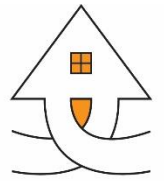


Application for Expectant Mothers



Early Education
SERVICES
 130 Birge Street
 Brattleboro
 Vermont 05301
 802-254-3742 Voice
 802-254-3750 Fax

Expectant Mothers Information:

Name: _____ Birth Date: _____

Expected Due Date: _____ Social Security Number: _____

Street Address: _____ Town: _____

Mailing Address: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Race: _____ Hispanic: **Yes No** Primary Language: _____

Employment Status: Full time Part Time Unemployed Student

Employer: _____ Estimated wages: _____ **Weekly Bi-weekly**

Highest Grade Completed: _____ Attending School or Training? **Yes** **No** _____

Are you Military? **Yes** **No** if yes: **Active Veteran** Receive Reach Up? **Yes** **No** SSI? **Yes** **No**

Do you Receive Child Support? **Yes** **No** Receive WIC? **Yes** **No** Receive SNAP? **Yes** **No**

Expectant Mothers Current Living Situation:

Apartment **Shelter** **Hotel** **With Friends/Family** **Other:** (please explain) _____

How many adults in the home _____ How many children in the home _____

Two expectant parents Single expectant parent

Married: **Yes** **No** Live with the other parent: **Yes** **No**

I have a child who is currently enrolled in Head Start: **Yes** **No** Child's Name: _____

Second Parent Information:

Name: _____ Date of Birth: _____ Race: _____

Address: _____ Phone: _____

Social Security: _____ Hispanic **Yes** **No** Primary Language: _____

Do you Receive Child Support? **Yes** **No** Receive WIC? **Yes** **No**

Receive SNAP? **Yes** **No** SSI? **Yes** **No** Receive Reach Up? **Yes** **No**

Employment Status: Full time Part Time Unemployed Student

Employer: _____ Estimated wages: _____ **Weekly** **Bi-weekly**

Health Information:

Primary Care Physician: _____ Health Insurance: _____
Prenatal Care Provider (OBGYN): _____ Dentist Name: _____
Any Allergies (Food or Other): _____ Dental Insurance: _____
Do you see any other Doctor or Specialist: _____

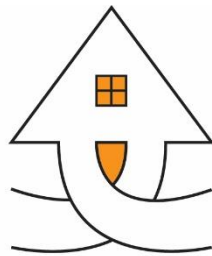
Current Pregnancy Information:

Date of First Prenatal Care Visit: _____ Date of Last Prenatal Visit: _____ Date of Next Visit: _____
Pregnancy Weeks: Less than 12 weeks 12-24 weeks 24 + Weeks Don't Know
Is This a High Risk Pregnancy? Yes No If Yes, please explain: _____

Is there anything else you would like us to know about you or your pregnancy? _____

Did anyone refer you to our program? _____

I understand all information and certify this information to be correct to the best of my knowledge. All information will be kept confidential.



Early Education
SERVICES

130 Birge Street

Brattleboro, Vermont 05301

802-254-3742 Voice 802-254-7350 Fax

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Early Education Services Staff Signature: _____ Date: _____