

**Early Childhood Opportunities Northwest/Early Head Start
Prenatal Application**

Today's Date _____ Baby's Due Date _____

If you have not enrolled in Early Head Start by the time of your baby's birth, please contact us to update your information.

Mother's Name _____ Ethnicity _____
(Optional)

Father's Name _____ Ethnicity _____
(Optional)

Mailing Address _____ Home Phone _____
street/p.o. box city zip

Work Phone _____
Street Address _____

street city zip

Is this housing sponsored by the Bellingham Housing Authority?
(low-income housing or Section 8) Yes No

Mother's Date of Birth _____ Father's Date of Birth _____

Language spoken by Mother _____ Language spoken by Father _____

Income Information

In my family there are _____ adults and _____ children. Number of children age 5 and under. _____

Source of income: DSHS Work
SSI Other (please explain)

Health Services Information

I regularly receive health care at _____ Clinic/Office
Clinic or Doctor's Name

Other

Are you receiving services through any other agencies? (eg: Health Department, Opportunity Council, Brigid Collins) Please list.

Please share your concerns and challenges. Check all that apply to you and your family:

- | | | |
|--|--|---|
| <input type="checkbox"/> unemployed | <input type="checkbox"/> medical concerns (parents) | <input type="checkbox"/> premature birth |
| <input type="checkbox"/> disability of adult | <input type="checkbox"/> parent has less than 10th grade education | <input type="checkbox"/> medical concerns(child) |
| <input type="checkbox"/> no transportation | <input type="checkbox"/> involved in criminal justice system | <input type="checkbox"/> live in foster home |
| <input type="checkbox"/> parent in school | <input type="checkbox"/> domestic violence issues | <input type="checkbox"/> single parent |
| <input type="checkbox"/> teen parent | <input type="checkbox"/> maternal depression | <input type="checkbox"/> child abuse/neglect issues |
| <input type="checkbox"/> no support system | <input type="checkbox"/> homeless | |

Other circumstances that you would like to share _____

How did you hear about our program? _____

Parent or Guardian Signature _____

Early Childhood Opportunities Northwest
220 Unity Street, Suite 102
Bellingham, WA 98225
734-8396

Early Childhood Opportunities Northwest is part of the Opportunity Council. Please be aware that information provided on this form may be used by the Opportunity Council for statistical or agency mailing list purposes only.