multi-Racial Black/African American Hawaiian or Pacific Islander

Where did you hear about the program? _____

Mother finished High School or equivalent? Yes No

At least one parent is on the lease Yes No, please specify: _____

Physical address: _____
Street City, State Zip Code

Mailing address: _____
City, State Zip Code

Mother's or 1st Parent/Guardian Employment Status: Do you support your child financially? Yes No

Full Time (32-40 hours per week) Part Time Student Home Unemployed Disabled Other (explain): _____

How long have been working for this employer? _____

Employment information: _____
Name of employer Name of supervisor Supervisor's phone number

Do you have a second job? Yes No

Full Time (32-40 hours per week) Part Time How long have been working for this employer? _____

Employment information: _____
Name of employer Name of supervisor Supervisor's phone number

Circumstances and Services that the mother currently receives.

Are you receiving prenatal care? Yes No Doctor's Name: _____

High risk pregnancy/complications? Yes No Explain: _____

Exposed to alcohol/drugs during pregnancy? Yes No

Do you have a serious health condition? Yes No (If yes, please specify): _____

Do you have WIC Nutrition service (Women Infant and Children)? Yes No

Are you enrolled in NFP (Family Nurse Practitioner) Program? Yes No _____

Do you have health insurance or Emergency Medicaid? Yes No

Do you have home visits from the FIRC or Alma Program? Yes No If yes, specify: _____

Do you have access to transportation? Yes No If no, please specify _____

Father or 2nd Parent/Guardian

Name: _____
First Name Middle Name Last Name

Phone number: _____ Email: _____

Date of Birth: ____/____/____ Primary Language: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Other:

Race: White/Mestizo Native American/Alaska Native Asian/Multi-Racial Black/African American Hawaiian or Pacific Islander

Father finished High School or equivalent? Yes No

Is this your first child? Yes No

Lives with mother? Yes No, permanently absent If not in the same home please fill in your address information.

Physical address: _____
Street City, State Zip Code

Mailing address: _____
City, State Zip Code

Father's Employment Status: Do you support your child financially? Yes No

Full Time (32-40 hours per week) Part Time Student Home Unemployed Disabled Other (explain): _____

How long have been working for this employer? _____

Employment information: _____
Name of employer Name of supervisor Supervisor's phone number

Do you have a second job? Yes No

Full Time (32-40 hours per week) Part Time How long have been working for this employer? _____

Employment information: _____
Name of employer Name of supervisor Supervisor's phone number

FAMILY SPECIAL CIRCUMSTANCES (Check all that apply):

- The family is seeking or in process for refuge/asylum in the United States (last 12 months)
- Family moved more than (2) times in the past 12 months. Specify: _____
- The mother experiences anxiety and/or mental health problems during the pregnancy
- Immediate family member has a diagnosed disability or mental health condition. Specify: _____
- Immediate family member is deceased or terminally ill (deceased within the last 12 months)
- Parent is incarcerated
- Parent is absent due to active military service
- Parent is absent due to deportation or in process (in the last 12 months)
- Parent currently has or had problems with drugs or alcohol
- Parent or family is currently receiving individual or family counseling
- Parent has experienced domestic violence in the past 12 months
- Parent will be or was 18 years old or younger and unmarried when first child was born

List Other Adults and Children in the Household:

Family members in the household or persons sharing a home: _____ # of Adults _____ # of Children _____ # of bedrooms
(Count the unborn baby, pregnant mother, expecting father if at home, and all the people in the home)

	Name	Date of birth	Relationship with pregnant mother
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Your family receives help from the following Programs:

- No **Yes** – attach **current proof** (within the last 30 days) that you receive SNAP, SSI or TANF
_____ Supplemental Nutrition Assistance (SNAP)
_____ Temporary Assistance Program for Needy Families (TANF),
_____ Supplemental Security Tax (SSI).

Is your family currently homeless? No **Yes - We are currently homeless** at the time I filled out the application and I meet a definition below:

- Residence is missing 1 trait: fixed/secure (have lease), consistent, and adequate (has a kitchen?)
- Sharing the home of others due to loss of our home, economic hardship, or similar reasons.
- Motels, mobile home parks, or campgrounds due to lack of alternative accommodations.
- Live in place not meant for people to live (storage unit, streets, car) or substandard or unsafe/not up to code
- Unaccompanied youth/ youth not in physical custody of a parent or guardian

If you selected a definition above, please state your family income below and sign and date.

If you had no income in the last 12 months, please write a statement below explaining how you, the pregnant mother (and the father of the unborn child if living in the same household) supported yourself within the last year, or each one of the last 12 months.

Signature

Date

Sign and date to indicate that ALL the above information is true and correct, and that you have reported all income for the designated period.

Name (please print): _____

Signature _____ Date: _____

The information provided above in this application is true and accurate to the best of my knowledge. I am aware that failure to answer all questions truthfully may negatively impact acceptance into the program. Completing an application does not guarantee enrollment in any program.