



**LANCASTER-FAIRFIELD COMMUNITY ACTION EARLY HEAD START**

**CONFIDENTIAL PRENATAL APPLICATION**

**\*\*Please submit proof of income with application to avoid a delay in processing.**



**I. Applicant Information:**

Applicant's Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_/\_\_\_/\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ Applicant's due date \_\_\_\_\_ Trimester of pregnancy \_\_\_\_\_

Are you having problems with this pregnancy? Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Baby's father's name \_\_\_\_\_ Birth date \_\_\_\_\_

Address (if not the same) \_\_\_\_\_ Phone (if not the same) \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**II. List all persons living in your home:**

Name	Birth Date	Social Security #	Relationship to Applicant	Income
_____	___/___/___	___/___/___	_____	\$ _____
_____	___/___/___	___/___/___	_____	\$ _____
_____	___/___/___	___/___/___	_____	\$ _____
_____	___/___/___	___/___/___	_____	\$ _____
_____	___/___/___	___/___/___	_____	\$ _____
_____	___/___/___	___/___/___	_____	\$ _____
_____	___/___/___	___/___/___	_____	\$ _____
_____	___/___/___	___/___/___	_____	\$ _____

**III. Income Information:**

Check box only if you have had no income for the past 12 months

Total family income before taxes for the past 12 months: \_\_\_\_\_

Do you receive Child Support? Yes \_\_\_ No \_\_\_

If you are receiving Public Assistance, which type? OWF/TANF \_\_\_ SSI \_\_\_ SNAP \_\_\_

Are you homeless? Yes / No Are you: single Yes / No Married? Yes / No

**IV. Special Considerations:**

Do you have children enrolled in Head Start, Early Head Start or Help Me Grow?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Circle those that apply)

Do you receive services from any other agencies? (Board of Developmental Disabilities, New Horizons, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ which agencies? \_\_\_\_\_

Do you have medical coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a diagnosed disability? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your primary language? English \_\_\_\_\_ Other \_\_\_\_\_

Other language(s) spoken in the home? \_\_\_\_\_

**ALL PERSONS MAKING APPLICATION TO HEAD START/EARLY HEAD START MUST ATTACH VERIFICATION OF ALL FAMILY ANNUAL INCOME FOR THIS APPLICATION TO BE CONSIDERED.**

I attest that the income and other preceding information is true to the best of my knowledge and I authorize the release of any or all information necessary for verification purposes. I further understand that intentionally providing misleading, inaccurate or untruthful information could result in serious legal consequences to me and loss of Head Start/Early Head Start services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How did you first hear about Head Start/Early Head Start?

\_\_\_\_\_Flyer or Poster \_\_\_\_\_A person came to my home

\_\_\_\_\_Friend or Relative \_\_\_\_\_Newspaper/Radio/Advertisement

\_\_\_\_\_Community Agency \_\_\_\_\_Public Schools

\_\_\_\_\_Other

**Return to: Lancaster-Fairfield Community Action Early Head Start  
1743 E. Main Street, P.O. Box 768, Lancaster, Ohio 43130  
Phone: 740-681-4881 or 740-277-4995 Fax: 740-687-1385**

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**For Office Use Only**

Public Assistance: TANF \_\_\_\_\_ SSI \_\_\_\_\_ SNAP \_\_\_\_\_ Income Eligible \_\_\_\_\_ Categorically Eligible: Homeless \_\_\_\_\_ Foster \_\_\_\_\_

Over Income \_\_\_\_\_ Program Year \_\_\_\_\_

Waitlist Date \_\_\_\_\_ Acceptance Date \_\_\_\_\_

Screened by \_\_\_\_\_ Date \_\_\_\_\_

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Check Stubs (past 12 months)                   | <input type="checkbox"/> OWF/TANF/SNAP Award Letter              | <input type="checkbox"/> W-2 Form |
| <input type="checkbox"/> Worker's Compensation (past 12 months)         | <input type="checkbox"/> Income Tax Statement                    | <input type="checkbox"/> SSI      |
| <input type="checkbox"/> Social Security Statement                      | <input type="checkbox"/> Other Income Statement (past 12 months) | <input type="checkbox"/> Foster   |
| <input type="checkbox"/> Verification of Child Support (past 12 months) | <input type="checkbox"/> Unemployment Statement (12 months)      | <input type="checkbox"/> Homeless |

Self-Declaration of Income Form

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