



Date: _____

Dear _____,

Thank you for your interest in the EASTCONN Early Head Start & Head Start programs and *Congratulations* on your pregnancy.

Enclosed is the application you requested. Please complete the application and make any notes in the comment section that you would like us to know about you and/or family.

Your application for pregnant women is not considered complete until we get the following information:

- Completed application**
- Family Income Verification**
 - Income Tax Return (1st page only) or W-2, **OR**
 - Consecutive pay stubs (4 weeks), **OR**
 - Signed letter from your employer stating hours and pay rate, **OR**
 - Verification of State or Federal income (TANF, Social Security, Unemployment), Child Support
- Residency Verification**
 - Current utility bill, lease agreement or paystub

Your application is not complete until we receive the above information. If you have any questions or need assistance, please call me at 860-455-1586. I would be happy to talk to you more about Early Head Start and your application. Thank you.

Yours Truly,

Jen Snyder
Enrollment Coordinator/Project Specialist

Please send the application & the requested information to:

Jen Snyder
EASTCONN Head Start
376 Hartford Turnpike
Hampton, CT 06247

OR

Fax: 860-455-1005 **OR** Email to: jsnyder@eastconn.org

OR

Bring to any of our EASTCONN Early Head Start & Head Start locations:

Plainfield Head Start	Plainfield Head Start	Killingly Head Start	Putnam Head Start	Killingly High School
681 Norwich Road	10B Gorman Street	1620 Upper Maple St.	33 Wicker Street	226 Putnam Pike
Plainfield CT 06374	Moosup CT 06354	Dayville CT 06241	Putnam CT 06260	Dayville CT 06241
Ph (860) 564-7787	Ph (860) 564-7199	Ph (860) 779-0410	Ph (860) 928-0004	Ph (860) 779-6793
Fax (860) 564-6409	Fax (860)564-2630	Fax (860) 779-1377	Fax (860) 963-5357	Fax (860) 774-0846



Office use only

Application #: _____ Logged in on: _____ Staff initials: _____

EASTCONN Early Head Start Application for Pregnant Women

All information on this application will be kept confidential, so please answer all questions to the best of your knowledge.
If you have any questions or need assistance, please call 860-455-1586.

Check it out - there is a brief description of our programs on the last page of the application

MOM'S INFORMATION

Home Phone #: _____

Cell Phone #: _____

EMAIL Address: _____@_____

Name: _____
(First) (Middle) (Last)

Birth date: ____/____/____ Age: _____

Pregnancy Due date: ____/____/____

Home Address: _____

Street Apt # City State Zip Code

Mailing Address: _____

Street Apt # City State Zip Code

Marital Status: Single Married Divorced Separated Widow

Primary Language: _____

Ethnicity: Hispanic or Latino Non-Hispanic/Non-Latino

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White or Caucasian Biracial/Multi-racial Other: _____

Education (please circle education completed):

Grade 9 or less Grade 10 Grade 11 High School Grad GED Some College Associate's Bachelor's Master's +

In a job training program/school? Yes No If yes, where? _____

Active Military: Yes No Military Veteran: Yes No Military Deployment: Yes No

Employment Information

Employer Name & Address: _____

Position: _____ Work #: _____ Work Hours: _____

FAMILY INFORMATION

FATHER / PARTNER

Father / Partner Name: _____ **Sex:** Male Female
(First) (Middle) (Last)

Birth date: ____/____/____ **Phone #:** _____

Home Address: _____
Street Apt # City State Zip Code

Marital Status: Single Married Divorced Separated Widow Widower

Primary Language: _____

Ethnicity: Hispanic or Latino Non-Hispanic/Non-Latino

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White or Caucasian Biracial/Multi-racial Other: _____

Education (please circle education completed):

Grade 9 or less Grade 10 Grade 11 High School Grad GED Some College Associate's Bachelor's Master's +

In a job training program/school? Yes No **If yes, where?** _____

Active Military: Yes No **Military Veteran:** Yes No **Military Deployment:** Yes No

Employment Information

Employer Name & Address: _____

Position: _____ **Work #:** _____ **Work Hours:** _____

Please list ALL other household members below.

