



MOM'S HOUSE

2505 Franklin Ave. Toledo, OH 43610 | 419.241.5554 | momshousetoledo.org

Date of Application _____

Due Date (If pregnant) _____

PARENT INFORMATION:

Name of Enrolling Parent: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other Phone Contact: _____

(If we cannot reach you at the numbers you have listed, you will be taken off the waiting list)

School Attending: _____

Highest grade completed : 8 9 10 11 12 13 14 15 16 Other: _____
High school College

Starting Date: _____ Projected Date of Graduation: _____

Name of School Counselor or Advisor: _____

CHILD #1 INFORMATION:

Name of Child: _____ Date of Birth: _____

Child's Gender: _____ Child's Social Security #: _____

Race: _____ African American _____ Caucasian _____ Asian _____ Hispanic _____ Other
 (Check all that apply)

Birth Weight: _____ Complications during pregnancy or at birth: _____ yes _____ no

If yes, please explain: _____

CHILD #2 INFORMATION:

Name of Child: _____ Date of Birth: _____

Child's Gender: _____ Child's Social Security #: _____

Race: _____ African American _____ Caucasian _____ Asian _____ Hispanic _____ Other
 (Check all that apply)

Birth Weight: _____ Complications during pregnancy or at birth: _____ yes _____ no

If yes, please explain: _____

LIVING ARRANGEMENTS:

Enrolling parent lives with: Parents Alone Relative Other

If "Other", please explain: _____

Number of persons living in household: _____

Please list all adults living in household:

Name	Age	Gender (M/F)	Relation to Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all children living in household:

Name	Age	Gender (M/F)	Relation to Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is enrolling parent? Single Divorced Separated

Transportation arrangements Own car Bus Parents Other

If "Other", please explain: _____

PUBLIC ASSISTANCE/FINANCIAL:

Have you applied at Lucas County Jobs and Family Services for any of the following?

Medicaid Childcare Reimbursement SNAP Cash Assistance Other

If "Other", please explain: _____

Date applied: _____ Case #: _____ Caseworker _____

How do you financially support yourself and your child(ren)? (Check all that apply)

Parents Public Assistance Child Support Financial Aid/Student Loans

Work/Study Program Other Employment

Place of employment: _____

How many hours a week do you work? _____ What is your hourly rate? _____

Are you currently enrolled in any community programs or agencies? ____ Yes ____ No

If yes, please list: _____

Is your child currently enrolled or been involved in any community programs such as Early Intervention or Help Me Grow? ____ Yes ____ No If yes, please explain: _____

Where did you hear about Mom's House? ____ Family Member ____ Friend
____ School (which school) _____
____ Community Agency (which one) _____
____ Hospital or Clinic (which one) _____

Congratulations! You have taken a big step on investing you and your child's future! You will be placed on our waiting list when we receive your completed application and contacted for an interview when a position becomes available. Please inform us of any changes to your contact information. If we cannot get a hold of you, you will be taken off the waiting list. Thank you!

Please be aware that you are required to provide the following at the time of your interview:

- Copy of your most recent grades**
- Copy of current school schedule**
- Copy and proof of eligibility (WIC card, Cash Assistance check stub, SNAP card, or valid LCJFS Case #.)**
- Copy of you and your child's birth certificates/and/or social security numbers**
- Current Drivers License or Ohio I.D.**

FOR CENTER USE ONLY

Application received: _____ Interview date: _____ Enrollment date: _____
Removed from the waiting list _____ due to: _____
Documentation collected: ____ Grades ____ Schedule ____ Eligibility ____ I.D. ____ WIC
____ Birth Certificates/S.S.# ____ Child's Medical

Mom's House EXIT INFORMATION: Date of last day _____
____ Graduated (from) _____
____ Dropped out (reason) _____
____ Terminated (reason) _____
____ Exit Interview date _____
____ Follow-up services needed _____
Future Plans _____
Contact address _____ Phone: _____