



# Families and Children Together, Inc.



## Pregnant Mom Application

### **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COPIES OF THE FOLLOWING DOCUMENTATION**

1. **Household income verification for the past twelve months.** Household income includes all means of support for the last twelve months from all parents/guardians of the unborn baby who also live in the same household as the child. **One month of check stubs, tax returns, W-2s, employer statements, TEA, Social Security, SSI, WIC, SNAP, Child Support, Unemployment, Veterans Benefits, etc.**

**Please provide a copy of your Medicaid card, AR Kids card, or Private Insurance card** if you have one. Medicaid applications are available upon request.

***Should you have any questions regarding the required information, please contact the ERSEA Coordinator at (870) 862-4545 or your local center.***

**Please indicate below where you would like to be placed.**

#### **Home Based Options:**

- Calhoun County
- Columbia County
- Dallas County
- Ouachita County
- Union County

Is there a child under the age of 5 in your household?     Yes     No

**If yes, please ask for an Early Head Start/ Head Start/ Arkansas Better Chance application.**

FACT, Inc. is an equal opportunity provider and employer.



**F.A.C.T., Inc. takes many factors into consideration in order to determine eligibility. In addition to your income level and the age of your child, other child and family needs are noted. The following information will be used to help determine eligibility and for us to become familiar with your family. Applications are evaluated on a points system and those with the highest points are selected first.**

**Please Print Clearly**

**Mother's Information**

E-mail address: \_\_\_\_\_

**First Middle Last Date of Birth**

<b>Race</b>		<b>Hispanic</b>	<b>English Proficiency</b>	<b>Other Language</b>	<b>Other Language Proficiency</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		

<b>Highest Grade Completed</b>		<b>Employment Status</b>		<b>Child's Relationship</b>	<b>Custody</b>	<b>Check all that apply:</b>
<input type="checkbox"/> Master's	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & School	<input type="checkbox"/> Biological/Adopt/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> GED	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & School	<input type="checkbox"/> Foster	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Other Relative		
<input type="checkbox"/> Training Cert	<input type="checkbox"/> Grade 9/less					

Is parent attending school? **WHERE:** \_\_\_\_\_  
 # of hours/semester: \_\_\_\_\_

<b>Primary Health Coverage</b>	<b>Medicaid # / Insurance #</b>
<input type="checkbox"/> AR Kids <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None	# _____

How did you hear about us?  agency employee  child previously enrolled  family/friend  internet/website  radio  
 newspaper  referred by another agency  sibling attended  walk-in  word of mouth

Is this your first time applying for the Pregnant Mom program?  Yes  No

Who will be legally responsible for the child?  Both Parents  Mother  Father  Other  
 Name: \_\_\_\_\_

**Father's Information - Only if in Household**

E-mail address: \_\_\_\_\_

**First Middle Last Jr., Sr., II, III Date of Birth**

<b>Race</b>		<b>Hispanic</b>	<b>English Proficiency</b>	<b>Other Language</b>	<b>Other Language Proficiency</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		

<b>Highest Grade Completed</b>		<b>Employment Status</b>		<b>Child's Relationship</b>	<b>Custody</b>	<b>Check all that apply:</b>
<input type="checkbox"/> Master's	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & School	<input type="checkbox"/> Biological/Adopt/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> GED	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & School	<input type="checkbox"/> Foster	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Other Relative		
<input type="checkbox"/> Training Cert	<input type="checkbox"/> Grade 9/less					

Is parent attending school? **WHERE:** \_\_\_\_\_  
 # of hours/semester: \_\_\_\_\_

**List each person living in the home.**

Name (First, Last)	Date of Birth	Relationship to Child

**Family Information**

Living Address                                      Address Line 2                                      Zip                                      City                                      State                                      County

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Mailing Address (if different)                                      Address Line 2                                      Zip                                      City                                      State                                      County

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Phone Numbers                                      Name of Contact                                      Type (check one)

\_\_\_\_\_ **Mother::** \_\_\_\_\_                                       Cell     Home     Work

\_\_\_\_\_ \_\_\_\_\_                                       Cell     Home     Work

\_\_\_\_\_ \_\_\_\_\_                                       Cell     Home     Work

Parental Status (check one)      Primary Language at Home      Homeless Family      Military Active Duty      Military Veteran      Referred by Child Welfare Agency      Receiving SNAP      Receiving WIC

One     Two                                       Yes     No                                       Yes     No                                       Yes     No                                       Yes     No                                       Yes # \_\_\_\_\_     No

TANF (TEA, Work Pays, Career Pathways)  Yes     No                                      Supplemental Security Income  Yes     No

**EMPLOYMENT INFORMATION:** List employment history for the last twelve months for both parent(s) and/or all guardian(s) of the unborn baby. You must list ALL places of employment and proof of income must be provided for each.

