

**Attention: Families Who Need Help Paying for Child Care**  
**Get your name on the Central Valley Children's Services Network Eligibility List**

**Subsidized child care is available for income eligible families.**

**Instructions Sheet/Check List**

1. Fill out the application COMPLETELY!!!! Incomplete applications will be returned to you for the missing information, delaying your placement on the Eligibility List.
2. Attach (staple) to the application:
  - Verification of gross family income from **all** sources (sources include: original check stubs for 1 recent month, child support, disability, social security benefits, Cal WORKs cash aid, unemployment)
  - **If** you are attending school, you must also submit financial aid information;
  - **If** not employed, submit verification of need, such as education or training (Fresno City College, CSUF, training school, etc);
  - Notice of Action document stating date parent(s) stopped receiving CASH AID (Discontinuance Letter)
  - Self declaration (if appropriate)

**FOR YOUR FAMILY TO BE PLACED ON THE CENTRAL VALLEY CHILDREN'S SERVICES  
NETWORK ELIGIBILITY LIST, ALL DOCUMENTS NECESSARY TO DETERMINE ELIGIBILITY  
MUST BE RETURNED WITH THE APPLICATION.**

**Submitting the application**

Submit your application by delivering it OR mailing it to Central Valley Children's Services Network (CSN) 1911 N. Helm, Ave. Fresno, CA 93727. Your information is confidential and protected!

**Foster Parent** applying needs separate application for unrelated child/children.

**Offer of Services**

When funding is available to pay for child care, families on the eligibility list who meet the requirements are identified and contacted.

**Be sure to check your mail and don't ignore a letter**

On the application under **CHILD INFORMATION**, there is a question about exceptional needs. For children who are identified as having exceptional needs, either an **IEP** (individualized education plan) or an **IFSP** (individualized Family Service Plan) must be submitted.

**Submitting an application DOES NOT guarantee subsidized child care services.**

If you have questions, call CSN at (559) 256-0966 or (559) 256-0943. Eligibility applications can be printed from the CSN website at: [www.cvcn.org](http://www.cvcn.org)

Application Date:

# Central Valley Children's Services Network

## ELIGIBILITY LIST

Eligibility Application for Subsidized Child Care Services

Fresno County  
FIPS Code 06019

### PARENT / GUARDIAN INFORMATION

Unique Family Characteristics (check all that apply):

☐ Teen Parent    ☐ CA Community College    ☐ CA State University    ☐ Migrant

If Migrant, please answer the following three questions:

- 1) Have you moved from a different county or country looking for agricultural work within the last year? ☐ No ☐ Yes    Within the last 5 years? ☐ No ☐ Yes
- 2) Are you currently dependent upon seasonal agricultural work? ☐ No ☐ Yes
- 3) Does at least 50% of your family's yearly income come from agricultural work? ☐ No ☐ Yes

Are you requesting child care services based on a referral from CPS, doctor, psychologist, social worker?

☐ No ☐ Yes, list office/agency name and phone # : \_\_\_\_\_

Previously on the CVCSN Eligibility List (CEL)?

☐ No ☐ Yes, Parent/Guardian name on the application? \_\_\_\_\_

Please Print

### PARENT A

Last Name		First Name		Middle Name		Birthdate	
Relationship to Child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent						<input type="checkbox"/> E-mail	
Home Phone # _____ best time to call? _____ ( )		Message Phone # _____ ( )		Cell Phone # _____ ( )			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Common Law <input type="checkbox"/> Domestic Partner							

### Reason for Needing Service (Check all that apply - at least one reason is required)

<input type="checkbox"/> Working 1st Job	Employer _____	Zip Code _____	Phone # _____	Hours per week _____	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month (i.e. 1st & 15th)
<input type="checkbox"/> Working 2nd Job	Employer _____	Zip Code _____	Phone # _____	Hours per week _____	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month (i.e. 1st & 15th)
<input type="checkbox"/> Working 3rd Job	Employer _____	Zip Code _____	Phone # _____	Hours per week _____	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month (i.e. 1st & 15th)
<input type="checkbox"/> School / Training	School/Training Institute _____		Zip Code: _____		Phone # _____
Other Reason(s) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Seeking permanent housing (currently homeless) <input type="checkbox"/> Incapacitated <input type="checkbox"/> Part day preschool					

