



Department of Community & Cultural Affairs
CHILD CARE & DEVELOPMENT FUND

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

Spn Tel No.: (670) 664-2589/95/75/76 Tin Tel No.: (670) 433-2233 Rota Tel No.: (670) 532-3222 Website: childcare.gov.mp

APPLICATION CHECKLIST



Subsidy Waitlist Application (Maintaining Eligibility)

APPLICATIONS MUST BE SUBMITTED IN PERSON

PLEASE READ BEFORE APPLYING:

PARENTS ELIGIBILITY:

- ✓ Parent/s must be in an approved activity (Work/Job Training/Education)
- ✓ Working parent/s: Must be working a minimum of **30 hours per week** or is scheduled to start work in 2 weeks
- ✓ Job training: Must be in job training a minimum of **10 hours per week**
- ✓ Education: Attending education on a full-time basis (**12 credits for college students/5 classes for JR/High School Students**)
- ✓ Has a monthly gross income that does not exceed Federal Poverty Income Guideline for a family of the same size.
- ✓ Must be residing in the CNMI

CHILD'S ELIGIBILITY:

- ✓ Resides with the parent who is in an approved activity (work, job training, education)
- ✓ Be under the age of 13/ children under the age of 18 with Special needs may qualify-must provide supporting documents
- ✓ Must be a US citizen
- ✓ Must be residing in the CNMI

LIST OF REQUIREMENTS- (REVIEW LIST CAREFULLY, INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

- CCDF Application Form
- Valid Photo ID for each parent or legal guardian
- Valid CW-1, CW Receipt (receipt must be within 3 months), Employment Authorization Document (EAD), or Green Card (*if applicable*)
- Statement of Assets form (**Must be notarized**) (CCDF Form)
- Map to Residence
- Developmental Screening Statement (**ONLY** for children ages 6 weeks to 5 years old) (CCDF Form)
- Affidavit of Living Arrangement (**Must be notarized**) (*if applicable*)
- Affidavit of Authorization for Biological Parents with Court Ordered Joint Custody (**Must be notarized**) (*if applicable*)
- Court Documents relating to guardianship or custody (*if applicable*)
- Foster Care Documentation (*if applicable*)
- Child/ren Birth Certificate (**Required for all children below the age of 18**)
- 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*)
- Letter of referral from DYS, Karidat, Family Court, Nonprofit organization (Related to homelessness)
- Other documents pertaining to income

WORKING PARENTS: (for all applicable parent/legal guardian(s))

- Three (3) most recent check stubs for each parent/legal guardian (check stubs must name of company, employee, hours worked and hourly rate)
- Applicants that are being paid SEMI-MONTHLY must provide TIMECARDS for the check stubs that will be submitted.
- CCDF Employment Verification (CCDF Form)
- If Self Employed: Business must be opened for at least three (3) months with an income
- If Self Employed: Copy of valid Business License and three (3) most recent BGRT (Business Gross Revenue Tax Filed)
- Affidavit for Self-employment (CCDF Form) (**Must be notarized**)

EDUCATION OR JOB TRAINING: (for all applicable parent/legal guardian(s))

- Job training documents such as class schedule and/or Letter of Acceptance from Institute (must indicate hours of training)
- Student class schedule (acceptance letter for new students only)
 - (a) Certification from school for JR/HS School students (b) Online Class schedule (distance learning requirements must be met)

Please be advised that it may take up to 60 days to complete the application process before the approval of CCDF subsidized childcare services.

