Opportunities, Inc.

2024-2025 Head Start Prenatal to 5 Prenatal Application

Return to: Opportunities, Inc. Head Start Prenatal to 5
PO Box 2289 Great Falls, MT 59403 **OR** 620 1st Ave. S.
Phone: (406) 453-5415 Fax: (406) 315-2245

Primary Parent Name:	**Date of Birth;**	**Social Security Number:**
Relationship to child: ❑Mother ❑ Father ❑Other:		
Address:	**City:**	**Zip:**
Home Phone:	**Message or Work phone:**	**E-mail address:**
Consent to Receive Text Messages (check one): ❑ **YES** ❑**NO**		
Secondary Parent Name:	**Date of Birth:**	**Social Security Number:**
Relationship to child ❑Mother ❑Father ❑Other:		
Address:	**City:**	**Zip:**
Home Phone:	**Message or Work Phone:**	**E-mail address:**
Family Type: ❑ **Two parent** ❑ **Single parent family (mother)** ❑ **Single parent (mother) living with a partner**		
Current Living Situation: ❑**Own** ❑**Rent** ❑**Receive Subsidized Housing** ❑**Homeless** ❑**Sharing due to loss of housing/economic hardship** ❑**Other:**____________________________________ **Housing Type:** ❑**Apartment** ❑**House** ❑ **Duplex** ❑**Mobile Home** ❑**Community Shelter** ❑**Hotel/Motel** ❑**Other:**_________________ **Number of times family/child has moved in the past 24 months:** ❑**Once** ❑**Twice** ❑**Three** ❑**Four+** ❑**Family has not moved in the past 12 months**		

How did you hear about Early Head Start?
❑ Family ❑ Friend ❑ Media ❑ Agency ❑ Flyer ❑ Had other children in the program ❑ Other:

Expected due date: _____/_____/_____

Receiving prenatal care? ❑**Yes** ❑**No**

Date you first saw your doctor (dd/mm/yyyy): _____/_____/____

Name of (Prenatal) OBGYN Physician:

Receiving dental care? ❑**Yes** ❑**No**

Name of Dentist:

Last Dental Exam (dd/mm/yyyy): _____/_____/____

★**Signature of Parent/Guardian**____ **Date:** _____________

★**Staff Signature:** ____**Date:** _____________

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WHAT SERVICES ARE YOU CURRENTLY RECEIVING? (Please check all that apply)

❑ Opportunities, Inc. (*which services*): ________________ ________________ ❑ Quality Life Concepts ❑ Special Education Pre-K	❑ Child Support ❑ TANF Benefits ❑ SNAP (Food Stamps) ❑ Public Housing ❑ Social Security ❑ Vocational-Rehab	❑Child and Family Services ❑ Domestic Violence Support Services ❑ Job/Skills Training Program ❑ Center for Mental Health ❑ City County Health Department ❑ Benchmark Human Services	❑ Youth Dynamics ❑ A.W.A.R.E. ❑ WIC ❑ Youth Employment ❑ Childcare Subsidy ❑ Toby's House/Crisis Nursery ❑ Other: ____________

Are you working towards your HiSET(GED)through Adult Education ❑No ❑Yes
If not are you attending college now? ❑No ❑Yes

If you are not receiving SNAP (Food Stamps), would you like an application to apply for SNAP? ❑Yes ❑No ❑N/A

Family Connections/Best Beginnings Childcare Subsidy for children in the home ☐ Yes ☐No ☐Applied
Medicaid for children in the home ☐ Yes ☐No ☐Applied
Medicaid for mother ☐ Yes ☐No ☐Applied
Other Heath coverage: ☐ Yes ☐No ☐Applied ☐ No Insurance
Utilize City County Health Department for medical needs ☐ Yes ☐ No
Utilize Indian Family Health Services for medical needs ☐ Yes ☐ No
Do you have a primary family doctor? ☐ Yes ☐ No

RESOURCE AND REFERRAL NEEDS:

I have the following needs for myself or another adult household member: (Please check all that apply)

