



Department of Community & Cultural Affairs
CHILD CARE & DEVELOPMENT FUND

Caller Box 10007, Ascencion Court
Bldg. 1347 Capitol Hill, Saipan MP 96950

Tel.: (670) 664-2589/95/75/76 Website: childcare.gov.mp



RENEWAL APPLICATION CHECKLIST

FOR CCDF USE ONLY

APPLICANT/CO-APPLICANT: _____
CASE ID #: DCCA _____
CENTER NAME: _____
CO-PAYMENT: \$ _____

PLEASE UPDATE THE FOLLOWING DOCUMENTS APPLICABLE TO YOU

- ___ CCDF Application Form
- ___ Map to residence (CCDF FORM)
- ___ Statement of Assets (MUST BE NOTARIZED)(CCDF FORM)
- ___ Affidavit of Living Arrangement or Court Documents for single parents (MUST BE NOTARIZED)
- ___ Valid CWI, CW Receipt, Employment Authorization Document (EAD), or Green Card if applicable
- ___ Court documents relating to guardianship or custody, if applicable
- ___ Foster Care documentation, if applicable
- ___ Letter of referral from DYS, Karidat, Family Court, Nonprofit organization (Related to homelessness), if applicable
- ___ Child support statement, if applicable
- ___ Child's Individual Family Service Plan (IFSP) or Individualized Educational Plan (IEP) not older than one year, if applicable
- ___ Social Security Income (SSI) Statement, if applicable
- ___ CCDF Developmental Screening Statement (for families applying for additional children ages 6 weeks to 5 years old ONLY)
- ___ Other documents pertaining to income

WORKING PARENTS:

- ___ Three (3) most recent check stubs for each parent or legal guardian (check stubs must indicate name of company, name of applicant hours worked and hourly rate)
- ___ CCDF Employment Verification (CCDF FORM) (For each applicable parent/guardian)
- ___ Valid Business License (Only if Self Employed)
- ___ Three (3) most recent BGRT (Only if Self Employed)
- ___ CCDF Affidavit of Self Employment (Only if Self Employed) (Must be notarized)

EDUCATION OR TRAINING:

- ___ Student class schedule
- ___ Job Training documents such as class schedule and/or Letter of Acceptance from Institute (hours must be indicated)

NOTE: RENEWAL APPLICATIONS MUST BE SUBMITTED IN PERSON



DCCA-CCDF RENEWAL APPLICATION

CALLER BOX 10007 SAIPAN MP, 96950 ASCENSION COURT, BLDG. 1347 TEL.: 664-2589/95/75/6 WEBSITE: childcare.gov.mp



