

KINGS COUNTY
CENTRALIZED ELIGIBILITY LIST (CEL)

Eligibility Application for Subsidized Child Care and Preschool Programs

Mail completed application to: Kings County CEL, KCAO 1130 N. 11th Avenue, Hanford, CA 93230 or

Fax: (559) 582-4272 or **email/call** with questions: celinfo@kcao.org / 559-415-7241

By completing the CEL application, your name is available to all state funded programs that provide child care and preschool programs in Kings County. **Incomplete applications may not be processed. You may submit application to any participating agency listed on back. This application does NOT guarantee enrollment. Please answer all questions.**

PARENT 1 INFORMATION

Have you ever applied to the CEL before? Yes No

Are you the biological parent, step-parent, adoptive parent, foster parent, legal guardian, or any other adult who is responsible for the care or welfare of the child? Yes No If *NO*, do not continue.

Marital Status (check one): Single Married Separated Divorced Widowed Living together

Name: _____ DOB: _____

Other Names Used: _____

Mailing Address: _____ Apt #: _____ City: _____ CA Zip Code: _____

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Email Address: _____ Gender Male Female Primary Language: _____

Reason for needing services? *Please select all that apply.*

Working Actively looking for work Medically Incapacitated In Vocational/School Training Preschool (3hr)

PARENT 2 INFORMATION

Any other adult living in the home? Yes No, Skip to Family Demographics

Is this person the biological parent, stepparent, adoptive parent, foster parent, legal guardian, or any other adult who is responsible for the care or welfare of any of your children? Yes No

Name: _____ DOB: _____

Other Names Used: _____

Mailing Address: _____ Apt #: _____ City: _____ CA Zip Code: _____

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Email Address: _____ Gender Male Female Primary Language: _____

Reason for needing services? *Please select all that apply.*

Working Actively looking for work Medically Incapacitated In Vocational/School Training Preschool (3hr)

FAMILY DEMOGRAPHICS

Have you received Cash Aid (Welfare/TANF) within the last 2 years? Yes No

Are you currently participating in CalWORKs? Yes No

Were you referred by Child Protective Services (CPS)? Yes No

Do you or your spouse live or work on the Lemoore Naval Base? Yes No

Below are the cities where services are available, please circle the city or cities you would like to receive services from:

Armona Lemoore Avenal Corcoran Hanford Kettleman City Stratford

MONTHLY INCOME

*If your income is 0 please provide a statement in the “additional comments” section below as to how you support yourself and your family.

PARENT 1 INCOME

| | | | | | |
|--|-------------------------------|-----------------------------------|---|---------------------|---|
| Employment Earnings (gross, before taxes) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly | Child Support Received | Cash Aid or Foster Payment | Supplemental Security Income (SSI) | Unemployment | Other Income (Please list income and type i.e. food stamps) |
| \$ | \$ | \$ | \$ | \$ | \$ |
| If YOU PAY child support or alimony (Please list the monthly amount) | - \$ | | Total adjusted income: \$ | | |

PARENT 2 INCOME

| | | | | | |
|--|-------------------------------|-----------------------------------|---|---------------------|---|
| Employment Earnings (gross, before taxes) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly | Child Support Received | Cash Aid or Foster Payment | Supplemental Security Income (SSI) | Unemployment | Other Income (Please list income and type i.e. food stamps) |
| \$ | \$ | \$ | \$ | \$ | \$ |
| If YOU PAY child support or alimony (Please list the monthly amount) | - \$ | | Total adjusted income: \$ | | |

* You will be asked for current pay stubs and other documentation to verify your income before your child can be enrolled in any state funded program. If your actual income differs from the amount reported above, it may change your eligibility for programs.

EMPLOYMENT/SCHOOL INFORMATION

PARENT 1

PARENT 2

Employer/ School Name

Employer/ School Address

Employer/ School Name

Employer/ School Address

Work/ Vocational/School Training Schedule

| | | | | | | | |
|-----------------------------------|---|----|---|----|---|----|----|
| | M | Tu | W | Th | F | Sa | Su |
| From: | | | | | | | |
| To: | | | | | | | |
| Max hours worked a week: | | | | | | | |
| Hours needed for school/training: | | | | | | | |

Work/ Vocational/School Training Schedule

| | | | | | | | |
|-----------------------------------|---|----|---|----|---|----|----|
| | M | Tu | W | Th | F | Sa | Su |
| From: | | | | | | | |
| To: | | | | | | | |
| Max hours worked a week: | | | | | | | |
| Hours needed for school/training: | | | | | | | |

Additional Comments: _____

CHILD (REN) INFORMATION *UNBORN CHILDREN MAY NOT BE PLACED ON THE CEL.

