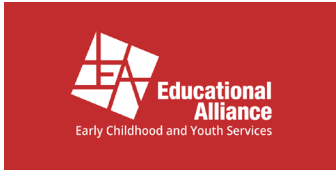


Date: _____		<b>Applying:</b> <input type="checkbox"/> Prenatal <b>Due Date:</b> ____/____/____
Family ID: _____		

### 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
- 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 w/i last 3yrs
- Both Parents Incarcerated/Recently Discharged w/i last 3yrs
- Parent in School / Training/Employed
- Referred from outside agency: \_\_\_\_\_
- English is a second language
- 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:
  - One Parent Unemployed
  - Both Parent Unemployed
- Receiving Preventive Services (Court/ACS Mandated Services, Family Preservation Service, ACS Preventive Services)
- 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.)?

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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)?

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#### Disclaimer

By submitting this application I confirm that all is true at this time. I understand that any misstatement, 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: \_\_\_\_\_

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#### Office Use Only

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Name of staff who assisted the parent with application: \_\_\_\_\_