Name	Relationship to pregnant woman	Date of Birth

You may include additional members on the back of this page

HEALTH INFORMATION

Obstetrician: _____ **Phone #:** _____

Dentist: _____ **Phone #:** _____

Do you have health insurance coverage: Yes No

If yes, Health Insurance: Husky A Husky B Private

Please indicate any limitations, restrictions or health concerns you may have:

OTHER INFORMATION

Please indicate which services your family receives:

- Substance Abuse Program
- Food Bank
- Current DCF
- Cash Assistance/TANF
- SSI
- Unemployment
- Other _____
- Domestic Violence Program
- Care 4 Kids
- Past DCF
- Formally receiving TANF
- SSDI
- Energy Assistance
- Housing
- Migratory
- WIC
- Job's First
- SNAP (Food Stamps)
- Diaper Bank

Were you referred by a community agency? Yes No

If yes, agency name: _____ Contact person/phone: _____

Is there anything else you would like to tell us about you or family? _____



The information provided in this application is true to the best of my knowledge. I agree to contact EASTCONN Head Start in the event my phone number or address changes. I understand that if my income changes, I may submit new income verification at any time. I understand that this application is not considered complete until I submit income and residency verification.

Parent/Legal Guardian's Signature: _____ Date: _____

Comments:

04/2013, Rev 07/2014, Rev 01/2016, 1-2017

EASTCONN Early Head Start & Head Start

“Together we create opportunities, identify strengths, and build partnerships through nurturing relationships for lifelong learning & growth.”

**Early Head Start
Center based**

Locations: Killingly, Plainfield
Serves: Children 6 wks – 3 years old
Family income meets federal income guidelines
Families must be working 24+ hours per week and/or in school/job training program
Safe & healthy learning environment
Home Visits & work on family goals with your Family Advocate
Socialization & School Readiness
Family support and access to community resources
Health & Developmental screenings
Full day, sliding scale fees, healthy meals

**Early Head Start
Home based**

Locations: Northeast CT
Serves: Pregnant women & children under 3 years old
Family income meets federal income guidelines
Weekly home visits and plan family goals with your Home Visitor
Playgroups and socialization for you and your child
Family support and access to community resources
Health & Developmental screenings
Free

**Head Start
Center based**

Locations: Killingly, Plainfield & Putnum
Serves: Preschool children turning 3 years old by January 1st
Family income meets federal income guidelines
Safe & healthy learning environment
Home Visits & work on family goals with your Family Advocate
Socialization & School Readiness
Family support and access to community resources
Health & Developmental screenings
Free, healthy meals

2-Gen EASTCONN Information Release Form

We would like to connect you with other EASTCONN programs and services that might be helpful, or of interest to you or your family. Please check the ones below that you would like to know more about. Then sign below, so we can connect you with EASTCONN staff who can help.

NOTE: EASTCONN offers all of these programs FREE of charge:

Early Childhood Programs & Services

- _____ - Prenatal care (for pregnant women)
- _____ - Child care for kids, from birth to age 5
- _____ - Parenting education

Programs for Children, ages 5-18, and Young Adults

- _____ - After-school programs for young children
- _____ - Magnet school options for grades 9-12
- _____ - Summer Youth Employment for ages 16-21
- _____ - After high school education planning

Adult Education & Employment

- _____ - Job opportunities & help finding a job
- _____ - Job skills training
- _____ - High school completion classes (GED)
- _____ - U.S. citizenship preparation
- _____ - Financial literacy

Please sign below if it is OK to share your name and contact information with EASTCONN staff, so you can learn more about the programs/services you just checked above.

Signature: _____ Print Name: _____

Home Address (print): _____

Phone: _____ Email: _____