PARENT/LEGAL GUARDIAN INFORMATION

<p>Applicant: _____ Last, First, M.I</p> <p>Date of Birth _____ Sex: Male <input type="checkbox"/> Female: <input type="checkbox"/></p> <p>Ethnicity: _____</p> <p>Citizenship: U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Other: _____</p> <p>Mailing Address: _____</p> <p>Physical Address: _____</p> <p style="text-align: center;"><u>Contact Information:</u></p> <p>(Home) _____ (Cell) _____ (Work) _____</p> <p>Email Address: _____</p> <p>Check all that applies Work _____ School _____ Training _____</p> <p style="text-align: center;">Other (Medical) _____ <small>(Attach Doctor's Certification)</small></p> <p>Employer: _____</p> <p>Detailed to (if applicable) : _____</p> <p>Educational/Training Institute: _____</p>	<p>Applicant: _____ Last, First, M.I</p> <p>Date of Birth _____ Sex: Male <input type="checkbox"/> Female: <input type="checkbox"/></p> <p>Ethnicity: _____</p> <p>Citizenship: U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Other: _____</p> <p>Mailing Address: _____</p> <p>Physical Address: _____</p> <p style="text-align: center;"><u>Contact Information:</u></p> <p>(Home) _____ (Cell) _____ (Work) _____</p> <p>Email Address: _____</p> <p>Check all that applies Work _____ School _____ Training _____</p> <p style="text-align: center;">Other (Medical) _____ <small>(Attach Doctor's Certification)</small></p> <p>Employer: _____</p> <p>Detailed to (if applicable) : _____</p> <p>Educational/Training Institute: _____</p>
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<p>SOURCES OF INCOME <small>(Copies Needed)</small></p> <p>Child Support \$ _____ Mo.</p> <p>Social Security \$ _____ Mo.</p> <p>Alimony \$ _____ Mo.</p> <p>Rental Income \$ _____ Mo.</p> <p>Other Sources of Income \$ _____</p> <p>SOCIAL SERVICES <small>(check all that apply)</small></p> <p>___ WIC ___ NAP</p> <p>___ NMHC ___ MEDICAID</p>	<p>MARITAL STATUS:</p> <p>___ Single (Affidavit)</p> <p>___ Married</p> <p>___ Common-Law</p> <p>___ Separated (Affidavit)</p> <p>___ Divorced (Court Documents)</p> <p>___ Widowed</p>	<p>⇒ COMPLETED APPLICATIONS CAN BE SUBMITTED FROM MONDAY TO FRIDAY FROM 8:00AM TO 4:00PM THROUGHOUT YOUR SPECIFIED RENEWAL MONTH.</p> <p>⇒ <u>APPLICATIONS MUST BE SUBMITTED IN PERSON</u></p> <p>⇒ INCOMPLETE APPLICATION WILL NOT BE ACCEPTED</p> <p style="text-align: center;"><u>ELIGIBILITY SPECIALIST CONTACT INFORMATION:</u></p> <p><u>SAIPAN:</u> Genevieve Deleon Guerrero: (670) 664-2576/gguerrero.ccdf@childcare.gov.mp Joella Togawa: (670) 664-2575/jtogawa.ccdf@childcare.gov.mp Magdalena Lieto: (670) 664-2589/mlieto.ccdf@childcare.gov.mp Kim Babauta: (670) 664-2595/ubabauta.ccdf@childcare.gov.mp</p> <p style="text-align: center;"><u>TINIAN:</u> Arsene Borja: aborja.ccdf@childcare.gov.mp</p> <p style="text-align: center;"><u>ROTA:</u> Donna Ogo: (670) 532-3222/dogo.ccdf@childcare.gov.mp</p>
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CHILD/FAMILY INFORMATION

FOR CCDF USE ONLY	List all children in Household below 18 years of age (oldest to youngest) Last, First, M.I.	D.O.B	Son/ Dtr	Citizenship	Ethnicity	Grade	School	Does the child have special needs (disability)? If so, <u>Attach updated IEP/IFSP or Doc- tor's Certification</u>
								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:

1.) All children declared in this application are physically living in my household.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Since your last determination, has any dependent under the age of 18 moved into your household? (attach birth certificate/court docs) Name: _____ Birthdate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) Since your last determination, has any dependent turned 18? Name: _____ Birthdate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.) Since your last determination, has any parent permanently moved out of the household? Name: _____ Effective Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.) Since your last determination, has the absent parent moved in/out of your household? (Contact Eligibility Specialist for required documents) Name: _____ Effective Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In <input type="checkbox"/> Out

CHILD CARE AGREEMENT

By signing below, I have read and understand all requirements in this application and confirm that all information provided is correct.

I authorize the DCCA Child Care and Development Fund Program to investigate all statements and information contained in this application to verify that I am still eligible for assistance .

I agree to provide necessary documents to verify the statements in this application. If documents are not available, I/we agree to give the name of person(s) or organization(s) such as Doctors, Employers, State or Federal Agencies, and give consent for the program to contact the person or organization for information about me and or members of my household that may be needed to show that we are still eligible for assistance.

I am aware that acceptance of my application does not guarantee approval.

I am aware that it is my responsibility to follow up on the status of my application and schedule of the Mandatory Parent Renewal Orientation (during a declared disaster or emergency ; case to case basis this may not be needed)

I hereby certify that all the information provided is true and correct to the best of my knowledge. I understand I will be asked to verify information supplied on this renewal application when and if I complete application for services.

