



FAYETTE COUNTY CHILD DEVELOPMENT, INC.
 102 HUNTER STREET
 OAK HILL, WV 25901
 PHONE: 304-465-5613 FAX: 304-465-1831
 EHS APPLICATION FOR ENROLLMENT

PRENATAL

Area: _____

Name: _____

Date of Birth: _____

Social Security #: _____

Medicaid/Insurance #: _____

Race/Ethnicity: _____

Due Date: _____

HOME PHONE #: _____

WORK PHONE #: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

Directions to Your Home: _____

Other Persons in the Home: Please List

Name	Relationship

Total Number of People in Family: ____

Family Information

Which of the following best describes your family?

Check one

- Single Mom Single Working Mom
 Married Single Attending College
 Married Working Single under age of 18
 Married Attending School Other: _____

U.S. Military Service Member: Yes No

Types of Services/ Assistance Received:

Check all that you receive:

- TANF FOOD STAMPS MEDICAID/MEDICARE
 SSI WIC EPSDT PRENATAL VISITS
 MIHOW RIGHT FROM THE START HUD
 PUBLIC HOUSING ASSISTANCE
 ENERGY ASSISTANCE (LIEAP)
 BIRTH TO THREE SERVICES

Are you or your spouse currently employed? YES NO

Living Arrangements: Check one that applies

- Homeless Own
 Living with Family Rent
 Living with Friends Other

Education:

- GED High School Diploma
 Still Attending High School (List Current Grade____)
 Some College College Graduate
 Other

Please complete the back



Emergency Contacts:

Name	Relationship	Phone

Family Income:

Monthly Income	Amount
Military Benefits	
Child Support	
Veteran's Benefits	
Social Security	
SSI	
TANF	
Unemployment	
Worker's Comp	
Other	

Employment	Amount
Weekly	
Every 2 weeks	
Bi-Monthly	
Monthly	

No Income at this time. _____

 Signature: _____

Total Income Per Year: _____

I certify that the information provided on this form is accurate and truthful to the best of my knowledge:

 Signature of Parent/Guardian

 Date

 Signature of Early Head Start Staff

 Date