TTU CEHS Eligibility Questionnaire – PREGNANT APPLICATION

1. Is the child/mom applying for Early Head Start a foster child? □ Yes □ No
   If yes, please provide a copy of placement paperwork from the state.

2. Does your family receive TANF or SSI? □ Yes □ No
   If yes, please provide a copy of your most recent award letter.

3. Does your family have an open case with CPS? □ Yes □ No
   If yes, please provide a copy of your current safety plan.

4. Declaration of Homeless status: The McKinney-Vento Act of the United States government may allow you to declare your family as homeless, even temporarily.
   Do you or your family live in any of the following circumstances?
   □ In a shelter (family shelter, domestic violence, youth or temporary housing)
   □ In a motel, hotel, or weekly rate housing
   □ More than one family living together (doubled up with friends or relatives) due to loss of housing, economic hardship, or a similar situation
   □ In an abandoned building, car, or other inadequate accommodations
   □ In a public place such as a park, bus station, RV park, or camping ground
   □ None of these apply to my family

Signature ____________________________________________  Date ______________________________

Certification Statement: I certify that the above information regarding my family’s situation is true and I have provided all documentation requested by Texas Tech University Center for Early Head Start.

_____ I give TTU CEHS permission to contact the following person(s) regarding my living situation.

Initials

Contact Person ___________________________ Phone ___________________________

---------------------------------------------------------------

Third Party Verification (for TTU CEHS staff use only)

CEHS Staff name ___________________________ Date ________________ Time ________________

Contact Name ___________________________ Relationship/Agency ___________________________

Notes ____________________________________________

CEHS Staff Signature ___________________________ Updated August 26, 2019
TTU CEHS Enrollment – PREGNANT APPLICATION

Please bring the following documents when turning in your application:

☐ **Address verification** – utility bill or lease/rental agreement.

Cell phone or cable bills will NOT be accepted as proof of residency. *If you are currently living with someone else, a signed statement from the home/lease owner, with a copy of the utility bill in their name, is required.*

☐ **Income information** – **ONE** of the following for the past year (not required if you are homeless or the child is in foster care)

  a. pay stubs – previous 12 months
  b. income tax return
  c. W-2 Form
  d. Written statement from employer
  e. Written, signed statement of self-employment or unemployment

☐ **Health insurance** – Medicaid, CHIP, or private insurance card for pregnant mom

Other documents, please turn in if applicable:

☐ **School verification** – if enrolled in any school, please provide a school schedule

☐ **Military ID card** – if applicable

If your child is born before you are selected into the TTU CEHS Home Based Program, you must re-apply with a CHILD APPLICATION.

An in-person or phone interview was conducted with this applicant. All documents were submitted as applicable.

CEHS Staff signature ____________________________________________ Date __________________________
# Pregnant Parent Information

**Parent’s Name**

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
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**Address**

<table>
<thead>
<tr>
<th></th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Birthdate**

**Social Security # (optional)**

**Telephone Numbers**

<table>
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<tr>
<th>Cell</th>
<th>Work</th>
<th>Other</th>
</tr>
</thead>
</table>

**Email address**

**Are you active or retired military?**

- [ ] Yes
- [ ] No

# Employment and Education

**Employment**

- [ ] full-time
- [ ] part-time
- [ ] not working (unemployed, retired, disabled)

**Attending school**

- [ ] full-time
- [ ] part-time

**Number of hours each week spent working and/or in school**

**Education Level**

- [ ] High school diploma
- [ ] GED
- [ ] highest grade completed
- [ ] Associate degree
- [ ] some college / advanced training
- [ ] Bachelor’s degree
- [ ] Master’s degree

# Race, Ethnicity, and Language

**Race:**

- [ ] American Indian / Alaskan Native
- [ ] Native Hawaiian / Pacific Islander
- [ ] White
- [ ] Asian
- [ ] Black or African American
- [ ] Other, please specify

**Hispanic Ethnicity**

- [ ] Yes
- [ ] No

**Primary language**

- [ ] English
- [ ] Spanish
- [ ] Other, specify

**Second language**

- [ ] Yes
- [ ] No
- [ ] If yes, specify
Expected delivery date ______________________ How many weeks are you currently pregnant? __________

Is this pregnancy high risk?