Applicant Print Name and Sign	Date	Co-Applicant Print Name and Sign	Date	CCDF Staff Print Name and Sign	Date
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Department of Community & Cultural Affairs
CHILD CARE PROGRAM
Caller Box 10007, Ascension Court
Bldg. 1347 Capital Hill, Saipan MP 96950
Tel.: 670-664-2575/76 Fax: 670-664-2547



EMPLOYMENT VERIFICATION

• **NAME OF EMPLOYEE:** _____

• **JOB TITLE:** _____

COMPANY/EMPLOYER INFORMATION: (Information below is that of the EMPLOYER)

Name of Company/Employer: _____		
Phone No.: _____	Fax No.: _____	Email: _____
Postal Address: _____	Physical Address: _____	

The individual named above is employed beginning:

Month: _____ Day: _____ Year: _____

The individual named above has had an increase in salary beginning:

Month: _____ Day: _____ Year: _____

INCOME INFORMATION:

Hourly Rate: _____ Monthly Gross Salary: _____

Mode of Salary: Weekly Bi-Weekly Semi-Monthly (Twice a month) Monthly

Number of Max Hours (Based on Mode of Salary Payment) _____ (REQUIRED INFO)

Is this employee receiving any other compensation?

No

Yes (If yes, what type of compensation and how often?)

Work Schedule: Monday Tuesday Wednesday Thursday Friday Sat. Sunday

Name of person completing this form: _____

HR/Immediate Supervisor, Print Name, Sign & Date

Contact # of person completing this form: _____



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Phone No.:	Fax No.:	Email:
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No

Yes (If yes, what type of compensation and how often?)

Work Schedule: Monday Tuesday Wednesday Thursday Friday Sat. Sunday

Name of person completing this form: _____

HR/Immediate Supervisor, Print Name, Sign & Date

Contact # of person completing this form: _____



Department of Community & Cultural Affairs
CHILD CARE & DEVELOPMENT FUND



AFFIDAVIT OF SELF-EMPLOYMENT

(Must be Notarized)

I, _____ with mailing
 address _____ and
 physical address _____,
 CNMI.

This letter is to confirm that I am the business owner of _____
 located in the village of _____ (Saipan, Tinian, Rota).

My business operation is open during the following days and my current business hours
 are from: *(Please ✓ days and indicate hours)*

Monday	<input type="checkbox"/>	_____ to _____	Friday	<input type="checkbox"/>	_____ to _____
Tuesday	<input type="checkbox"/>	_____ to _____	Saturday	<input type="checkbox"/>	_____ to _____
Wednesday	<input type="checkbox"/>	_____ to _____	Sunday	<input type="checkbox"/>	_____ to _____
Thursday	<input type="checkbox"/>	_____ to _____			_____ to _____

I work a minimum of _____ hours per week and I perform the following duties/tasks
 during the time specified above and declare that I am competent in the duties listed below:

I hereby declare under penalty of perjury that the information stated by me is true and
 correct to the best of my knowledge. Done this _____ day of _____.

 Applicant Print Name and Sign



Department of Community & Cultural Affairs
CHILD CARE & DEVELOPMENT FUND



AFFIDAVIT OF SELF-EMPLOYMENT

(Must be Notarized)

I, _____ with mailing
 address _____ and
 physical address _____,
 CNMI.

This letter is to confirm that I am the business owner of _____
 located in the village of _____ (Saipan, Tinian, Rota).

My business operation is open during the following days and my current business hours
 are from: *(Please ✓ days and indicate hours)*

Monday	<input type="checkbox"/>	_____ to _____	Friday	<input type="checkbox"/>	_____ to _____
Tuesday	<input type="checkbox"/>	_____ to _____	Saturday	<input type="checkbox"/>	_____ to _____
Wednesday	<input type="checkbox"/>	_____ to _____	Sunday	<input type="checkbox"/>	_____ to _____
Thursday	<input type="checkbox"/>	_____ to _____			_____ to _____

I work a minimum of _____ hours per week and I perform the following duties/tasks
 during the time specified above and declare that I am competent in the duties listed below:

I hereby declare under penalty of perjury that the information stated by me is true and
 correct to the best of my knowledge. Done this _____ day of _____.

 Applicant Print Name and Sign



Department of Community & Cultural Affairs
CHILD CARE & DEVELOPMENT FUND (CCDF) PROGRAM
Caller Box 10007, Ascencion Court
Bldg. 1347 Capital Hill, Saipan MP 96950
Tel.: 670-664-2589/95 Fax: 670-664-2547



STATEMENT OF ASSETS
(Must be Notarized)

I/We, _____, & _____
with a PHYSICAL address of _____, and
POSTAL address of _____

due hereby declare that:

a. I/We certify that our family assets do not exceed \$1,000,000.00

Done on this _____ day of _____ 202__ on
(Saipan/ Tinian/ Rota), Commonwealth of the Northern Mariana
Islands.

