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| **PRE SOLICITUD EMBARAZADA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **USO OFICIAL** | | | | | | | | | | | | |
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| **\*Favor de cumplimentar pre solicitud en su totalidad en letra de molde.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **USI:** | | | | | | | | | |  | | |
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| **Nombre Embarazada** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Fecha de Nacimiento:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **Dirección Física:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Tipo de Embarazada:** | | | | | | | | | | | | | | |  | | | | | | | Adulta | | | | | | | | | | |  | | Adolescente | | | | | | | | | | | | | |  | | | | | | Empleada | | | | | | | | | | | | | |  | | | | Desempleada | | | | | | |  |
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| **Nombre del Proveedor del Cuidado Prenatal:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Plan Médico:** | | | | | | | | | |  | | | | | Gobierno | | | | | | | | | | | | | | | | | #: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Privado | | | | | | | | | | | | | | | | | |
| **Tiempo de embarazo:** | | | | | | | | | | | | |  | | | | Primer trimestre | | | | | | | | | | | | | | | | | | | | | |  | | | | Segundo trimestre | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Tercer trimestre | | | | | | | | | |
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| **Información Miembros de la Familia:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nombre de otros niños en el hogar  APELLIDOS NOMBRE INICIAL | Fecha de nacimiento | | | Seguro social | | | Género | | Nivel educativo | Relación con el niño | | MM/ | DD/ | AAAA | XXX | XX | XXXX | M | F | |  |  | | | XXX | XX |  |  |  |  |  | |  |  | | | XXX | XX |  |  |  |  |  | |  |  | | | XXX | XX |  |  |  |  |  | |  |  | | | XXX | XX |  |  |  |  |  | |  |  | | | XXX | XX |  |  |  |  |  | |  |  | | | XXX | XX |  |  |  |  |  | |  |  | | | XXX | XX |  |  |  |  |  | |  |  | | | XXX | XX |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **¿Cómo se enteró sobre los servicios del Programa Head Start & Early?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Redes sociales | | | | | | | | | | |  | | | | | | Referencias de conocidos | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Promoción en la comunidad | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Me lo recomendaron | | | | | | | | | | | | | | | | | | | | | | | | ¿Quién? | | | | | | | | | | | |  | | | | | | | | | | | | | ¿Por qué? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **CERTIFICACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yo      , certifico que toda la información suministrada es verdad. Si alguna parte de la información es falsa, mi participación en el Programa se vería afectada o de ser necesario se tomará acción legal sobre la situación. Entiendo que la información suministrada en esta aplicación será salvaguardada por la agencia en estricta confidencialidad y estará accesible para mí, en las horas normales de servicio. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre Solicitante o Encargado** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Firma** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Fecha:** | | | | | | | | | | Click here to enter a date. | | | | | | | | |
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| **Firma Oficial de Reclutamiento** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Fecha:** | | | | | | | | | | Click here to enter a date. | | | | | | | | |
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| **Notas relevantes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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