



Early Head Start Expectant Mother Application

Applicant Name: _____
Expected Due Date: _____

Health Concern Identification Section

Is this a high-risk pregnancy? Yes No (If no, skip this section)

Your response is voluntary and the information provided is confidential. Your declining to respond will not be used to exclude you from enrollment.

Doctor or Specialist:

Name _____

Address _____

Phone: _____

Release of Information Consent

Community Action Education and Children's Services Release of Information regarding health information about high-risk pregnancy

I, _____, hereby give my permission for Community Action Education & Children's Services to contact the above for information regarding the pregnancy of applicant.

Signature of Expectant Mother, or Parent/Guardian if applicant is a minor

Date

This section is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the applicant may be eligible to receive.

1. Is your current address a temporary living arrangement? ? Yes No

2. If no, please skip the rest of this section.

If yes, please answer the questions below.

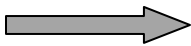
Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

Where are you presently living? (Check one box)

In a motel Moving from place to place
 In a shelter With more than one family in a house or apartment
 In a place not designed for ordinary sleeping accommodations, such as a car, park, or campsite.

I certify that the above information on pages 1 and 2 is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information contained will be held in confidence and used to determine eligibility and program planning.

Applicant's Signature: _____ Date: _____

Please return application to your local Community Action Education & Children's Services center, or mail it to: 

**Community Action
Education & Children's Services
Attention: Data Dept.
175 Main Street / P.O. Box 1026
Battle Creek, MI 49016**

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