

Tulare County Office of Education

Jim Vidak, County Superintendent of Schools

Tulare County Centralized Eligibility List Application

Submission of this application is not a guarantee of enrollment and it is not possible to determine how long you might wait for services. Programs enroll the most eligible children first based on need, family size and income, and admission priorities established by the California Department of Education.

Initial Application Date: _____

<p>PRIMARY PARENT: <input type="checkbox"/> Living in the home? <input type="checkbox"/> Married <input type="checkbox"/> Single</p> <p><input type="checkbox"/> Parent Incapacitated <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Homeless <input type="checkbox"/> Asian <input type="checkbox"/> Employed <input type="checkbox"/> Black or African American <input type="checkbox"/> Seeking <input type="checkbox"/> Caucasian <input type="checkbox"/> Training <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other</p>	<p>PRIMARY PARENT: <input type="checkbox"/> Living in the home? <input type="checkbox"/> Married <input type="checkbox"/> Single</p> <p><input type="checkbox"/> Parent Incapacitated <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Homeless <input type="checkbox"/> Asian <input type="checkbox"/> Employed <input type="checkbox"/> Black or African American <input type="checkbox"/> Seeking <input type="checkbox"/> Caucasian <input type="checkbox"/> Training <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other</p>
Language spoken _____ <input type="checkbox"/> Speak English?	Language spoken _____ <input type="checkbox"/> Speak English?
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Last Name, First Name:	Last Name, First Name:
DOB:	DOB:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Home Phone: _____	Best to call at: Home ____
Cell Phone: _____	Work ____
Message Phone: _____	Cell ____

Work/School Information

Work/School Information

Employer/School Name:	Employer/School Name:
Employer Address:	Employer Address:
City: _____ Zip: _____	City: _____ Zip: _____
Phone: _____ OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: _____ OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Income (before taxes): \$ _____	Monthly Income (before taxes): \$ _____
Other Income: \$ _____/month Other Income Type: <input type="checkbox"/> TANF/Cash Aid <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Foster Care <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI (Disability) <input type="checkbox"/> SSI (Survivor Benefits) <input type="checkbox"/> Other _____	Other Income: \$ _____/month Other Income Type: <input type="checkbox"/> TANF/Cash Aid <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Foster Care <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI (Disability) <input type="checkbox"/> SSI (Survivor Benefits) <input type="checkbox"/> Other _____
Currently participating in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Previously participated in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no longer receiving CalWORKs cash aid, list date last received _____	Currently participating in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Previously participated in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no longer receiving CalWORKs cash aid, list date last received _____
<input type="checkbox"/> 50% or more of family income from agricultural work? <input type="checkbox"/> Family moved during last 24 months to look for or get agricultural work? If yes, list date of last move. _____	List zip code(s) or cities where you prefer to have child care: _____ _____ _____

**Tulare County Centralized Eligibility List Applicant
Program and Provider Preferences**

Parent Name _____ Home Phone _____

Please print clearly

Depending on your circumstances, your child may be eligible for one or more of the following programs. Please indicate the programs you are interested in.

- California Alternative Payment Licensed or exempt providers, part-time, full-time, evening, weekend and overnight care. (Birth – 12 years)
- Center Based Centers and family child care homes. (Birth – 12 years)
- California State Preschool Program
(Full Day Program) Full day services for parents who are working, training, attending school or meeting work participation requirements. (3 – 5 years)
- California State Preschool Program
(Part Day Enrichment Program) Part day comprehensive development programs; emphasizes parent education and encourages parent involvement. (3 – 5 years old)
- State Migrant Family Child Care Homes Licensed provider care for families whose income is 50% or more from agricultural work. (Birth to Kindergarten)

Please indicate which of the participating agencies you are interested in. For more information about the services provided by each agency please call the telephone number listed.

- Cutler-Orosi Unified School District (California State Preschool Program, Center Based Program) (559) 528-1790
- Family FOCUS (Porterville) (Center Based Program) (559) 784-2214
- Lindsay Unified School District (California State Preschool Program) (559) 562-8524
- Plano Preschool (California State Preschool Program) (559) 782-7120
- Porterville Children's Center (California State Preschool Program) (559) 782-7120
- Richgrove Elementary School District (California State Preschool Program, Center Based Program) (661) 725-2092
- Tulare County Office of Education -
Connections for Quality Care Program (California Alternative Payment Program) (559) 651-3026
- Visalia Unified School District (California State Preschool Program, Center Based Program) (559) 730-7564
- Woodlake Union Elementary School District (California State Preschool Program) (559) 564-1801
- YMCA (California State Preschool Program, Center Based Program) (559) 627-0700