



Program Application

KPS Bright Futures Home Visitation Program (Prenatal – 3)

Families already served by Early Head Start are ineligible!

CONTACT INFORMATION

Enrollment Date _____

Last Name _____ First Name _____ M.I. _____

Home Phone _____ Cell Phone _____ Email _____

Address _____ City _____ State _____ Zip _____ How long at this address? _____

Emergency contact _____ Telephone _____

Languages Spoken in Home _____ If other, is English spoken more often? ___yes___no

INCOME RANGE:

SERVICES OR BENEFITS: (PLEASE CHECK ALL THAT APPLY)

Less than \$17,000

Child Care Hours per week _____

OTHER AGENCIES:

\$17 - \$21,000

TANF

Compass

\$21 - \$24,000

WIC Food Stamps/SNAP

DHHS

\$24 - \$27,000

Social Security/Disability

Migrant

\$27 - \$31,000

IFSP

Families Care

\$31 - \$34,000

Counseling Services

CASA

More than \$34,000

Other (Specify) _____

EMPLOYMENT STATUS

HOUSING STATUS

EDUCATION LEVEL

Unemployed/Disabled

Homeless/In transition

Less than 12th Grade

Part-Time Employment/Job Training*

Substandard Housing

HS Diploma/GED

Full-Time Employment/Job Training**

Living Independently

Some College

*Less than 30 hours per week

Living with support

College Degree

**More than 30 hours per week

FAMILY/HOUSEHOLD CONFIGURATION

HEALTH CARE INFORMATION

Single Parent Foster Parent

Health Insurance _____

Couple/2 Adults

Well-Care Total Care United Healthcare

Extended Family

No Health Insurance

OTHER

Name of Family Physician/Medical Provider _____

Incarcerated Parent within the last year

Parental Absence

CHILD INFORMATION

PRENATAL – Estimated Due Date: _____

Receiving prenatal care **Yes** **NO** If yes, name of doctor/clinic _____

Name	Date of Birth	Rec'd Prenatal Care Y/N	City Born	Gender	Ethnicity	Premature Y/N	Birth Weight	If Premature-Original Due Date	Teen Parent Y/N	Development Concerns Y/N
<u>1st Child</u>										
<u>2nd Child</u>										
<u>3rd Child</u>										
<u>4th Child</u>										
<u>5th Child</u>										

ADULT INFORMATION

Name	Date of Birth	Gender	Ethnicity	Highest Education Level	Relationship to Child
<u>Parent/Guardian</u>					
<u>Other Parent/Guardian</u>					
<u>Other Adult in Home</u>					
<u>Other Adult in Home</u>					

Parent/Guardian Signature _____ Date _____