☐ Yes  ☐ No  If yes, why? ________________________________________________________________

Do you have any concerns about the development of your pregnancy?  ☐ Yes  ☐ No
If yes, what are your concerns? __________________________________________________________

Do you have health insurance for your pregnancy?  ☐ Medicaid  ☐ Private insurance  ☐ No insurance at this time

OB/GYN or clinic __________________________ Dentist __________________________

Are you or your partner currently experiencing any of the following:

☐ domestic abuse or WPS  ☐ incarceration of a parent
☐ mental/emotional health needs  ☐ terminal illness of a parent
☐ substance abuse  ☐ recent death of a parent
☐ Children's Protective Services  ☐ other __________________________

Does your family receive the following:

WIC  ☐ Yes  ☐ No
SNAP  ☐ Yes  ☐ No

Other children living in the home

Name __________________________ Date of Birth __________________________ Gender M  ☐  F  ☐
Name __________________________ Date of Birth __________________________ Gender M  ☐  F  ☐
Name __________________________ Date of Birth __________________________ Gender M  ☐  F  ☐
Name __________________________ Date of Birth __________________________ Gender M  ☐  F  ☐

Other Parent Information

Parent’s Name __________________________ First MI Last __________________________

Address __________________________ City __________________________ Zip __________________________

Birthdate __________________________ Social Security # (optional) __________________________

Telephone Numbers  Cell __________________________ Work __________________________ Other __________________________

Email address ______________________________________________________________

Relationship to pregnant parent applying for Center for Early Head Start __________________________
### Employment and Education

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<thead>
<tr>
<th>Employment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending school</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Number of hours each week spent working and/or in school** ____________

**Education Level:**
- [ ] High school diploma
- [ ] GED
- [ ] highest grade completed ____________
- [ ] Associate degree
- [ ] some college / advanced training
- [ ] Bachelor’s degree
- [ ] Master’s degree

### Race, Ethnicity, and Language

**Race:**
- [ ] American Indian / Alaskan Native
- [ ] Native Hawaiian / Pacific Islander
- [ ] White
- [ ] Asian
- [ ] Black or African American
- [ ] Other, please specify __________________________
- [ ] Bi-racial / Multi-racial
- [ ] Other, please specify __________________________

**Hispanic Ethnicity**
- [ ] Yes
- [ ] No

**Primary language**
- [ ] English
- [ ] Spanish
- [ ] Other, specify __________________________

**Second language**
- [ ] Yes
- [ ] No
- [ ] If yes, specify __________________________

### Alternate Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone number</th>
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<tr>
<th>Name</th>
<th>Phone number</th>
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I certify that this information is true to the best of my knowledge. I understand that if any part of this information is willfully misrepresented, my participation in this agency’s program may be terminated and I may be subject to legal action. I also understand that this information will be held in strict confidence and is accessible to me during normal business hours. I understand that once my child is selected to receive EHS services, they will remain eligible until their third birthday.

**Signature** ____________________________  **Date** __________________________

I request paperwork be made available to me in the following language (other than English) __________________________

I request a translator be made available to me during enrollment meeting __________________________

This institution is an equal opportunity provider  

*Updated August 26, 2019*
Thank you for applying for TTU Center for Early Head Start. Once your completed application and all relevant documents are turned in, you will be placed on the waiting list. Spots are filled immediately, based on the age that is needed in the program, as well as based on the need of the family. **As a Pregnant Applicant, you may only be selected for the CEHS Home Based program option.** The other options will only be available to you once your baby is born and your request a transfer:

**CEHS Home Based program**
- Weekly home visitation program with family and child that last one and a half hours each
- Weekly socialization opportunities offered at the CEHS center
- Can enroll pregnant women into this program option
- Eligible to transfer to a center-based classroom when spots are available

**CEHS Center Based program**
- High-quality childcare provided Monday through Friday from 7:30 am to 2:30 pm
- Located at 3315 East Broadway

**EHS Child Care Partner program**
- High-quality childcare provided Monday through Friday 6:30 am to 6:00 pm (up to 10 hours a day only)
- Located at Lil’ Precious Steps, 918 Zenith Ave
- Partner program is designed for working families who are eligible for Child Care Services subsidy; must have CCS authorization or be willing to apply for services
- Infant room for ages 6 weeks through 18 months (after 18 months, children are eligible to transfer to the TTU CEHS at 3315 E Broadway location)

**If your child is born before you are selected into the TTU CEHS Home Based Program, you must re-apply with a CHILD APPLICATION.**

Please update your address or phone number if they change.

Texas Tech University Center for Early Head Start
3315 East Broadway
Lubbock, TX 79403

(806) 765-2737

http://www.depts.ttu.edu/earlyheadstart