

**HILL COUNTRY COMMUNITY ACTION ASSOCIATION, INC.**

2905 W. Wallace St., P O. Box 846, San Saba, TX 76877

Phone: (325)372-5167 X 250

**Pregnant Woman Application**  
**(Aplicación para mujeres embarazadas)**

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- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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\*Para la versión en español, consulte el sitio web del USDA\*

EHS Pregnant Woman Application Instructions  
(Instrucciones para la solicitud de EHS)

1. All three (3) pages of the attached Pregnant Woman application must be completed with the following documentation:  
(Los tres (3) páginas de la cabeza unida inicio de la aplicación deben completarse y presentarse con la siguiente documentación):
  - a. Proof of Pregnancy  
(Proporcione prueba de embarazo.)
  - b. Copy of Medicaid card (if applicable)  
(Copia de la tarjeta de Medicaid)
  - c. Proof of TANF (temporary assistance for needy families), SSI (supplemental security income) or SNAP (Supplemental Nutrition Assistance Program currently being received by any family member in your household).  
(Prueba de TANF (Ayuda Temporal para Familias Necesitadas), SSI (Ingresos de Seguridad Suplementales) o SNAP (Programa de asistencia Nutricional Suplementaria) actualmente ser recibido por cualquier miembro de familia en se casa)
  - d. Income received as indicated on page 3 *or* statement of no income.  
(Los ingresos recibidos como se indica en la página 3 o declaración de ingresos).
2. Application must be submitted to the center of your choice  
(Aplicación debe enviarse al centro de su elección)



## Early Head Start Pregnant Woman Application

Hill Country Community Action Association, Inc.  
2905 W. Wallace, P.O. Box 846 San Saba, TX 76877  
Telephone: 325.372.5167 ext.250



2024-2025

<b>Applicant Information (Pregnant Woman) [Informacion del mujer embarazada]</b>			
Pregnant Woman First and Last name [Primer Nombre y Apellido de Niño(a)]	Date of Birth [Fecha de Nacimiento]	Expected due date [Fecha prevista de vencimiento]	
Race (Check one) [Raza] [(Llene uno)]	Hispanic [Hispano]	Primary Health Coverage [Cobertura de Salud Primaria]	English Proficiency [Habilidad de Inglés]
<input type="checkbox"/> American Indian/Alaska Native [Americano Native] <input type="checkbox"/> Asian [Asiático] <input type="checkbox"/> Black [Negro] <input type="checkbox"/> Hawaiian/Pacific Islander [Isleño Pacifico] <input type="checkbox"/> Multi-Racial [Multirracial] <input type="checkbox"/> White [Blanco] <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes [Sí] <input type="checkbox"/> No	<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance <input type="checkbox"/> Other	<input type="checkbox"/> Little [Pobre] <input type="checkbox"/> Moderate [Moderada] <input type="checkbox"/> None [Ninguna] <input type="checkbox"/> Proficient [Proficiente]
Highest Grade Completed [Nivel de Educación]	Employment Status [Estado de Empleo]		
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's	<input type="checkbox"/> Full Time [Todo el tiempo] <input type="checkbox"/> Part Time [Parte de tiempo] <input type="checkbox"/> Seasonal [Temporada] <input type="checkbox"/> Unemployed [Desempleado] <input type="checkbox"/> Retired or Disabled [Retirado o Incapacitado]		
Phone Number:	Email Address:		

<b>Secondary Adult living in home [adulto secundario que vive en el hogar]</b>				
First and Last Name [Primer Nombre y Apellido]		Date of Birth [Fecha de nacimiento]	Gender [Sexo]	
Race [Raza]	Hispanic [Hispano]	English Proficiency [Habilidad de Inglés]	Highest Grade Completed [Nivel de Educación]	
<input type="checkbox"/> American Indian/Alaska Native [Americano Native] <input type="checkbox"/> Asian [Asiático] <input type="checkbox"/> Black [Negro] <input type="checkbox"/> Hawaiian/Pacific Islander [Isleño Pacifico] <input type="checkbox"/> Multi-Racial [Multirracial] <input type="checkbox"/> White [Blanco] <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes [Sí] <input type="checkbox"/> No	<input type="checkbox"/> Little [Pobre] <input type="checkbox"/> Moderate [Moderada] <input type="checkbox"/> None [Ninguna] <input type="checkbox"/> Proficient [Proficiente]	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's
Employment Status [Estado de Empleo]		Child's Relationship [Relación al Niño(a)]		
<input type="checkbox"/> Full Time [Todo el tiempo] <input type="checkbox"/> Part Time [Parte de tiempo] <input type="checkbox"/> Seasonal [Temporada] <input type="checkbox"/> Unemployed [Desempleado] <input type="checkbox"/> Retired or Disabled [Retirado o Incapacitado]		<input type="checkbox"/> Biological/Adopted/Step [Biologico/Adoptado/Padrasto] <input type="checkbox"/> Foster [Adoptivo] <input type="checkbox"/> Grandchild [Nieto] <input type="checkbox"/> Other Relative [Otro pariente] <input type="checkbox"/> Other [Otro]		
Phone Number:		Email Address:		

**Family Information and Income**

Applicant name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Additional Family \*Please list all other family members living in household for whom you are responsible for the care and welfare –NOT LISTED ON PREVIOUS PAGE  
 [Familia adicional- \* Por favor, agregar el resto de los miembros de la familia que viven en el hogar por el cual es responsable de la atención y el bienestar -NO mencionadas anteriormente.\*]

