


Date: _____	 <p>Educational Alliance Early Childhood and Youth Services</p>	Applying: <input type="checkbox"/> Prenatal Due Date: ____/____/____
Family ID: _____		

Family Development Options

(At Ed Alliance, we want every parent to participate in one or more of the following programs. Family all-inclusive learning experiences are grouped into pathways of interest. Please rank in order of interest 1- 3, with 1 as most interested)

- _____ **Family Well-Being & Parenting (Parenting Education, Parent Support Groups, Father/Male Involvement)**
- _____ **Adult Education and Career (ESOL, HSE/GED, Job Search, Career Coaching, Financial Coaching)**
- _____ **Community Leadership (Classroom Representative, Parent Leaders, School Involvement)**

Parent Last name _____	Parent First name _____	Language(s) spoken	Date of Birth:
Parent: Last name _____	Parent: First name _____	Language(s) spoken	Date of Birth:

Street address	Apt. #	Telephone #
		(H): _____ (C): _____ (W): _____ Email: _____
City	State	Zip code
		No. of parents in household: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 Parent/Guardian who lives w/ Child: <input type="checkbox"/> 1 <input type="checkbox"/> 2

Race: B=Black/African American W=White A=Asian N=American Indian or Alaskan Native
BM=Biracial/Multiracial P=Native Hawaii/Other Pacific Islander O=Other _____
Ethnicity: Hispanic or Latino Origin Non-Hispanic/Non-Latino: _____

How did you know about our program? Friends Family Other(Explain)_____

HOUSEHOLD MEMBERS (other than applicant or parents/legal guardians)

#	Name	DOB	Sex (M/F)	Language(s) spoken	Relationship to Parent	Financial Support (√)
1						
2						
3						
4						
5						
6						

Do you have health Insurance: Yes No If yes, what kind? _____

Does your family have health insurance? Yes No If yes, what kind? _____

Selection Criteria: Applications will be prioritized based on the family's needs. Please indicate whether any of the following categories is applicable to your family. Check all that apply. Information is CONFIDENTIAL

- Active ACS Case
- English is a second language

- Adolescent Parent (21 or younger)
- Foster Child
- Housing Needs (Homeless/Shelter)
- Housing Needs (Unsafe/Overcrowded)
(# of people _____ / # of bedrooms _____)
- Parents are immigrants within the last 3 years
- Parent / Child in Counseling
- One Parent Incarcerated/Recently Discharged
- Both Parents Incarcerated/Recently Discharged
- Parent in School / Training/Employed
- Diagnosed Disability Parent
- Parent enrolled in Job Center
- Sibling enrolled in EC&E Program in upcoming school year
Program/Site: _____
- One- Parent Household
- One-Parent Household Unemployed
- Two-Parent Household Unemployment:
- One Parent Unemployed Both Parent Unemployed
- Receiving Preventive Services (Court/ACS Mandated
Services, Family Preservation Services,
ACS Preventive Services)

Referred from outside agency: _____ Other _____

Date: _____ **Family ID:** _____

What needs and goals do you have in relation to the prenatal program (i.e. to connect with other expectant families, to learn about pregnancy and parenting resources, etc.)?

Is there any information about your life and/or pregnancy experience you want us to know or feel may impact your participation in the prenatal program (i.e. a busy work schedule)?

Disclaimer

By submitting this application I confirm that all is true at this time. I understand that any mis-statement, omission, or statement of facts that are subsequently found to be false may prejudice an offer of admission to the program.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Name of Family Advocate who assisted the parent with application: _____