Parent Name	Employer	Work Address	Work Phone Number	Beginning Date	Ending Date

**OTHER INCOME/PUBLIC ASSISTANCE:**

If a household member receives, or has received any of the following during the last twelve months: Proof must be provided with this application. Please check all boxes that apply.

- Social Security Disability/Death Benefits/Retirement
- Child Support  Weekly     Bi-weekly     Monthly
- Unemployment Benefits, Date Began Drawing: \_\_\_\_\_
- Scholarships, Grants
- Retirement
- Military Disability
- Other, (Specify) \_\_\_\_\_

**MEDICAL/DISABILITY/SPECIAL NEEDS:**

Do you have any pregnancy related health concerns that are being treated at this time?  Yes     No

If yes, please describe: \_\_\_\_\_

Please describe any other special needs or concerns regarding your health: \_\_\_\_\_

Expected Delivery Date: \_\_\_\_\_ Expecting:  Single     Twins     Triplets     Other

Trimester:  1st     2nd     3rd

Are you currently enrolled in the Hannah Pregnancy Resource Center?  Yes     No

**ADDITIONAL FAMILY INFORMATION:** Does your family have any special circumstances, concerns or needs?

Such as:

- Abusive home situation alcohol, drugs, child or spousal abuse
- Applicant is a foster child
- Child's parent is currently incarcerated (in prison/jail)
- Current address is a temporary living arrangement due to loss of housing or economic hardship. ***Fill out a Residency Questionnaire***
- First time parent
- Parent/guardian has no work experience or formal education in childcare
- Parent/guardian is unemployed due to loss of job or being unable to work
- Recent death in family within last 12 months
- Other Please explain: \_\_\_\_\_
- None

Do you have a child currently attending:  Head Start  ABC  Other Preschool Program?

If yes, where? \_\_\_\_\_

Are you related to a staff member of F.A.C.T., Inc.? If so, please state who and what the relationship is: \_\_\_\_\_

***\*\*This information will only be used for placement if you are selected for enrollment.***

**I certify that the above information is true. I understand that if any information is found to be false, my family's participation in this Agency's programs may be terminated, and that I may be subject to legal action. I also understand that this information is confidential and is accessible to me during normal business hours.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Applications cannot be processed until a review of the information and documentation with the parent/guardian is completed. Please call your nearest center to make an appointment for this review. \*If you cannot reach anyone at your nearest center during the summer months, please call the central office at (870) 862-4545.**

Bearden HS, EHS 870-687-2955

Bearden ABC 870-687-2020

Blevins HS 870-874-2206

Bradley HS 870-894-6153

Camden HS, EHS, ABC 870-836-5227

Emerson HS 870-547-2564

Fairview–El Dorado HS, EHS 870-864-0117

Fordyce HS, EHS 870-352-3333

Hampton HS, EHS 870-798-3004

Harmony Grove HS 870-574-2757

Hope HS 870-777-8540

Junction City HS, EHS, ABC 870-924-2554

Lafayette HS 870-921-5401

McNeil HS 870-695-3900

Magnolia East HS, ABC 870-234-1701

Magnolia EHS 870-234-3447

Magnolia/Walker HS 870-901-7100

Morning Star HS, EHS 870-862-2755

Nevada HS 870-871-1334

Prescott HS 870-887-0623

Strong HS,EHS, ABC 870-797-7378

Taylor ABC 870-694-6018

West Woods HS, EHS, ABC 870-875-1714

**Staff Use Only**

**I have conducted either an in-person or telephone interview with the family regarding their application and eligibility.**

**I certify that I have examined this application and that it is complete with all necessary documentation attached.**

Signature of Staff Person Submitting: \_\_\_\_\_ Date \_\_\_\_\_

Staff Comments: (to include any special notes on a family's circumstances; reason for telephone interview if person is not possible.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application left at: \_\_\_\_\_

by: \_\_\_\_\_