CHILD 1

Name: _____ DOB: _____ Gender: Male Female
Schedule Requested: (F/T) Full Time (P/T) Part Time Evening Weekend Overnight
Program preference: First available program Center Part-Day Preschool Full-Day Preschool Home Daycare
Currently in subsidized care? Yes No *If yes, what program:* _____ Reason for re-applying: _____
Special Needs? Yes No special Needs IEP/IFSP Other, please indicate: _____

CHILD 2

Name: _____ DOB: _____ Gender: Male Female
Schedule Requested: (F/T) Full Time (P/T) Part Time Evening Weekend Overnight
Program preference: First available program Center Part-Day Preschool Full-Day Preschool Home Daycare
Currently in subsidized care? Yes No *If yes, what program:* _____ Reason for re-applying: _____
Special Needs? Yes No special Needs IEP/IFSP Other, please indicate: _____

CHILD 3

Name: _____ DOB: _____ Gender: Male Female
Schedule Requested: (F/T) Full Time (P/T) Part Time Evening Weekend Overnight
Program preference: First available program Center Part-Day Preschool Full-Day Preschool Home Daycare
Currently in subsidized care? Yes No *If yes, what program:* _____ Reason for re-applying: _____
Special Needs? Yes No special Needs IEP/IFSP Other, please indicate: _____

List CHILDREN who DO NOT Need Care

Name: _____ DOB: _____ If already enrolled, program: _____
Name: _____ DOB: _____ If already enrolled, program: _____
Name: _____ DOB: _____ If already enrolled, program: _____

APPLICATION CONSENT

By signing this application I acknowledge and grant permission for my application to be shared among participating agencies. I also declare that the above information is complete and true to the best of my knowledge. I understand that my eligibility is based upon information given here and that documentation will be required prior to enrollment. In order to remain active on the CEL, I must take immediate action to inform the CEL office of any changes to my address, phone numbers or income. This application is valid for 6 months; however, I understand that if I do not update this application within 6 months, my name will be removed from the list.

Signature: _____ Date: _____

Please tell us how you heard about the CEL? _____

→ IMPORTANT CEL INFORMATION ON THE BACK, PLEASE READ →

Applicant, please
take this page
with you!

Applicant, please
take this page
with you!

KINGS COUNTY CENTRALIZED ELIGIBILITY LIST (CEL)

Eligibility Application for Subsidized Child Care and Preschool Programs

Depending on your circumstances, your child may be eligible for one or more of the following programs.

- **California Alternative Payment-** *Licensed or exempt providers, part-time, full-time, and evening, weekend and overnight care (birth -12 years).*
- **Center Based-** *Centers (Birth-12 years)*
- **3 hour part-day preschool enrichment**
- **Full-day preschool enrichment**
- **Head Start/ State Preschool Integrated**
- **Migrant and Seasonal Head Start/State Preschool Integrated-** *Child care for families with 51% or more of their income from agricultural work)*

The following are agencies that participate on the CEL. For more information about the services provided by each agency please call the phone number listed.

CEL Participating Agencies

CORCORAN UNIFIED SCHOOL DISTRICT

- * Bret Harte State Preschool
- 559-992-8888x2220**

EDUCARE SERVICES, INC.

- * EduKids Preschool (Armona)
 - * Hanford Learning Center
 - * Kettleman Learning Center
- 559-228-3058**

KINGS COUNTY OFFICE OF ED.

- * Akers School (Naval Base)
 - * Central/Stratford School (Lemoore)
- 559-925-2615**
- * Kit Carson School (Hanford)
- 559-589-2667**

KINGS COMMUNITY ACTION ORGANIZATION, INC.

- * Avenal Head Start
- * Child Enrichment Center (Hanford)
- * Generations Center (Lemoore)
- * Lee Richmond Preschool (Hanford)
- * Oasis Opportunity Center (Avenal)
- * Preston Green Learning Center (Hanford)
- * California Alternative Payment (County Wide)
- * Half and Full Day Options are available

559-415-7241 or 559-582-4386

MANITAS DE AMOR

- * State Preschool (Hanford)
- 559-582-1375**

WEST HILLS COLLEGE

- * Avenal Child Development
 - * Avenal and Tamarack State Preschool
- 559-386-9306**
- * Lemoore Child Development
- 559-925-3360**

When child care slots become available, the participating agencies must move quickly to serve families, so be prepared! Here are a few tips to be ready if you are called. Always keep your application updated. Make sure the CEL has a current phone number where you can be reached or where a message can be left. Return the call as soon as possible.

If you receive a call to be screened for enrollment, you will be required to provide:

- Documentation to prove income and family size
- Documentation to prove marital status or single parent status
- Documentation to prove relationship to child.