

**La Clinica de Familia  
Early Head Start Application**

**Expectant Mom Program**

(Please print and use a pen) Answer all questions. Incomplete applications will not be considered for enrollment.

<b>1. Applicant's Name:</b>		<b>DOB:</b>	
<b>Mother's Primary Language:</b>	English      Spanish	Other	
<b>Mother's Ethnicity:</b>	Anglo      Black      Hispanic      American Indian	Other	
<b>Are you a U.S. Citizen/Legal Resident?</b> Yes / No			
Street Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Phone Number: Home#	Work#	Cell#	
<b>2. Spouse's Name:</b>		<b>DOB:</b>	
<b>Spouse's Primary Language:</b>	English      Spanish	Other	
<b>Spouse's Ethnicity:</b>	Anglo      Black      Hispanic      American Indian	Other	
<b>Spouse's Address:</b>	City:	State:	Zip Code:
<b>Mailing Address:</b>	City:	State:	Zip Code:
<b>Phone Number: Home #</b>	Work#	Cell#	
<b>3. Was your family referred to the Early Head Start Program by another agency?</b> Yes / No <b>Attach letter of referral</b> If yes by whom?			
<b>4. Parental Status:</b> One Parent      Two Parent      Foster      Guardian			
<b>5. Do you receive TANF?</b> Yes / No <b>If yes, please give amount: \$</b>		<b>Food Stamps?</b> Yes / No	
<b>6. Do you have Private Insurance or Medicaid?</b> Yes / No <b>If yes, which plan?</b>			
<b>7. When was your last pre-natal examination?</b> Date: _____			
<b>Who is your OB/GYN, Physician, or Midwife?</b>			<b>Due Date:</b>
<b>8. Do you live in NMSU Housing/HUD or subsidized housing?</b> Yes / No <b>If yes, where?</b>			
<b>9. How many adults live in your household?</b> _____		<b>Siblings?</b> _____	<b>Ages?</b> _____ <b>Ages?</b> _____
<b>How many children live in your household?</b>		<b>Other?</b>	<b>Ages?</b> _____ <b>Ages?</b> _____
<b>10. Are you a student in high school, college, or vocational?</b> Yes / No <b>If yes, where?</b>			
<b>11. What degree?</b> GED      Associate      Bachelors      Grad. Student			
<b>12. Do you receive financial aid or scholarships?</b> Yes / No <b>If yes, please list:</b>			
<b>13. Are you currently employed?</b> Yes / No <b>If yes, where?</b>			How many hours per week?
<b>14. Is your spouse currently employed?</b> Yes / No <b>If yes, where?</b>			How many hours per week?
<b>15. Is there any other person in your household currently employed?</b> Yes / No <b>If yes, where?</b>			How many hours per week?

Income (list each person's name)	Pay Schedule
	(circle one) Weekly    2 Weeks    2xMonth    Monthly
	(circle one) Weekly    2 Weeks    2xMonth    Monthly
	(circle one) Weekly    2 Weeks    2xMonth    Monthly

By signing below, I certify that the information provided is correct to the best of my knowledge and is subject to verification. I am also aware that I may be subject to termination from the program if the information verified disqualifies me from eligibility.

\_\_\_\_\_  
Applicant's Signature/ Date  
Revised 06/10  
H:\Eligibility\EHS English application

\_\_\_\_\_  
Staff Signature/Title/ Date