

Lumbee Regional Development Association
PRENATAL ENROLLMENT APPLICATION
 For Early Head Start Home Based Services

Application Date: _____ Enrollment Date: _____

PARENT INFORMATION

Mother's Name Last	First
Preferred Name:	Date of Birth: Age:
Street Address:	Mailing Address (if different):
City: State:	Zip Code: County:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Message () - <input type="checkbox"/> Cell <input type="checkbox"/> Beeper/Pager	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Message () - <input type="checkbox"/> Cell <input type="checkbox"/> Beeper/Pager

MEDICAL INFORMATION

What is your expected delivery date?	Who provides your pre-natal care?
When did you first receive prenatal care?	Name:
When was your last visit?	Address:
Do you receive Medicaid? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, Medicaid number:	Phone:
Pregnancy Complication current or previous	
Bleeding _____	Headaches _____
C-Section _____	Swelling _____
Fatigue _____	Sickle Cell _____
Pre-Term Labor _____	Hypertension _____
Diabetes _____	Preg-Induced Hypertension _____
Anemia _____	Neonatal Death _____
Pregnancy Notes:	
Current Bed Rest or Hospitalization due to?	How long?
Previous Bed Rest or Hospitalization due to?	How long?
Is there any additional information regarding your pregnancy that will be helpful in providing prenatal support services to you <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	

EMERGENCY CONTACTS

Please list 2 Emergency Contacts		
Name	Address	Phone () _____
	City	State Zip
Name	Address	Phone () _____
	City	State Zip

FAMILY INFORMATION

Family Name:	Parental Status: One Two Foster Non –Parent Other
Number in Family: Number in Household:	Total Number of Children: ____ 0-3: ____ 4-5: ____
Does your family receive Food Stamps? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Food Stamp ID:	
Does your family receive benefits through the TANF and /or Work First (WFFA) program? Yes No If yes, Case number	

ADULT DEMOGRAPHIC INFORMATION

First and Last Name Enter Primary Adult First	Date of Birth	Social Security Number	Sex	(D1) Educ Level	(D2) Employ Status	(D3) Notes Name of Employer or Occupation
D1 -Education Level Codes		D2 – Employment Status Codes			D3 - Notes	
G9 – Grade 9 or less GED – Gen Ed Diploma		F – Full Time U – Unemployed				
G10 – Grade 10 HSG – High Sch Grad		P – Part Time R – Retired/ Disabled				
G11 – Grade 11 COL – Some College		S – Seasonal T – Training / School				
G 12 – Grade 12 CTG – College Degree		B – Works Full Time & In School L – Works Part Time & In School				

CHILD DEMOGRAPHIC INFORMATION

First and Last Name of children in home <i>(if more than 4, please check ____ and list remaining on back of this page)</i>	Date of Birth	Social Security Number	Sex	(D1) Related to	(D2) How related	(D3) Notes <i>program participation status, other programs</i>
C01						
C02						
C03						
C04						
D1 –Related To Codes		D1 –Related To Codes		D3 – Participation Status Codes		
A01 – Primary Adult A02 – Second Adult B12 – Both Adults (includes step-parents)		C- Natural Child F – Foster Child G – Grandchild N – Niece/Nephew		A – Applied Child Y – Too Young O – Too Old N – Next Year Eligible		

FAMILY INCOME INFORMATION

Income (list by family member): *Weekly x52 = Annual Income Every 2 weeks x 26 = Annual Income
Twice Monthly x 24 = Annual Income Monthly x 12 = Annual Income*

Family Member	Amount	Per	X	Annual Income	Income Source (From Whom)
	\$			\$	
	\$			\$	
	\$			\$	
Total Annual Income of Family				\$	

Income Verified? Yes No By: Check Stub W2 Letter DSS Waiver Tax Return Other

Verifying Staff Member:

Date:

COMMENTS

OTHER

Does parent have an e-mail address? YES NO

E-mail address: _____

Certification: I understand that this is an application for services offered by WAGES and does not constitute enrollment into any program offered by agency. I certify that the information given on this application is true and accurate. If any part is false, my participation in this agency's programs may be terminated. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent's/Guardian's Signature

Staff Member's Signature