



## STEPS Head Start

Moving Lives Forward

Dear Expectant Mother:

We are excited about your interest in the STEPS Expectant Mother's Program. To participate in the program, you must:

- Meet Federal income eligibility guidelines
- Reside in our service area (Amelia, Appomattox, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, & Prince Edward Counties)

Applications are currently being accepted.

**You must provide the following information with your completed application:**

- Proof of income (1040 or 1040A 2018 Tax Return or W-2 Form (s), unemployment documentation or other financial assistance received).
- If you received assistance from Social Services (i.e. TANF, SSI, Kinship, or Etc.), please attach a statement from your case worker listing the amount you receive monthly.
- If you receive child support, please include a copy of the court order with the dollar amount awarded.
- Proof of residency and proof of pregnancy.

If you have any questions, or need assistance completing the application please contact Jessica Rundstrom, Family Development Supervisor at (434) 808-5211 or [jrundstrom@steps-inc.org](mailto:jrundstrom@steps-inc.org).

Please returned your application and the required documentation to the STEPS Head Start office located in the STEPS Administrative Office at:

225 Industrial Park Road  
Farmville, VA 23901

We look forward to partnering with you for a successful, healthy pregnancy!



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## Expectant Mother Program Application

A. APPLICANT (EXPECTANT MOM APPLYING FOR SERVICES)			
First Name		Middle Name	Last Name
Date of Birth			
Race	Primary Language		Ethnicity
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Bi-Racial/Multi Racial <input type="checkbox"/> Vietnamese	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other		<input type="checkbox"/> Spanish or Latino Origin  <input type="checkbox"/> Non-Hispanic or Non- Latino Origin
Physical Address			
Street			
City		State	Zip Code
Mailing Address (if different from Living Address)			
Street/PO			
City		State	Zip Code
Contact Number	Type	Alternate Number	Type
( ) -		( ) -	
Employment Status	Student Status		Due Date
<input type="checkbox"/> Full time (35 hours/40 hrs. a week) <input type="checkbox"/> Part time (less than 35 hrs. a week) <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Not a student		_____ / _____ / _____ Trimester In (number of month's pregnant)  <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Income Received (documentation required for past 12 months)			
<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony <input type="checkbox"/> Scholarships <input type="checkbox"/> Veteran's	<input type="checkbox"/> Unemployment <input type="checkbox"/> Grants <input type="checkbox"/> Pension	<input type="checkbox"/> TANF <input type="checkbox"/> Other
Highest Grade Completed			Marital Status
<input type="checkbox"/> Grade 10 or less <input type="checkbox"/> Grade 11 <input type="checkbox"/> GED <input type="checkbox"/> Certificate of completion <input type="checkbox"/> High School Graduate	<input type="checkbox"/> College degree/training certificate <input type="checkbox"/> College or advanced degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree		<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Living Arrangement		Head Start Experience	
<input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Temporary <input type="checkbox"/> Own	<input type="checkbox"/> Lives in house with parents <input type="checkbox"/> Shares housing <input type="checkbox"/> Rent	<input type="checkbox"/> Attended Head Start as Child <input type="checkbox"/> Had other children in Head Start <input type="checkbox"/> Currently have child enrolled in Head Start	
Please check all items that are TRUE about your household			
<input type="checkbox"/> Receive SNAP <input type="checkbox"/> Stay at home parent	<input type="checkbox"/> In Crisis <input type="checkbox"/> Teen Mom	<input type="checkbox"/> Active duty military <input type="checkbox"/> Veteran or Spouse	<input type="checkbox"/> Disabled <input type="checkbox"/> Medicaid <input type="checkbox"/> Receive WIC



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<b>B: CHILD'S FATHER</b>			
First Name		Middle Name	Last Name
Date of Birth			
Race	Primary Language		Ethnicity
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Bi-Racial/Multi Racial <input type="checkbox"/> Vietnamese	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other		<input type="checkbox"/> Spanish or Latino Origin  <input type="checkbox"/> Non-Hispanic or Non- Latino Origin
Physical Address			
Street			
City		State	Zip Code
Mailing Address (if different from Living Address)			
Street/PO			
City		State	Zip Code
Contact Number	Type	Alternate Number	Type
( ) -		( ) -	
Employment Status		Student Status	
<input type="checkbox"/> Full time (35 hours/40 hrs. a week) <input type="checkbox"/> Part time (less than 35 hrs. a week) <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Not a student	
Income Received (documentation required for past 12 months)			
<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony <input type="checkbox"/> Scholarships <input type="checkbox"/> Veteran's	<input type="checkbox"/> Unemployment <input type="checkbox"/> Grants <input type="checkbox"/> Pension	<input type="checkbox"/> TANF <input type="checkbox"/> Other
Highest Grade Completed			Marital Status
<input type="checkbox"/> Grade 10 or less <input type="checkbox"/> Grade 11 <input type="checkbox"/> GED <input type="checkbox"/> Certificate of completion <input type="checkbox"/> High School Graduate	<input type="checkbox"/> College degree/training certificate <input type="checkbox"/> College or advanced degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree		<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Living Arrangement		Head Start Experience	
<input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Temporary <input type="checkbox"/> Own	<input type="checkbox"/> Lives in house with parents <input type="checkbox"/> Shares housing <input type="checkbox"/> Rent	<input type="checkbox"/> Attended Head Start as Child <input type="checkbox"/> Had other children in Head Start <input type="checkbox"/> Currently have child enrolled in Head Start	



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### Expectant Mother Program Application

C. Other members in household you support (Do not list applicant or father in this section)	
Full Name:	
Date of Birth:	Relationship to pregnant Mom:
Full Name:	
Date of Birth:	Relationship to pregnant Mom:
Full Name:	
Date of Birth:	Relationship to pregnant Mom:
Full Name:	
Date of Birth:	Relationship to pregnant Mom:
Full Name:	
Date of Birth:	Relationship to pregnant Mom:
Referred by:	
D. Other ways we can reach you (people we can call and your email)	
Full Name & Relationship:	Phone Number:
Full Name & Relationship:	Phone Number:
Your Email Address 1	Secondary Email Address 2

Certification: I certify that the information given in this application is correct and true, I understand that should the program determine that the information given is false or incorrect; I could be terminated from the program, and I may be subject to legal action.

I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during business hours.

_____	_____
Applicant Signature	Date

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For Office Use Only

The following documents are attached:

- Medical proof of pregnancy
- Proof of Family income w/signed Eligibility Verification
- Proof of Residency

_____	_____
Family Development Specialist Signature	Date