



# Red Cliff Early Childhood Center

## PRENATAL APPLICATION

Head Start/Early Head Start is required to use the Department of Health and Human Services HHS Poverty Guidelines to determine income eligibility.

### HOW DO I APPLY?

- ✓ Complete an application along with copies of Income.
- ✓ After application is received, an application interview will be scheduled.
- ✓ Completing the application process does not guarantee enrollment.
- ✓ Applicants are accepted based upon income (Federal Poverty Level) and prioritized using approved selection criteria
- ✓ Upon enrollment to the program, applicants will receive an "Acceptance" letter

### **Please Note:**

1. Enrollment is limited, so please complete your application & enrollment appointment immediately for early consideration.
2. An incomplete application, including no documentation, will delay the enrollment process. Selection for fall enrollment openings will be released July 15<sup>th</sup> of each year.

Red Cliff Early Childhood Center  
88455 Pike Rd (mail)  
89830 Tiny Tot Drive (physical)  
Bayfield, WI 54814  
(715) 779-5030  
(715) 779-5046 fax  
www.redcliffecc.org

## Early Head Start Pregnant Women/Expectant Families Application-Intake



Date of Application-Intake: \_\_\_\_\_

Pregnant Woman Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code County

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Message Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

<p><b>Hispanic:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Race (check all that apply):</b></p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black/African American</p>	<p><b>Highest Grade/Education Completed:</b></p> <p><input type="checkbox"/> GED/HSED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> HS Graduate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> &lt; Grade 9 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Other <input type="checkbox"/> Grade 11</p>	<p><b>Employment &amp; Training Status:</b></p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Full Time &amp; Trng. <input type="checkbox"/> Part Time &amp; Trng. <input type="checkbox"/> Retired or Disabled</p>
<p><b>Family Receives:</b></p> <p><input type="checkbox"/> Food Share/SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Wisconsin Shares (childcare) <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance</p>	<p>Received:</p> <p><input type="checkbox"/> Vocational/trade or <input type="checkbox"/> Business school trng. <input type="checkbox"/> Skills Training Program <input type="checkbox"/> Job Related Training Program</p>	<p><b>Member of U.S. Military Active Duty?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Veteran of the U.S. Military?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Spouse or Partner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Lives with Applicant  Provides Financial Support

<p><b>Hispanic:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Race (check all that apply):</b></p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black/African American</p>	<p><b>Highest Grade/Education Completed:</b></p> <p><input type="checkbox"/> GED/HSED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> HS Graduate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> &lt; Grade 9 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11</p> <p>Received:</p> <p><input type="checkbox"/> vocational/trade or <input type="checkbox"/> business school trng. Other Programs: <input type="checkbox"/></p> <p><input type="checkbox"/> TANF <input type="checkbox"/> General Assistance</p>	<p><b>Employment Status:</b></p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Full Time &amp; Trng. <input type="checkbox"/> Part Time &amp; Trng. <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Training or School</p> <p><b>Member of U.S. Military Active Duty?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Veteran of the U.S. Military?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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OTHER FAMILY MEMBERS FINANCIALLY SUPPORTED BY PRIMARY/SECONDARY ADULT (LIVING IN THE HOME)			
First & Last Name	D.O.B.	Relationship to applicant	Total # of Children: ____ Total # Adults: ____ Total # in household: ____

**PARENT(S)/GUARDIAN(S) INCOME STATUS (Before Taxes)**

**The following information is required to process this application:**  
**Income Verification: Tax Form or W-2's; Pay Stubs;**  
**Public Assistance: TANF-W-2, SNAP Benefits; and/or SSI-Disability Payments**  
**Other: child support payments, etc.**

Applicant	Spouse
Employer _____ Employed Since _____	Employer _____ Employed Since _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time (less than 30 hrs. /week)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time (less than 30 hrs. /week)
Gross Income \$ _____	Gross Income \$ _____
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly
W-2 or Tax Return \$ _____	W-2 or Tax Return \$ _____

**OTHER INCOME & CASH ASSISTANCE**  
**(Documents & Verification Required)**

Social Security Benefits (monthly)	SSI (monthly)	TANF/W-2 (monthly)	Child Support (monthly)	Foster/Kinship Care (monthly)	Unemployment (weekly)	Other Income (List)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Family of:** \_\_\_\_\_ **Total Income:** \_\_\_\_\_

**Family Circumstances** (Please check all that apply to you or your immediate family)

- |  |  |
|--|--|
| <input type="checkbox"/> Child Protection Services<br><input type="checkbox"/> Foster Care/Kinship Care<br><input type="checkbox"/> Death of immediate family member<br><input type="checkbox"/> Incarcerated Parent<br><input type="checkbox"/> Lack of Prenatal Care<br><input type="checkbox"/> High Risk Pregnancy<br><input type="checkbox"/> Teen Parent<br><input type="checkbox"/> Prenatal Substance Use with current pregnancy<br><input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco<br><input type="checkbox"/> SNAP Benefits | <input type="checkbox"/> Disabled Parent<br><input type="checkbox"/> Multiple Births (twins, triplets, etc.)<br><input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Single Parent<br><input type="checkbox"/> Lack of stable Housing or Homelessness<br><input type="checkbox"/> First Time Parent<br><input type="checkbox"/> Mental Health Concerns (Depression, Anxiety, etc.)<br><input type="checkbox"/> Concern <input type="checkbox"/> Diagnosed (Please explain) |
|--|--|

Any other concerns you would like us to know about:

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**Please Read Before Signing**

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE HELD IN STRICT CONFIDENCE WITHIN THE PROGRAM. I ALSO UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN TO DETERMINE ELIGIBILITY FOR A FEDERAL PROGRAM AND WILL BE VERIFIED FOR ACCURACY.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----**This Section for Agency Use Only**-----

Type of Eligibility:  Income below 100% Poverty Line    100-130% Above Poverty Line    Public Assistance    Homeless  
 Foster Care (applicant)

Accepted Date: \_\_\_\_\_ Wait list Date: \_\_\_\_\_ Wait list Home Visitor: \_\_\_\_\_

**Pregnancy/Health Information**

Do you have **regular Prenatal Health Care**:  No  Yes

**Primary Health Coverage/Insurance**:  Badgercare/Medicaid  Private Health Insurance  IHS  None

Last **DENTAL** exam: \_\_\_\_\_ Clinic/Provider: \_\_\_\_\_

**Prenatal Care Physician (OB-GYN)**: \_\_\_\_\_

**Date of first Prenatal Care Visit**: \_\_\_\_\_

**When did you begin receiving prenatal care**:  1<sup>st</sup> Trimester  2<sup>nd</sup> Trimester  3<sup>rd</sup> Trimester

**Due Date**: \_\_\_\_\_ (Pregnancy Verification Required)

**Is this a high-risk pregnancy**:  Yes  No

**Is this your first pregnancy?**  Yes  No

**Complications**

	<u>Current</u>	<u>Past</u>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
C-Section	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Miscarriage	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Death	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Term Labor	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Induced hypertension		
Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>
Swelling	<input type="checkbox"/>	<input type="checkbox"/>

Current bed rest or Hospitalization due to \_\_\_\_\_ How long \_\_\_\_\_

Previous bed rest or Hospitalization due to \_\_\_\_\_ How long \_\_\_\_\_

Do you have any other current health problems or concerns?  No  Yes \_\_\_\_\_

**Are you currently enrolled in Zaagichigaazowin Home Visiting Program?**

Yes  No

**Do you authorize ECC to share your name and contact number with Zaagichigaazowin Home Visiting Program?**

Yes  No