EDUCARE DC
640 Anacostia Ave. NE •Washington, DC 20019
www.educaredc.org

Parent Interview Date_____**(Staff Only)**

Name of Educare Program_____**(Staff Only)**

PRENATAL PROGRAM INTAKE APPLICATION

APPLICANT - Pregnant Mom

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN

Race
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other: _____
- ☐ American Indian/Alaska Native
- ☐ Hawaiian/Pacific Islander
- ☐ Multi-Racial

Hispanic
- ☐ Yes
- ☐ No

English Proficiency
- ☐ None
- ☐ Little
- ☐ Moderate
- ☐ Proficient

Other Language

Other Language Proficiency
- ☐ Poor
- ☐ Moderate
- ☐ Proficient

Highest Grade Completed
- ☐ Associate's
- ☐ Bachelor's
- ☐ Col Deg/Train
- ☐ Col or Adv Train
- ☐ GED
- ☐ Grade 10
- ☐ Grade 11
- ☐ Grade 12
- ☐ < Grade 9
- ☐ HS Graduate
- ☐ Master's

Employment Status
- ☐ Full Time
- ☐ Part Time
- ☐ Seasonal
- ☐ Unemployed
- ☐ Full Time & Training
- ☐ Part Time & Training
- ☐ Training or School
- ☐ Retired or Disabled

Insurance Infomation

Primary Health Coverage:

Insurance Number:

Medicaid Number:

Current Trimester
- ☐ First
- ☐ Second
- ☐ Third

Delivery Date: _____

Answer all that apply

Have you been pregnant before? _____

If so, how many times? _____

Check all that apply:
- ☐ First Pregnancy
- ☐ Teen parent
- ☐ Receiving dental care
- ☐ Currently receiving Prenatal Care
- ☐ Currently Breast Feeding

Do you smoke?
☐ Yes ☐ No

Do you live with anyone who smokes?
☐ Yes ☐ No

Email Address:

Your Primary Support Person / Emergency Contact

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN

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Child's Relationship
- ☐ Biological/Adopted/Step
- ☐ Grandchild
- ☐ Niece/Nephew
- ☐ Other

Expectant Father
- ☐ Yes
- ☐ No

Future custody
- ☐ Yes
- ☐ No

Check all that apply:
- ☐ Lives with Applicant
- ☐ Supported by Applicant
- ☐ Related to unborn child by blood or marriage to applicant
- ☐ Teen parent

Email Address:

Phone Number:

EDUCARE WASHINGTON, DC

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Do you have other children? If NO → Skip to next section. If yes, fill out this section →

Additional Child

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other: ______________			☐ Proficient		

Is this child currently enrolled in an Educare program?

Additional Child

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other: ______________			☐ Proficient		

Is this child currently enrolled in an Educare program?

Additional Child

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other: ______________			☐ Proficient		

Is this child currently enrolled in an Educare program?

Please place a check next to the following statements which best applies to you or your children:

Have you or any of your children been diagnosed with a disability (have an IEP/IFSP)? ☐
Do many of your children have a potential, suspected, or prior diagnosed disability? ☐
Do you or any of your children have health issues (allergies, asthma, anemia, obesity, diabetes, other chronic issue)? ☐
Do you or did you have any high-risk birth factors for your other children (late prenatal care, low birth weight, premature)? ☐
Have you ever delivered a preterm baby before (less than 37 weeks gestation)? ☐ If yes, how many? ___

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Family Information, Income & Contacts

Family Information

Living Address	Address Line 2	Zip	City	State	Ward
Mailing Address (if different)	**Address Line 2**	**Zip**	**City**	**State**	**Ward**

Please list additional family members who live in the home, supported by Applicant/Pregnant Mom's income and related by blood, marriage or adoption.

1.

2.

3.

Phone Numbers	Type (*check one*)	Note (*for example, an extension or best time to call*)
	☐ Cell ☐ Home ☐ Work ☐ Other	
	☐ Cell ☐ Home ☐ Work ☐ Other	
	☐ Cell ☐ Home ☐ Work ☐ Other	

Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (*if applicable*)
☐ One ☐ Two		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Family Income

TANF	Supplemental Security Income	Total Numbers of Household Members Supported by Income and Related by Blood, Marriage or Adoption
☐ Yes ☐ No ☐ Formerly	☐ Yes ☐ No	____

Who refered you to our prenatal program? _____

Pregnant Mom Signature_____ Date _____