

**WAGES Child & Family Development Program
 PRENATAL ENROLLMENT APPLICATION
 For Early Head Start Home-Based Services**

Application date: _____ **Enrollment Date:** _____

PARENT INFORMATION

Mother's Name: Last	First
Preferred Name:	Date of Birth: _____ Age: _____
Street Address:	Mailing Address: (if different)
City: _____ State: _____	Zip Code: _____ County: _____
Phone: [] Home [] Message () - [] Cell [] Beeper/Pager	Phone: [] Work [] Other () - [] Cell [] Beeper/Pager

MEDICAL INFORMATION

What is Expected Delivery Date?	Who Provides your Prenatal Care?
When did you first receive prenatal care?	Address: _____
When was your last visit?	Mother's Dental Provider: Address: _____ Phone: _____
When was your last dental exam?	Is this pregnancy considered high risk? [] Yes [] No
Do you receive Medicaid? [] yes [] no	If yes, Medicaid number: _____
Pregnancy Complication- current or previous: Bleeding: _____ C-Section: _____ Fatigue: _____ Pre-Term Labor: _____ Diabetes: _____ Neonatal Death: _____	Miscarriage: _____ Anemia: _____ Headache: _____ Swelling: _____ Sickle Cell: _____ Hypertension: _____ Preg. Induced Hypertension: _____
Have you received: ___ Mental Health Intervention (including substance abuse prevention & treatment) ___ Prenatal Education on fetal development ___ Information on breastfeeding	
Pregnancy Notes:	
Current Bed Rest or Hospitalization due to: _____ How Long: _____	
Previous Best Rest or Hospitalization due to: _____ How Long: _____	
Is there any additional information regarding your pregnancy that will be helpful in providing prenatal support services to you? [] Yes [] No If yes, explain: _____	

EMERGENCY CONTACTS

Please list 2 Emergency Contacts:

Name	Address	Phone ()	
	City	State	Zip
Name	Address	Phone ()	
	City	State	Zip

FAMILY INFORMATION

Family Name:	Parental Status: One Two Foster Non-Parent Other
Number in Family: _____ Number in Household: _____	Total Number of Children: _____ 0 to 3: _____ 4 to 5: _____
Does your family receive Food Stamps? [] Yes [] No If yes, Food Stamp ID Number: _____	
Does your family receive benefits through the TANF and/or Work First (WFFA) program? Yes No If yes, Case number: _____	