Please Print

### PARENT B

Last Name		First Name		Middle Name		Birthdate	
Relationship to Child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent						<input type="checkbox"/> E-mail	
Home Phone # _____ best time to call? _____ ( )		Message Phone # _____ ( )		Cell Phone # _____ ( )			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Common Law <input type="checkbox"/> Domestic Partner							
<b>Reason for Needing Service (Check all that apply - at least one reason is required)</b>							
<input type="checkbox"/> Working 1st Job	Employer _____	Zip Code _____	Phone # _____	Hours per week _____	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month (i.e. 1st & 15th)		
<input type="checkbox"/> Working 2nd Job	Employer _____	Zip Code _____	Phone # _____	Hours per week _____	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month (i.e. 1st & 15th)		
<input type="checkbox"/> Working 3rd Job	Employer _____	Zip Code _____	Phone # _____	Hours per week _____	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month (i.e. 1st & 15th)		
<input type="checkbox"/> School / Training	School/Training Institute _____		Zip Code: _____		Phone # _____		
Other Reason(s) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Seeking permanent housing (currently homeless) <input type="checkbox"/> Incapacitated <input type="checkbox"/> Part day preschool							

Revised 06/30/11

**FAMILY INFORMATION**

Residence Address (PO Box not acceptable)	City	County	Zip Code
Mailing Address (if different from residence address)	City	County	Zip Code

**\*Family size:**

"Family" means the parents and the children for whom the parents are responsible; who comprise the household in which the child receiving services is living. When a child and his/her siblings are living in a family that does not include their biological or adoptive parent, "family" shall be considered the child and related siblings.

Ethnicity \_\_\_\_\_ Language spoken in home \_\_\_\_\_

List all persons (18 and older) living in the household in addition to and who have financial responsibility for the care and welfare of the child/children.

<b>Adult 1</b>	Last Name	First Name	Middle Name
Relationship to Child(ren):		Reason for Needing Service: <input type="checkbox"/> Working <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Looking for Work <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless	
<b>Adult 2</b>	Last Name	First Name	Middle Name
Relationship to Child(ren)		Reason for Needing Service: <input type="checkbox"/> Working <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Looking for Work <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless	
<b>Adult 3</b>	Last Name	First Name	Middle Name
Relationship to Child(ren):		Reason for Needing Service: <input type="checkbox"/> Working <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Looking for Work <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless	

**Cal WORKs**

Is either parent receiving cash aid? ☐ Yes ☐ No Case # \_\_\_\_\_

If no, has either parent received cash aid in the last 2 years? ☐ Yes ☐ No

**CURRENT SOURCES OF INCOME**  
(before taxes and deductions)**Parent A****Parent B****Other Adult Income**

This section must be completed. Include Original Documentation. (One month of income needed)

* Wages per month	\$ _____	\$ _____	\$ _____
CalWorks cash aid per month	\$ _____	\$ _____	\$ _____
Child Support per month	\$ _____	\$ _____	\$ _____
Spousal Support per month	\$ _____	\$ _____	\$ _____
Unemployment per month	\$ _____	\$ _____	\$ _____
Disability per month	\$ _____	\$ _____	\$ _____
Tips/Bonuses per month	\$ _____	\$ _____	\$ _____
Foster Care Reimbursement	\$ _____	\$ _____	\$ _____
Other per month	\$ _____	\$ _____	\$ _____
<b>PARENT(S) MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**TOTAL MONTHLY FAMILY INCOME:** \_\_\_\_\_

\*Migrant family income should be averaged over the previous 12 month period.

**Notes:**

## CHILD INFORMATION

List all children in the family under 18 years of age.

<b>Child 1</b>		Last Name		First Name		Middle Name	
Birthdate		Is the child CPS/at risk <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Biological Child Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does child need care / preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed: <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (less than 6 hrs)							
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No date needed: _____ <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight							
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (See cover page of instructions)							
Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name							
<b>If child is currently in care - provide the following information:</b>				<b>If care is needed - indicate preferred type(s) of care:</b>			
Provider / Agency Name _____				Type: <input type="checkbox"/> No Preference (First Available)			
Address: _____				<input type="checkbox"/> Center Based <input type="checkbox"/> Center Based (faith based)			
City _____ Zip _____ Phone _____				<input type="checkbox"/> Exempt <input type="checkbox"/> Family Child Care Home			
				<input type="checkbox"/> Full day State Preschool <input type="checkbox"/> Family Child Care Home (Network Provider)			
				<input type="checkbox"/> Part day State Preschool <input type="checkbox"/> Alternative Payment Program			
				School _____ School District _____			
List zip codes where you prefer to have childcare <input type="checkbox"/> Yes, zip code: _____ / _____ / _____ <input type="checkbox"/> No							
<b>Child 2</b>		Last Name		First Name		Middle Name	
Birthdate		Is the child CPS/at risk <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Biological Child Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does child need care / preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed: <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (less than 6 hrs)							
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No date needed: _____ <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight							
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (See cover page of instructions)							
Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name							
<b>If child is currently in care - provide the following information:</b>				<b>If care is needed - indicate preferred type(s) of care:</b>			
Provider / Agency Name _____				Type: <input type="checkbox"/> No Preference (First Available)			
Address: _____				<input type="checkbox"/> Center Based <input type="checkbox"/> Center Based (faith based)			
City _____ Zip _____ Phone _____				<input type="checkbox"/> Exempt <input type="checkbox"/> Family Child Care Home			
				<input type="checkbox"/> Full day State Preschool <input type="checkbox"/> Family Child Care Home (Network Provider)			
				<input type="checkbox"/> Part day State Preschool <input type="checkbox"/> Alternative Payment Program			
				School _____ School District _____			
List zip codes where you prefer to have childcare <input type="checkbox"/> Yes, zip code: _____ / _____ / _____ <input type="checkbox"/> No							
<b>Child 3</b>		Last Name		First Name		Middle Name	
Birthdate		Is the child CPS/at risk <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Biological Child Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does child need care / preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed: <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (less than 6 hrs)							
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No date needed: _____ <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight							
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (See cover page of instructions)							
Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name							
<b>If child is currently in care - provide the following information:</b>				<b>If care is needed - indicate preferred type(s) of care:</b>			
Provider / Agency Name _____				Type: <input type="checkbox"/> No Preference (First Available)			
Address: _____				<input type="checkbox"/> Center Based <input type="checkbox"/> Center Based (faith based)			
City _____ Zip _____ Phone _____				<input type="checkbox"/> Exempt <input type="checkbox"/> Family Child Care Home			
				<input type="checkbox"/> Full day State Preschool <input type="checkbox"/> Family Child Care Home (Network Provider)			
				<input type="checkbox"/> Part day State Preschool <input type="checkbox"/> Alternative Payment Program			
				School _____ School District _____			
List zip codes where you prefer to have childcare <input type="checkbox"/> Yes, zip code: _____ / _____ / _____ <input type="checkbox"/> No							

<b>Child 4</b>	Last Name _____	First Name _____	Middle Name _____
Birthdate _____	Is the child CPS/at risk <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Biological Child Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Does child need care / preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed: <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (less than 6 hrs)			
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No date needed: _____			
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (See cover page of instructions)			
Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name _____			
<b>If child is currently in care - provide the following information:</b>  Provider / Agency Name _____ Address: _____ City _____ Zip _____ Phone _____		<b>If care is needed - indicate preferred type(s) of care:</b> Type: <input type="checkbox"/> No Preference (First Available) <input type="checkbox"/> Center Based <input type="checkbox"/> Center Based (faith based) <input type="checkbox"/> Exempt <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Full day State Preschool <input type="checkbox"/> Family Child Care Home (Network Provider) <input type="checkbox"/> Part day State Preschool <input type="checkbox"/> Alternative Payment Program  School _____ School District _____	
List zip codes where you prefer to have childcare <input type="checkbox"/> Yes, zip code: _____ / _____ / _____ <input type="checkbox"/> No			

  

<b>Child 5</b>	Last Name _____	First Name _____	Middle Name _____
Birthdate _____	Is the child CPS/at risk <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Biological Child Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
Does child need care / preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed: <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (less than 6 hrs)			
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No date needed: _____			
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (See cover page of instructions)			
Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name _____			
<b>If child is currently in care - provide the following information:</b>  Provider / Agency Name _____ Address: _____ City _____ Zip _____ Phone _____		<b>If care is needed - indicate preferred type(s) of care:</b> Type: <input type="checkbox"/> No Preference (First Available) <input type="checkbox"/> Center Based <input type="checkbox"/> Center Based (faith based) <input type="checkbox"/> Exempt <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Full day State Preschool <input type="checkbox"/> Family Child Care Home (Network Provider) <input type="checkbox"/> Part day State Preschool <input type="checkbox"/> Alternative Payment Program  School _____ School District _____	
List zip codes where you prefer to have childcare <input type="checkbox"/> Yes, zip code: _____ / _____ / _____ <input type="checkbox"/> No			

  

**Signature:**

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained within this questionnaire is true, correct, and complete.  
 I also understand that all personal information will be maintained with strict confidentiality.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed applications and income documentation to: Central Valley Children's Services Network  
 1911 N. Helm Ave., Fresno, CA 93727; (559) 256-0966 or (559) 256-0943.

\*\*\*\*\*Enrollment in the CSN Eligibility List DOES NOT place you on lists for other agencies.\*\*\*\*\*  
 To be placed on other eligibility lists you may apply by directly contacting each agency listed below.

## Subsidized Child Development Programs and Alternative Payment Programs

Agency by Program Type	Phone #	Mailing Address	City	St	Zip
<b>Center-Based Child Care General (CCTR)</b>					
Child Development Center (full-day/full year program for infants, toddlers or school-age children K-6)					
Blossom Trails Preschool	875-6444	1308 'K' Street	Sanger	CA	93657
Central Valley Children's Services Network	456-1100	1911 N. Helm Avenue	Fresno	CA	93727
Firebaugh-Las Deltas Unified School District	659-1421	1976 Morris Kyle Drive	Firebaugh	CA	93622
Fresno County Economic Opportunity Com SACC	263-1015	1900 Mariposa Mall Ste 119	Fresno	CA	93721
Fresno State Programs for Children	278-0228	5005 N. Maple Ave MS-501	Fresno	CA	93740
Fresno Unified School District	457-3682	2309 Tulare Street	Fresno	CA	93721
Hansel & Gretel Inc.	229-1148	2729 W. Lake VanNess Circle	Fresno	CA	93711
I-5 Social Services Corp. Inc.	275-7133	114 E. Shaw Ave. Ste 100	Fresno	CA	93710
Madera/Fresno Migrant Head Start	277-8641	4610 W. Jacquelyn Ave.	Fresno	CA	93722
Panda's Env Day Care School Inc./Fresno & Fowler	486-5551	2105 Martin Luther King Jr Blvd	Fresno	CA	93706
State Center Community College District	244-2691	1621 E. University Ave	Fresno	CA	93704
West Hills Community College	934-2384	9900 Cody Street	Coalinga	CA	93210
<b>Family Child Care Homes (CFCC)</b>					
Family Child Care Home Education Network (care is provided in a licensed home that is supervised by an agency; may serve infants and toddlers, preschool, or school age K-6)					
Central Valley Children's Services Network	456-1100	1911 N. Helm Avenue	Fresno	CA	93727
Community Action Partnership	846-5352	14660 West G Street	Kerman	CA	93630
<b>Migrant Center-Based (CMIG)</b>					
Migrant child care and development programs serve the children of agricultural workers while their parents are at work for infants, toddlers or school-age children K-6					
Central Valley Children's Services Network	456-1100	1911 N. Helm Avenue	Fresno	CA	93727
Community Action Partnership	846-5352	14660 West G Street	Kerman	CA	93630
Fresno Co Supt of Schools/Proteus (Migrant)	646-2735	8800 S. Academy	Parlier	CA	93648
<b>State Preschool (CSPP) - Full Day</b>					
State Preschool (enrichment program for 3 & 4 year olds)					
Kel-Sun Child Dev. Services	875-5344	1240 'K' Street	Sanger	CA	93657
Reading and Beyond (Small World Learning Ctr)	252-3742	4884 E. Butler Ave.	Fresno	CA	93727
<b>State Preschool (CSPP) - Part Day</b>					
State Preschool (enrichment program for 3 & 4 year olds)					
Central Unified School District	274-4700 ext 199	4605 N. Polk	Fresno	CA	93722
Clovis Unified School District	327-9160	1735 David E. Cook Way Ste C	Clovis	CA	93611
Early Childhood Discovery Centers, Inc.	891-1695	3402 Lee Street	Selma	CA	93662
Kerman Unified School District	842-4505	14655 W 'F' Street	Kerman	CA	93630
Kings Canyon Unified School District	305-7278	1250 'K' Street	Reedley	CA	93654
Kingsburg Jt Union Elementary School District	897-6989	1501 Ellis Street	Kingsburg	CA	93631
Laton Joint Unified School District	922-4015	P.O. Box 248	Laton	CA	93242
Mendota Unified School District	779-4210	115 McCabe Ave	Mendota	CA	93640

## CSN Eligibility List Participating Agencies

Agency by Program Type	Phone #	Mailing Address	City	St	Zip
<b>State Preschool (CSPP) - Part Day (continued)</b> State Preschool (enrichment program for 3 & 4 year olds)					
Opportunity Through Education Inc.	891-1695	3402 Lee Street	Selma	CA	93662
Orange Center Elementary School District	237-0437	3530 S. Cherry Ave.	Fresno	CA	93706
Parlier Unified School District	646-3841	900 Newmark Ave	Parlier	CA	93648
Raisin City Elementary School District	233-0128	P.O. Box 69	Raisin City	CA	93652
Riverdale Joint Unified School District	867-0707	P.O. Box 1058	Riverdale	CA	93656
Sanger Unified School District	876-1252	504 Faller Ave.	Sanger	CA	93657
Washington Colony Elementary School District	233-0706	130 E. Lincoln Ave.	Fresno	CA	93706
West Fresno Elementary School District	495-5606	2888 S. Ivy	Fresno	CA	93706
West Park Elementary School District	233-6501	2695 S Valentine Ave	Fresno	CA	93706
<b>State Preschool (CSPP) - Full &amp; Part Day</b> State Preschool (enrichment program for 3 & 4 year olds)					
Blossom Trails Preschool	875-6444	1308 'K' Street	Sanger	CA	93657
Caruthers Unified School District	495-7897	P.O. Box 127	Caruthers	CA	93609
City of Orange Cove (Julia A Lopez Dev. Ctr)	626-6466	1300 South Ave.	Orange Cove	CA	93646
City of Parlier (Parlier Academy of Excellence)	646-6800	8000 S Mendocino Ave.	Parlier	CA	93648
Educare Services Inc.	228-3232	3485 W. Ashcroft Ste 101	Fresno	CA	93722
Firebaugh-Las Deltas Unified School District	659-1421	1976 Morris Kyle Drive	Firebaugh	CA	93622
Fresno State Programs for Children	278-0228	5005 N. Maple Ave MS-501	Fresno	CA	93740
Fresno Unified School District	457-3682	2309 Tulare Street	Fresno	CA	93721
Hansel & Gretel Inc.	229-1148	2729 W. Lake VanNess Circle	Fresno	CA	93711
I-5 Social Services Corp. Inc.	275-7133	114 E. Shaw Ave. Ste 100	Fresno	CA	93710
Madera/Fresno Migrant Head Start	277-8641	4610 W. Jacquelyn Ave.	Fresno	CA	93722
Panda's Env Day Care School Inc./Fresno & Fowler	486-5551	2105 Martin Luther King Jr Blvd	Fresno	CA	93706
State Center Community College District	244-2691	1621 E. University Ave	Fresno	CA	93704
Target 8 Advisory Council (Orange Cove Day Care)	626-4275	P.O. Box 247	Orange Cove	CA	93646
VDA Inc.	228-3210	3485 W. Ashcroft Ste 101	Fresno	CA	93722
West Hills Community College	934-2384	9900 Cody Street	Coalinga	CA	93210
Westside Elementary School District	884-2492	P.O. Box 398	Five Points	CA	93624
YMCA of the East Bay	222-9401	1806 W. Ashlan Ave	Fresno	CA	93705
<b>Alternative Payment Program (CAPP)</b> Alternative Payment (parent chooses a child care provider; agency pays the provider for the parent) may serve infants and toddlers, preschool, or school age K-6					
Central Valley Children's Services Network	456-1100	1911 N. Helm Avenue	Fresno	CA	93727
PACE Alternative Payment Program	229-2393	1901 E. Shields Ave. Ste 180	Fresno	CA	93726
Supportive Services Inc.	230-2030	2455 W. Shaw Ste. 102	Fresno	CA	93711