Name [Nombre]	Date of Birth [Fecha de nacimiento]	Gender [Sexo]	Race [Raza]	Hispanic [Hispano]	Relationship to applicant [Relación al persona]
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Sí] <input type="checkbox"/> No	

Total number in household \_\_\_\_\_

**Please check the appropriate box for your current living situation.**  
**[Por favor marque la casilla apropiada para su situación de vida actual]**

- Own [Propio]    Rent [Alquiler]    In the home of someone else [En la casa de otra persona]    Hotel/Motel    Shelter [Albergue]  
 Car, Trailer, Park or Campground [Coche, remolque, Parque or terreno de camping]

Living Address [Dirección de Residencia]   City [Ciudad]   State [Estado]   Zip [Código Postal]   County [Condado]

Mailing Address if different [Dirección Postal si es diferente]

Number of parents in home (check one) [Estado de Padre/Madre (Llene uno)]	Primary Language at Home [Lengua Principal en el Hogar]	Homeless Family [Familia sin Hogar]	Do any members in the household receive any of the following? (Check all that apply) [¿Algún miembro de la familia recibe alguno de los siguientes?]
<input type="checkbox"/> One [Uno] <input type="checkbox"/> Two [Dos]		<input type="checkbox"/> Yes [Sí] <input type="checkbox"/> No	<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SNAP

**Family Income \*Please attach proof of all income\* [Ingreso de familia] \*Por favor adjuntar prueba de todos los ingresos\***

**Employment- Please check and provide proof [Empleo- por favor marque uno y acreditar]**

- 3 consecutive check stubs    IRS Form 1040    W-2 Form    Head Start Employer Verification Form  
 [Tres talons de cheque]   [Formulario de IRS 1040]   [Formulario W-2]   [Formulario de verificación de Head Start]

- Self-Employment    Currently not employed  
 [Empleo de uno mismo]   [Desempleado]

Other types of Services or Income- Check all that apply [Otros tipos de servicios o ingreso que recibe- marque todos que corresponda]

- TANF Cash Assistance/SNAP    Supplemental Security Income    Social Security Benefits    Child Support  
 [La asistencia del TANF/SNAP]   [El ingreso suplementario de seguridad]   [Los beneficios de la seguridad social]   [Niño de apoyo]
- Unemployment    Retirement/Pension    Veterans Benefits    Workers Comp. Benefits  
 [El desempleo]   [Jubilación/Pensión]   [Los beneficios de los veteranos]   [Los trabajadores Comp. beneficios]

**Emergency Contacts and Location Preference**

Applicant name: \_\_\_\_\_ D.O.B \_\_\_\_\_

<b>Emergency Contacts [Contactos de Emergencia]</b> (Emergency contacts <u>other than</u> parent/guardian) [Contactos de emergencia que no sean los padres]				
<b>Contact 1</b> [Contacto 1]	Name [Nombre]	Relationship to child (Applicant) [Relación al Niño(a)]	Emergency Contact [Contacto de Emergencia]	Release To Ceder al Niño(a)
			<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No
	Address City State ZIP    [Dirección, Ciudad, Estado, Código Postal]		Phone Number [Teléfono]	
<b>Contact 2</b> [Contacto 2]	Name [Nombre]	Relationship to child (Applicant) [Relación al Niño(a)]	Emergency Contact [Contacto de Emergencia]	Release To Ceder al Niño(a)
			<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No
	Address City State ZIP    [Dirección, Ciudad, Estado, Código Postal]		Phone Number [Teléfono]	
<b>Contact 3</b> [Contacto 3]	Name [Nombre]	Relationship to child (Applicant) [Relación al Niño(a)]	Emergency Contact [Contacto de Emergencia]	Release To Ceder al Niño(a)
			<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No
	Address City State ZIP    [Dirección, Ciudad, Estado, Código Postal]		Phone Number [Teléfono]	
<b>Location Preference Site (Please circle) [Preferencia de ubicación (marque)]</b>				
Cove North    Hamilton    Lampasas    Mexia    San Saba				

The following documents will be required to process your application. **Your application will not be processed until all required documentation is submitted.** [Los siguientes documentos serán requeridos para procesar su solicitud. La solicitud no será procesada hasta que se presente toda la documentación requerida.]

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Proof of Pregnancy</b><br>[Prueba de embarazo]  | <input type="checkbox"/> <b>Income Verification</b><br>[Verificación de ingresos]   |
| <input type="checkbox"/> <b>Medicaid Card (if applicable)</b><br>[Tarjeta de Medicaid (si es aplicable)]                    | <input type="checkbox"/> <b>Proof of SSI/TANF/SNAP (if applicable)</b><br>[Prueba de SSI/TANF/SNAP (si es aplicable)]               |
| <input type="checkbox"/> <b>Statement of No Income if not employed</b><br>[Declaración de ningún ingreso (si es aplicable)] | <input type="checkbox"/> <b>Living Situation Statements (if applicable)</b><br>[Declaración de situación de vida (si es aplicable)] |

**Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.**  
 [Certificación: Yo certifico que esta información es verdadera. Si alguna parte es falsa, mi participación en los programas de esta agencia puede ser terminada y puedo estar sujeto(a) a acción legal. También entiendo que la información en esta solicitud será guardada en estricta confianza dentro de la agencia y es accesible por mí durante las horas normales de negocio.]

Parent /Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
 [Firma de padre/madre/Guardián]

Date: \_\_\_\_\_

Staff Print Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_