Applicant Print & Sign

Co-Applicant Print & Sign



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AFFIDAVIT
(Must be Notarized)

If you are claiming to be a single parent, you must provide an Affidavit. This affidavit must contain the following information AND must be notarized.

Affidavit's that do not contain the following information will **NOT** be accepted.

1. State your complete name and address (mailing address and physical address).
2. State the names and ages of ALL your children physically residing in your household.
3. State that you are a single parent and whether the father or mother of the child/ren does not stay in the same house as you do.
4. State whether you are residing with a common-law spouse who is not the biological parent of your child/ren.
5. State whether you are receiving any type of assistance from the father/mother of the children. (If receiving child support, you must indicate how much and how often you receive. If you are receiving monetary support that is not court mandated, you must indicate how much and how often. If you are receiving nonmonetary support, such as food items, pampers, etc. you must indicate it in this affidavit as well).
6. Affidavit must be signed by applicant and Notarized.

EXAMPLE OF AFFIDAVIT

I, Jane D. Doe with a mailing address of P.O. Box 501234, Saipan MP 96950 and a physical address of Capitol Hill. My children are John Doe (4 years old), James Doe (3 years old), and Jamie Doe (2 years old). I am a single mother and the father of my children does not stay in the same as we do. I do not live with a common-law spouse who is not the biological father of my children. I do not receive any monetary support from the father of my children, but he does provide food and clothing for the children on a monthly basis.



Department of Community & Cultural Affairs
Child Care & Development Fund

Caller Box 10007 Saipan, MP 96950

Tel:(670)664-2575/76/89/95 Fax:(670)664-2547



MAP TO RESIDENCE

Name of Applicant: _____

Street Name: _____

Village: _____

Obvious Landmarks Store, Church, etc. _____

Apartment Number(if any): _____

Parent/ Legal Guardian: _____
(Print Name and Sign)

Date: _____

Learn More about Your Child's Development:

Developmental Monitoring and Screening



Taking a first step, waving "bye-bye," and pointing to something interesting are all developmental milestones, or things most children can do by a certain age. Children reach many milestones in how they play, learn, speak, act, and move. Developmental monitoring and screening are ways to look for your child's developmental milestones.

Developmental Monitoring

WHO:	You — parents, grandparents, other caregivers
WHAT:	Look for developmental milestones
WHEN:	From birth to 5 years
WHY:	To help you: <ul style="list-style-type: none">▸ celebrate your child's development▸ talk about your child's progress with doctors and child care providers▸ learn what to expect next▸ identify any concerns early
HOW:	With easy, free checklists — get yours at www.cdc.gov/Milestones

Developmental Screening

WHO:	Healthcare provider, early childhood teacher, or other trained provider
WHAT:	Look for developmental milestones
WHEN:	At 9, 18, and 24 or 30 months, or whenever there is a concern
WHY:	To find out: <ul style="list-style-type: none">▸ if your child needs more help with development, because it is not always obvious to doctors, child care providers, or parents▸ if a developmental evaluation is recommended
HOW:	With a formal, validated screening tool — learn more at www.hhs.gov/WatchMeThrive

▸ All young children need both developmental monitoring and developmental screening.

▸ The best person to track your child's development is you!

Use free [milestone checklists](#) and go over them with the doctor at every well-child visit. To see *Milestones In Action* visit www.cdc.gov/Milestones.

▸ What if your child is not reaching milestones as expected?

You know your child best. If you are concerned about your child's development, talk with your child's doctor about your concerns and ask about developmental screening. For more information, go to www.cdc.gov/Concerned. Don't wait! Acting early can make a real difference.

Your child's development is a journey.
Monitoring and screening show you the way.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.



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DEVELOPMENTAL SCREENING ACKNOWLEDGEMENT

I/We, _____, & _____ have read/been informed regarding Developmental Screenings. I understand that my child/children will have a Developmental Screening completed at my provider of choice within 45 calendar days after enrollment.

Done on this _____ day of _____ 202__ on (Saipan/ Tinian/ Rota), Commonwealth of the Northern Mariana Islands.

Applicant Print & Sign

Co-Applicant Print & Sign