❑ Homeless ❑ Food ❑ Clothing ❑ Emergency/Crisis Assistance ❑ Help paying for child care ❑ Domestic Violence ❑ Information on Breastfeeding ❑ Involvement in criminal justice system	❑ Job Training ❑ Literacy/Education ❑ Adult Education ❑ Transportation ❑ Mental Health ❑ No Prenatal Care ❑ Parental Education on fetal development ❑ Unplanned pregnancy	❑ Disability Services or Resources ❑ Child Support Assistance ❑ Health Education (to include Prenatal/Postnatal) ❑ Substance Abuse/Prevention ❑ English as a second language ❑ Child with suspected or diagnosed disability ❑ Medical Concern for parent or child ❑ Separation or Divorce	❑ Marriage Education ❑ Parenting Education ❑ Support for families who have incarcerated members ❑ Custody Issues ❑ Teen Parent ❑ Other: ____________ ❑ Other: ____________ ❑ Other: ____________

Do you have a working refrigerator and stove/oven in your home? ❑No ❑Yes
If no, what are you missing? ________________

★**Signature of Parent/Guardian**____ **Date:** ________________

★**Staff Signature:** ____ **Date:** ________________

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Family Member Information: ***(Insert Codes for all family members below.)***

Race: **B** =Black/African American **W** =White **AI**=American Indian **A** =Asian **P** =Pacific Islander **BM** =Biracial/Multiracial

Education years: **HSG** = High School Graduate **HiSET(GED)**=HiSET **G12** = Grade 12 - ***but did not Graduate***
G9 = Grade 9 or less **G10** = Grade 10 **G11**= Grade 11 **COL**= Some college/Associates Degree **B** = Bachelor's Degree/Higher

★ **Please list *all* family members and persons living in your home including the applicant.**

First Name **(Please Print)**	Last Name	Social Security #	Date of Birth	Sex	**Race**	**Ethnicity (circle one)**	**Education Level**
				M F		Hispanic or Non-Hispanic	
				M F		Hispanic or Non-Hispanic	
				M F		Hispanic or Non-Hispanic	
				M F		Hispanic or Non-Hispanic	
				M F		Hispanic or Non-Hispanic	
				M F		Hispanic or Non-Hispanic	
				M F		Hispanic or Non-Hispanic	
				M F		Hispanic or Non-Hispanic	

EMPLOYMENT/HOUSEHOLD INCOME Proof of income required for eligibility (paystubs, 1040 form, W2, etc.) List all forms of income: Employment, TANF payments, Child Support, Social Security/Disability, Unemployment, etc. for all household members.

Parent/Guardian 1 Employment: (Check All that Apply)
❐Full Time ❐ Part Time ❐Seasonal ❐ Military
❐Training/School Part Time ❐ Training/School Full Time
❐Retired ❐Disabled ❐Stay at Home
❐Self-Employed ❐Unemployed (last day worked:)

Parent/Guardian 2 Employment: (Check All that Apply)
❐Full Time ❐ Part Time ❐Seasonal ❐ Military
❐Training/School Part Time ❐ Training/School Full Time
❐Retired ❐Disabled ❐Stay at Home
❐Self-Employed ❐Unemployed (last day worked:)

Other Sources of Income: ❐TANF ❐SSI ❐SSDI Payments ❐Child Support ❐School Grants/Scholarships ❐Other:

Name **List Head of Household first**	**Place of Employment**	**Income Source:** ***Employment, TANF, SSI, Child Support, etc.***	**Total Income Per Month**

FOR FAMILIES WITH NO INCOME: I declare that my family has no income due to the following reasons: *You may attach another sheet of paper to application if needed.* ____

____

Signature of Parent/Guardian____

I certify that the information provided in this application is correct and complete to the best of my knowledge, including information about each household member. ***If any of the information I have provided in my application is false, my participation in the Opportunities, Inc. Head Start Prenatal to 5 program may be terminated.***

★**Signature of Parent/Guardian**________________________________ **Date:** ______________

★**Staff Signature:** ____ **Date:** ______________