

Special Delivery Program 7572 Court Street, Suite 2, PO Box 848 Elizabethtown, NY 12932 (518)873-3207 (518)873-6845

Mom's Name: _			Mom's Date of Birth: _	
Address:			Cell Phone:	
			Home Phone:	
Have you been r	eferred by another agen	cy?		
How did you lear	rn about the program?			
Single:	Married:	Divorced:	Separated:	Widowed:
Are you covere Yes:	d by health insurance? No:	Provider	(If Applicable):	
Are you receivi Yes:	ng pre-natal care? No:	Provider	(If Applicable):	
Estimated Deliv	very Date:	Last	OB/GYN Appointment: _	
Are you experie	ncing any difficulties wit	h your pregnancy	/? If yes please explain:	
Do you have reli	able transportation to g	et to appointmen	ts?	
Are you currentl	ly receiving WIC or any c	other ACAP servi	ces? If so, what program	າຣ?

First & Last Name:	Relationship to You:	Date of Birth:	

Primary Language:	Secondary Language (If Applicable):	
Family Ethnicity (Please	check what applies): Black or African American:	American Indian/
winte/caucasian.	Black of African American.	Alaskan Native:
Asian:	Biracial/Multi-Racial:	
Other:		Native American or Pacific Islander:
		Phone:
Dad's Employer:		Phone:
Address:		

Do you have any special concerns/ diagnosed disabilities regarding you or your family we should be aware of? (Please check what applies) I have concerns about:

Mental Health:	Developmental Disability/ Suspected:	Behavioral:
Speech:	Physical:	Hearing:
Nutrition:	Exposure to Trauma:	Sensory:
Family:	Homeless/ Unstable Housing:	Other:

Please give us directions to your home- either from the local Head Start Site in your area, or from a known landmark/ location in town: _____

In order for your child's application to be processed, you must attach income verification for the full priory year. Applications will be considered pending until income verification is submitted. How to verify income:

W-2's	Two pay stubs
Documentation of SNAP	Income tax return for
Documentation of unemployment	Documentation of SSI
Child Support	Documentation of TANF
Statement of total wages signed and dated by	Self-employment- copy of "Schedule C" income
your employer	tax form

I understand my financial circumstances and residential location will be considered when determining eligibility/placement. I certify that the above statements and income information I have submitted are true and accurate to the best of my knowledge. I agree to give my full support and cooperation by being ready and available for scheduled home visits, by attending group socializations/ parent meetings, and maintaining consistent communication with my Home Visitor.

Mom's Signature:	Date:
EHS/HS Staff Signature:	Date:

For staff use only:
Please initial:
Personal Interview: (on site)
(home visit)
Phone interview:
Received Application by mail:
Discussion of why we ask about concerns: Y: N:
Notes: