

## **Central Valley Children's Services Network Eligibility List Application Process**

FOR YOUR FAMILY TO BE PLACED ON THE CVCSN ELIGIBILITY LIST, **ALL DOCUMENTS** NECESSARY TO DETERMINE ELIGIBILITY MUST BE SUBMITTED WITH THE APPLICATION

### **Instructions:**

Fill out the application **COMPLETELY**. Incomplete applications will **NOT** be accepted.

Attach to the application: proof of residency and documentation of income:

**The parent is responsible for providing documentation of the family's total countable income for all the individuals counted in the family size as follows:**

- (1) If the parent is employed, provide all payroll check stubs, or other record of wages issued by the employer as follows:
  - a. Set schedule the preceding month
  - b. Variable schedule the preceding 3 months
  - c. Seasonal or agricultural the preceding 12 months
- (2) If the parent is self-employed, provide a combination of documentation necessary to establish current income eligibility as follows:
  - a. Preceding 3 months of income (Profit & Loss),
  - b. A letter from the source of the income,
  - c. A copy of the most recently signed and completed tax return with a statement of current estimated income for tax purposes, or
  - d. Other business records, such as ledgers, receipts, or business logs.
- (3) Verification of gross family income from **all** sources (sources include: copy of check stubs for the preceding month, child support, disability, social security benefits, Cal WORKs cash aid/Cal-Win Report, unemployment, financial aid information, etc.)

**Stage Two Eligibility:** Parents who stopped receiving cash aid for themselves within the last 24 months must submit a Termination Notice of Action (NOA) from the County stating last day of CASH AID (or cash aid discontinuance letter)

**Foster Parents** applying for services will need a separate application for unrelated child/children.

Eligibility applications can be printed from the CVCSN website at: [www.cvcsn.org](http://www.cvcsn.org)

If you have any questions, call CSN at (559) 256-0943.

### **Submitting the application**

Submit your application by delivering it OR mailing it to:

Central Valley Children's Services Network: 1911 N. Helm, Ave. Fresno, CA 93727.

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

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?

☐ 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 04/16/18

**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)

This section must be completed. Include Original Documentation.

**1. If the parent is employed, provide all payroll check stubs, or record of wages issued by the employer as follows:**

**a.** Set schedule-preceding month **b.** Variable schedule-preceding 3 months **c.** Seasonal or agricultural-preceding 12 months

**2. If the parent is self-employed, provide a combination of documentation necessary to establish income eligibility as follows:**

**a.** Preceding 3 months of income (Profit & Loss) **b.** Letter from the source of income

**c.** Copy of the most recently signed and completed tax return with a statement of current estimated income for tax purposes

**d.** Other business records, such as ledgers, receipts, or business logs

	Parent A	Parent B	Other Adult Income
* Monthly wages or Average of income depending on employment situation	\$ _____	\$ _____	\$ _____
CalWorks cash aid	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____
Tips/Bonuses	\$ _____	\$ _____	\$ _____
Foster Care Reimbursement	\$ _____	\$ _____	\$ _____
Other income	\$ _____	\$ _____	\$ _____
<b>PARENT(S) INCOME</b>	\$ _____	\$ _____	\$ _____

**MONTHLY AVERAGE FAMILY INCOME:** \_\_\_\_\_

## CHILD INFORMATION

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

Child 1		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				
If child is currently in care - provide the following information:			If care is needed - indicate preferred type(s) of care:	
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	
			Preferred Provider/Center _____	
List zip codes where you prefer to have child care _____ / _____ / _____ / _____				
Child 2		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				
If child is currently in care - provide the following information:			If care is needed - indicate preferred type(s) of care:	
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	
			Preferred Provider/Center _____	
List zip codes where you prefer to have childcare _____ / _____ / _____ / _____				
Child 3		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				
If child is currently in care - provide the following information:			If care is needed - indicate preferred type(s) of care:	
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	
			Preferred Provider/Center _____	
List zip codes where you prefer to have childcare _____ / _____ / _____ / _____				

<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 <input type="checkbox"/> Yes <input type="checkbox"/> No		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  Preferred Provider/Center _____		
List zip codes where you prefer to have child care _____ / _____ / _____ / _____						

  

<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 <input type="checkbox"/> Yes <input type="checkbox"/> No		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  Preferred Provider/Center _____		
List zip codes where you prefer to have child care _____ / _____ / _____ / _____						

**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 \_\_\_\_\_

**NOTE:** You must report any changes on your need, family size, income or contact information to maintain your file up-to-date.

Submit completed applications and income documentation to: Central Valley Children's Services Network  
 1911 N. Helm Ave., Fresno, CA 93727. For more information call: (559) 256-0943 or visit [www.cvcnsn.org](http://www.cvcnsn.org).

**\*\*\*\*\*Enrollment in the CSN Eligibility List DOES NOT place you on the lists of other agencies.\*\*\*\*\***

To be placed on other lists you may apply by directly contacting each agency listed below.

State Contractors	ADDRESS					PROGRAMS				
	Phone	Address	City	State	Zip	CAPP	CFCC	CCTR	CMIG	CSPP
Central Unified School District	274-4700	4605 N. Polk	Fresno	CA	93722					x
Central Valley Children's Services Network	256-0943	1911 N. Helm Ave	Fresno	CA	93727	x	x	x	x	x
City Of Parlier (Parlier Academy Of Excellence)	646-6800	8000 S. Mendocino Ave.	Parlier	CA	93648					x
Clovis Unified School District	327-9180	1735 David E. Cook Way Ste. C	Clovis	CA	93611					x
Community Action Partnership	846-5352	14660 West "G" Street	Kerman	CA	93630		x		x	
Early Childhood Discovery Centers, Inc.	891-1695	3402 Lee Street	Selma	CA	93662					x
Educare Services Inc.	228-3232	3485 W. Ashcroft Ste 101	Fresno	CA	93722					x
Firebaugh-Las Deltas Unified School District	659-1421	1976 Morris Kyle Drive	Firebaugh	CA	93622			x		x
Fresno Co Supt of School/Proteus (Parlier Migrant Center)	646-2735	8800 S. Academy	Parlier	CA	93648				x	
Fresno County Economic Opportunity Com SACC	263-1015	1900 Mariposa Mall Ste 115	Fresno	CA	93721			x		
Fresno State Programs For Children	278-0228	5005 N. Maple Ave MS-501	Fresno	CA	93740			x		x
Fresno Unified School District	457-3680	2348 Mariposa 1st Floor	Fresno	CA	93721			x		x
Hansel & Gretel Inc.	229-1148	2729 W Lake VanNess Circle	Fresno	CA	93711			x		x
Kerman Unified School District	842-4505	14655 W 'F' Street	Kerman	CA	93630					x
Kings Canyon Unified School District	305-7278	1250 'K' Street	Reedley	CA	93654					x
Kingsburg Jt Union Elementary School District	897-6989	1501 Ellis Street	Kingsburg	CA	93631					x
Laton Joint Unified School District	922-4015	P.O. Box 248	Laton	CA	93640					x
Madera/Fresno Migrant Head Start	277-8641	4610 W. Jacquelyn Ave	Fresno	CA	93722			x		x
Mendota Unified School District	655-4942	115 McCabe Ave.	Mendota	CA	93640					x
Orange Center Elementary School District	237-0437	3530 S Cherry Ave.	Fresno	CA	93706					x
Panda's Env Day Care School Inc./Fresno & Fowler	486-5551	2105 Martin Luther King Jr Blvd	Fresno	CA	93706			x		x
Parlier Unified School District	646-2731	900 S. Newmark Ave.	Parlier	CA	93648					x
Raisin City Elementary School District	233-0128	6425 W Bowles Ave (PO Box 69)	Raisin City	CA	93652					x
Reading and Beyond (Small World Learning Ctr)	283-6685	4670 E. Butler Ave.	Fresno	CA	93702					x
Riverdale Joint Unified School District	867-0707	3160 W Mt Whitney Ave. (PO Box 1058)	Riverdale	CA	93656					x
Sanger Unified School District	875-6521	504 Faller Ave.	Sanger	CA	93657					x
State Center Community College District	244-2691	1621 E. University Ave	Fresno	CA	93704			x		x
Supportive Services Inc.	230-2030	5090 N. West Ave	Fresno	CA	93711	x				
Target 8 Advisory Council (Orange Cove Day Care)	626-4275	555 G. Street	Orange Cove	CA	93706					x
VDA Inc.	228-3210	3485 W. Ashcroft Ste 101	Fresno	CA	93722					x
Washington Colony Elementary School District	233-0706	130 E. Lincoln Ave.	Fresno	CA	93706					x
West Fresno Elementary School District	495-5615	2910 S Ivy Ave.	Fresno	CA	93706					x
West Hills Community College	934-2384	9900 Cody Street	Coalinga	CA	93210			x		x
West Park Elementary School District	233-6501	2695 S Valentine Ave.	Fresno	CA	93706					x
Westside Elementary School District	884-2492	19191 W Excelsior Ave. (P.O. Box 398)	Five Points	CA	93624					x

