We are happy to help you with this application at the Central Office or your local site – just ask!

NCO Head Start
Child Development Program

Central Office:
550 N. State St, Ukiah CA 95482
(707) 462-2582 or 1 (800) 326-3122
Fax (707) 462-4792

Prenatal Application

Applicant's Name	Applicant's Birth Date	Primary Language
Highest education completed	Current employment status:	
E-mail address (required)		

Applicant's Race: ☐ Pacific Islander ☐ Black ☐ White ☐ Biracial/Multi ☐ Hispanic ☐ Native American ☐ Asian

Do you or your family have an open case with Child Protective Services? ☐ YES ☐ NO

Name and phone number of Caseworker_____ (___)_____

WE WELCOME FAMILIES WITH SPECIAL NEEDS

Applicant's disability status: ☐ None ☐ Diagnosed ☐ Suspected by Professional

Please Explain: _____

Spouse's/*Partner's* Name - ***lives in home: ☐ Yes ☐ No***	
Highest education completed	Current employment status:
E-mail address (required)	

Spouse's/*Partner's* Race: ☐ Pacific Islander ☐ Black ☐ White ☐ Biracial/Multi ☐ Hispanic ☐ Native American ☐ Asian

Address	City	Zip Code
Mailing Address *(if different from above)*		

Phone Numbers:	Home # ( )	Cell# ☐ opt in for messaging ( )	Work# ( )	Message# ( )

What is the best way to contact you: ☐ Home phone ☐ Cell phone ☐ E-mail ☐ Mail

Preferred oral language: ☐ English ☐ Spanish ☐ ASL Other: _____
Preferred written language: ☐ English ☐ Spanish Other: _____

Do you currently receive? ☐ Cash-aid ***- If yes please attach proof.*** ☐ SSI ***- If yes please attach proof.***
☐ Food Stamps ☐ WIC

We need verification of pregnancy. (Pregnancy verification from physician, clinic or midwife). Please call Enrollment Coordinator at Central Office if unable to provide verification. Copy Attached ☐

Expected delivery date _____ / _____ /_____
Mo Day Year

Are you or your child related to anyone employed by NCO Head Start Child Development Program? ☐ YES ☐ NO

If yes: _____ _____
(Name) (Relationship)

List other children living in the home that are related to you by blood, marriage or adoption:

Child's Name	**Date of Birth**	**Sex**		**Relation to Child** ***(Applicant)***
1.		☐ Male	☐ Female	
2.		☐ Male	☐ Female	
3.		☐ Male	☐ Female	
4.		☐ Male	☐ Female	

Are any of the above children currently enrolled in Head Start or Early Head Start? ☐ YES ☐ NO

TURN PAGE OVER⇨⇨⇨⇨⇨⇨⇨⇨

Put a check mark (✓) in the box of any and all situations that currently apply to your family:

Does your family live in any of these situations?

☐ Living with friends or relatives ***temporarily.***

☐ Living in a shelter.

☐ Living in a hotel or motel.

☐ Living in cars, parks, campgrounds, public spaces, abandoned buildings or substandard housing.

☐ Other (please explain): _____

☐ Self and/or spouse/partner is incarcerated.

☐ Self and/or spouse/partner is in a recovery program for substance abuse

☐ Self and/or spouse/partner has a disability, is seriously ill

☐ Formal written referral from another agency attached:

Name: _____

☐ Currently Attending ESL, Literacy Program, School or job training

☐ Teen parent

☐ Under 17 at birth of first child

Are you enrolled in the program for expectant and parenting students and their children (CAL-Safe?) ☐ Yes ☐ No

☐ Do you consider this to be a high-risk pregnancy and/or are you lacking transportation to medical appointments?

Loss in family due to recent:

☐ separation ☐ divorce ☐ death

Change in family structure due to recent:

☐ blended family ☐ birth of baby

☐ deployment ☐ adoption

Are you receiving specialized services from other agencies? ☐ Yes ☐ No

Agency Name(s): _____

The HSCDP does not discriminate on the basis of gender, sexual orientation, ethnic group identification, race, ancestry, national origin, religion, color, mental or physical disability, or immigration status in determining which families are served.

I certify this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during business hours. This information will not be released without my written consent.

Applicant Signature: _____ Date: _____