



APPLICATION FORM FOR EXPECTANT FAMILIES

Names of Applicant(s)

Mother: _____ Date of birth: _____

Father: _____ Date of birth: _____

Mailing address: _____ Home Phone: _____

Street name: _____ Cell Phone: _____

Family status: [] single parent [] two parent family [] foster family [] other

Number of children residing in the home _____

What is your family's gross income:

Weekly _____ Monthly _____ or Yearly _____

How many people in your household are supported by this income? _____

One person we may call to help reach you.

Name: _____ Phone: _____

Due Date for Newborn: _____

Specify your plans for work/ school/training after your child is born.

Mother: _____

Father: _____

When do you expect child care will be needed? _____

Are you currently receiving services from:

- ___ KVCAP Healthy Families ___ TANF/ASPIRE ___ WIC
___ Parents as Teachers Program (PAT) ___ Public Health Nursing ___ Child Care Options
Maine Parent Federation ___ Other _____

Signature of applicant: _____ Date: _____