



BLACKFEET EARLY CHILDHOOD CENTER



Head Start Phone (406) 338-7370 * Fax (406) 338-7030

Early Head Start (406) 338-3991 * Fax (406) 338-5833

Prenatal Application 2018-2019

Applicant's Information:			
_____ / ____ / _____			
First Name	Middle Name	Last Name	D.O.B
Mobile Phone:	Marital Status:	Role in Household:	
Mailing Address:		Family Housing:	
Race (Check only one):		Language spoken at home:	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino	How well does this person speak english?	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Very well	<input type="checkbox"/> Not Well
<input type="checkbox"/> Bi-Racial/Multi-Racial	<input type="checkbox"/> White	<input type="checkbox"/> Well	<input type="checkbox"/> Not At All
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other		
Highest Level of Education (check one only):		Effective Date: _____	
<input type="checkbox"/> No School Completed	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Doctorate	
<input type="checkbox"/> Less than 12th Grade	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Some College (no degree)	
<input type="checkbox"/> High School/GED	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Other (specify): _____	
Family Type (check one):	Parent Type:	Parent Status (check only one):	
<input type="checkbox"/> Biological	<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Two parents- both working or students	
<input type="checkbox"/> Foster	<input type="checkbox"/> Single Parent (Mother)	<input type="checkbox"/> Two Parents- neither working or student	
<input type="checkbox"/> Relatives	<input type="checkbox"/> Single Parent (Father)	<input type="checkbox"/> Two Parents- one working or student	
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Single Mother-living with partner	<input type="checkbox"/> Single Parent- working or student	
	<input type="checkbox"/> Single Father-living with partner	<input type="checkbox"/> Single Parent- neither working or student	
Monthly Income: \$	Currently trying to conceive a child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Currently Pregnant:	Due Date: ____/____/____		High Risk: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
<input type="checkbox"/> Unknown	Pregnancy History? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	# of Previous Births (and ages):		
Prenatal Care Provider (and City):		Prior Pregnancy Complications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of LAST Prenatal Care Visit:		Comments:	
_____ / ____ / _____			

Application Received and Checked By: Staff's Signature

Date: Received

Intake Information Entered on MyHeadStart: Staff Signature

Date: Entered