



**HILL COUNTRY COMMUNITY ACTION ASSOCIATION INC.**

P.O. Box 846, San Saba, TX 76877

Phone: (866) 372-5167 ext. 250

**Pregnant Woman Application**

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(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

## Pregnant Woman Application Instructions

1. All three (3) pages of the attached Pregnant Woman application must be completed and submitted to the center of your choice with the following documentation:
  - a. Proof of Pregnancy (statement from doctor or clinic)
  - b. Copy of Medicaid card (if applicable)
  - c. Proof of the following public assistance (if applicable)
    - SNAP (Supplemental Nutrition Assistance Program)
    - TANF (Temporary Assistance for needy families)
    - SSI (Supplemental Security Income)
  - d. Income received as indicated on page 2 of application *or* statement of no income if you are currently unemployed.





# Early Head Start Application Pregnant Woman

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



2026-2027

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Pregnant Woman's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last (mm/dd/year)

Expected Due Date: \_\_\_\_\_

Race: check one

- American Indian/Alaskan Native     Asian     Black     Hawaiian/Pacific Islander     White
- Other: \_\_\_\_\_

Hispanic:

- Yes                       No

Primary Health Coverage:

- CHIP     Medicaid     Private Insurance     No Insurance     Other

English Proficiency: Check one

- Little                       Moderate                       None                       Proficient

Highest Grade Level Completed: Check one

- Associate's                       Bachelor's                       College Degree/Training                       GED                       Grade 9 or less
- Grade 10                       Grade 11                       Grade 12                       High School Graduate     Master's

Current Employment Status: Check one

- Full Time                       Part Time                       Seasonal                       Unemployed                       Disabled/Retired

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*List any secondary adult living in the household. (example: spouse)

Secondary Adult: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
First Last (mm/dd/year)

Race: check one

- American Indian/Alaskan Native     Asian     Black     Hawaiian/Pacific Islander     White
- Other: \_\_\_\_\_

Hispanic: Check one

- Yes                       No

English Proficiency: Check one

- Little                       Moderate                       None                       Proficient

Highest Grade Level Completed: Check one

- Associate's                       Bachelor's                       College Degree/Training                       GED                       Grade 9 or less
- Grade 10                       Grade 11                       Grade 12                       High School Graduate                       Master's

Current Employment Status: Check one

- Full Time                       Part Time                       Seasonal                       Unemployed                       Disabled/Retired

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please list other children/persons living in the household that are currently supported by the primary/secondary adult.

Name	Date of Birth	Gender	Race	Hispanic (Y/N)

Is the family experiencing homelessness?  Yes  No Primary Language: \_\_\_\_\_

\*Homelessness: individuals who lack a fixed, regular and adequate nighttime residence\*

Living Address: \_\_\_\_\_  
 Address City State Zip County

Mailing Address (if different from living): \_\_\_\_\_  
 Mailing address City State Zip

Number of parents in household:  One parent  Two parent

Check if the family receives any of the following?

TANF  SNAP  SSI  
 Temporary Assistance for Needy Families Supplemental Nutrition Assistance Program Supplemental Security Income

**Family Income- Please attach proof of all income**

3 Consecutive checks stubs  IRS Form 1040  W-2 Form  Verification Form  
 Self-Employment  Currently not employed (provide a signed & dated written statement)

Other types of income

Social Security Benefits  Child Support  Veteran's Benefits  Retirement/Pension  
 Unemployment Benefits  Workers Comp. Benefits

**Emergency Contacts**

1. Name: \_\_\_\_\_ Relationship to pregnant woman: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to pregnant woman: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to pregnant woman: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Location Preference: Check location that you would like to be waitlisted**

- Cove North
- Hamilton
- 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.**

- Proof of Pregnancy
- Income Verification
- Medicaid card (if applicable)
- Proof of TANF, SNAP or SSI

**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.**

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

Parent/Guardian Signature: \_\_\_\_\_

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

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