



TEXAS TECH UNIVERSITY  
College of Human Sciences

# Center for Early Head Start

3315 East Broadway ▪ Lubbock, TX 79403 ▪ (806) 765-2737 ▪ www.depts.ttu.edu/earlyheadstart

## 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 June 12, 2020*



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## 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 \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_ Referred by \_\_\_\_\_



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## Center for Early Head Start

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### Pregnant Parent Information

Parent's Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Telephone Numbers Cell \_\_\_\_\_ Can this cell receive text messages?  Yes  No

Work \_\_\_\_\_ Other \_\_\_\_\_

Email address \_\_\_\_\_

Are you active or retired military?  Yes  No

### Race, Ethnicity, and Language

Race:  American Indian / Alaskan Native  Native Hawaiian / Pacific Islander  White  
 Asian  Black or African American  
 Bi-racial / Multi-racial  Other, please specify \_\_\_\_\_

Hispanic Ethnicity  Yes  No

Primary language  English  Spanish  Other, specify \_\_\_\_\_

Second language  Yes  No  If yes, specify \_\_\_\_\_

### Employment and Education

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Typical work schedule \_\_\_\_\_  
(Mon-Fri, overnight, shiftwork, seasonal, etc)

#### Training

Currently enrolled in  job-related training  skills training  vocational, trade, or business school training

Attending school  full-time  part-time

Education Level  High school diploma  GED  Did not graduate; highest grade completed \_\_\_\_\_

Associate degree  some college / advanced training

Bachelor's degree  Master's degree

## Health and Family Services

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:**

- |  |   |
|--|---|
| <input type="checkbox"/> domestic abuse or WPS         | <input type="checkbox"/> incarceration of a parent    |
| <input type="checkbox"/> mental/emotional health needs | <input type="checkbox"/> terminal illness of a parent |
| <input type="checkbox"/> substance abuse               | <input type="checkbox"/> recent death of a parent     |
| <input type="checkbox"/> other _____                   |   |

**Does your family receive WIC?**  Yes  No

**Does your family receive SNAP?**  Yes  No

## Other Parent Information

**Parent's Name** \_\_\_\_\_  
First MI Last

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Social Security # (optional)** \_\_\_\_\_

**Telephone Numbers** Cell \_\_\_\_\_ Can this cell receive text messages?  Yes  No

Work \_\_\_\_\_ Other \_\_\_\_\_

**Email address** \_\_\_\_\_

**Relationship to pregnant parent applying for Center for Early Head Start** \_\_\_\_\_

**Are you active or retired military?**  Yes  No

## Race, Ethnicity, and Language

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

**Hispanic Ethnicity**  Yes  No

**Primary language**  English  Spanish  Other, specify \_\_\_\_\_

**Second language**  Yes  No  If yes, specify \_\_\_\_\_

## Employment and Education

**Employment**     full-time                       part-time                       not working (unemployed, retired, disabled)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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(Mon-Fri, overnight, shiftwork, seasonal, etc)

### Training

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**Attending school**     full-time                       part-time

**Education Level**     High school diploma     GED                       Did not graduate; highest grade completed \_\_\_\_\_

Associate degree     some college / advanced training

Bachelor's degree     Master's degree

## 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

## Alternate Contact Information

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

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 Early Head Start 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)    Language \_\_\_\_\_

I request a translator be made available to me during enrollment meeting    Language \_\_\_\_\_



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## Center for Early Head Start™

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 option will only be available to you once your baby is born and you 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
- *After-school childcare provided from 2:30 pm to 5:30 pm only for families who qualify for CCS (Child Care Services) authorization*
- Center is accredited by the National Association for the Education of Young Children (NAEYC)
- Provides diapers, wipes, formula, food, basic care items, and all education materials for enrolled children

**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.

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