**(CAPP)** Alternative Payment Program (parent chooses a child care provider; agency pays the provider for the parent) may serve infants and toddlers, preschool, or school age children.

**(CFCC)** Family Child Care Home Educational Network (care is provided in a licensed home that is supervised by an agency; may serve infants and toddlers, preschool, and school age children)

**(CCTR)** Center-Based Child Care General Child Development Center (full-day/full year program for infants, toddlers or school-age children K-6)

**(CMIG)** Migrant Center - Based Migrant child care and development programs serve the children of agricultural workers while their parents are at work, may serve infants and toddlers, preschool, and school age children)

**(CSPP)** State Preschool - (May offer Full Day, Part Day or both) State Preschool (enrichment program for 3 & 4 year old)

State Contractors	Phone	Service Area
Central Unified School District	274-4700	Central Unified School District
Central Valley Children's Services Network	256-0943	Fresno County
City Of Parlier (Parlier Academy Of Excellence)	646-6800	Parlier
Clovis Unified School District	327-9180	Clovis
Community Action Partnership	846-5352	Firebaugh-Las Deltas Unified School District
Early Childhood Discovery Centers, Inc.	891-1695	Selma
Educare Services Inc.	228-3232	Selma, Fresno, Fowler, San Joaquin, Kingsburg
Firebaugh-Las Deltas Unified School District	659-1421	Firebaugh-Las Deltas Unified School District
Fresno Co Supt of School/Proteus (Parlier Migrant Center)	646-2735	Parlier
Fresno County Economic Opportunity Com SACC	263-1015	Fresno
Fresno State Programs For Children	278-0228	Fresno
Fresno Unified School District	457-3680	Fresno Unified School District
Hansel & Gretel Inc.	229-1148	Fresno
Kerman Unified School District	842-4505	Kerman
Kings Canyon Unified School District	305-7278	Reedley
Kingsburg Jt Union Elementary School District	897-6989	Kingsburg
Laton Joint Unified School District	922-4015	Laton
Madera/Fresno Migrant Head Start	277-8641	Fresno County
Mendota Unified School District	655-4942	Mendota Unified School District
Orange Center Elementary School District	237-0437	Orange Center Elementary School District
Panda's Env Day Care School Inc./Fresno & Fowler	486-5551	Fresno
Parlier Unified School District	646-2731	Parlier Unified School District
Raisin City Elementary School District	233-0128	Raisin City Elementary School District
Reading and Beyond (Small World Learning Ctr)	283-6685	Fresno
Riverdale Joint Unified School District	867-0707	Riverdale
Sanger Unified School District	875-6521	Sanger Unified School District
State Center Community College District	244-2691	State Center Community College District
Supportive Services Inc.	230-2030	Fresno County
Target 8 Advisory Council (Orange Cove Day Care)	626-4275	Orange Cove
VDA Inc.	228-3210	Fresno
Washington Colony Elementary School District	233-0706	Washington Colony Elementary School District
West Fresno Elementary School District	495-5615	West Fresno Elementary School District
West Hills Community College	934-2384	Coalinga
West Park Elementary School District	233-6501	Fresno
Westside Elementary School District	884-2492	Five Points