



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
651 Norwich Road	10B Gorman Street	562 Westcott Road	33 Wicker Street	226 Putnam Pike
Plainfield CT 06374	Moosup CT 06354	Danielson CT 06239	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: _____

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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:

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

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 & services that might be helpful to you or your family. Please check the ones below that interest you. Then sign below, so we can connect you with EASTCONN staff who can answer your questions. **EASTCONN will never share your contact information with outside companies. It is the policy of EASTCONN that no person shall be excluded from participation in, denied the benefits of, or otherwise be discriminated against under any program because of race, color, religion, sex, age, sexual orientation, marital status, national origin, genetic information, gender identity or expression, veteran status, disability or any other classification protected by state or federal law.*

Early Childhood Programs & Services

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

Education Services

- _____ - Magnet school options for grades 9-12

Adult Education

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

Youth Programs

- _____ - Summer Youth Employment for ages 14-21
- _____ - Creating an education plan for high school youth
- _____ - After school programs for young children grades 1-6 living at Windham Heights Apts.

Please sign below if it is OK to share your name & contact information with EASTCONN staff, so you can learn more about the FREE programs/services you checked above. *There is no obligation!*

Signature: _____ Print Name: _____

Home Address (print): _____

Phone: _____ Email: _____