THE INFORMATION BELOW WILL BE COMPLETED BY CCDF STAFF		
Applicant/s Name:		
New <input type="checkbox"/>	Re-Applying <input type="checkbox"/>	Additional Child <input type="checkbox"/>
Priority Criteria: Special Needs <input type="checkbox"/> Homeless <input type="checkbox"/> Low Income <input type="checkbox"/>		Case ID # DCCA-
Household Income: \$	Accepted by (Print & Sign)	Number of children being applied for:
Monthly Co-Payment: \$	Date & Time Rec'd:	Completed Date:



DCCA-CCDF Subsidy Waitlist Application

CALLER BOX 10007 SAIPAN MP, 96950 / WEBSITE: childcare.gov.mp



PARENT/LEGAL GUARDIAN INFORMATION

<p>Applicant: _____ <div style="text-align: right; margin-left: 150px;">Last, First, M.I</div> Date of Birth _____ Sex: Male <input type="checkbox"/> Female: <input type="checkbox"/> Ethnicity: _____ Citizenship: U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Other: _____ Mailing Address: _____ 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/Physically employed at(if applicable) : _____</p> <p>Educational/Training Institute: _____</p>	<p>Co-Applicant: _____ <div style="text-align: right; margin-left: 150px;">Last, First, M.I</div> Date of Birth _____ Sex: Male <input type="checkbox"/> Female: <input type="checkbox"/> Ethnicity: _____ Citizenship: U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Other: _____ Mailing Address: _____ 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/Physically employed at(if applicable) : _____</p> <p>Educational/Training Institute: _____</p>
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<p>SOURCES OF INCOME (Copies Needed)</p> <p>Child Support \$ _____ Mo. Social Security \$ _____ Mo. Alimony \$ _____ Mo. Rental Income \$ _____ Mo. Other Sources of Income \$ _____</p> <p>SOCIAL SERVICES (check all that applies)</p> <p><input type="checkbox"/> WIC <input type="checkbox"/> NAP <input type="checkbox"/> NMHC <input type="checkbox"/> MEDICAID</p>	<p>MARITAL STATUS:</p> <p><input type="checkbox"/> Single (Affidavit) <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated (Affidavit) <input type="checkbox"/> Divorced (Court Documents) <input type="checkbox"/> Widowed (Death Certificate)</p>	<p>RACE:</p> <p><input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian American <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Other: _____</p>	<p>*Completed Applications may be submitted in person only from Monday to Friday from 8:00am to 4:00pm.</p> <p>*Please be advised That it may take up to 60 calendar days to complete the application process before subsidized child care services can begin.</p> <p>*The Child Care and Development Fund Program is a Federally Funded program that has priority and criteria requirements. Submission of your application does not guarantee automatic approval.</p> <p style="text-align: center;">*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.</p> <p>SAIPAN TEL. NO. (670) 664-2589/95/75/76</p> <p>ROTA TEL. NO. (670) 532-3222</p> <p>TINIAN EMAIL: aborja.ccdf@childcare.gov.mp</p>
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CHILD/FAMILY INFORMATION

Child Care Services Needed for: <small>Mark YES or NO</small>	List all children in Household below 13 years of age (oldest to youngest) <small>Last, First, M.I.</small>	D.O.B	Son/ Dtr	Citizen- ship	Ethnicity	Grade	School	Does the child have special needs (disability)? If so, Attach updated IEP/IFSP or Doctors Certification
<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
<input type="checkbox"/> Yes <input type="checkbox"/> No								<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
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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 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 eligible for assistance.

I am fully aware and understand that:

1. Submission of my complete packet to CCDF does not guarantee a slot in CCDF.
2. That my application will be assessed based on the time and date it was received as well as the place in the priority of eligibility for CCDF.
3. That it is my responsibility to update the CCDF office with any changes to the information I provided in this application.
4. That it is my responsibility to update my application packet at least 30 days prior to the first date of receipt of my application, failure to do so would mean my application will be null and void.
4. That is my responsibility to follow up with CCDF on the status of my application.
5. That it may take up to 60 calendar days to complete the application process before subsidized child care services can begin.

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 application when and if I complete application for services.

Applicant Print Name and Sign	Date	Co-Applicant Name and Sign	Date	CCDF Staff Print/Initial & Date
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Department of Community & Cultural Affairs
CHILD CARE PROGRAM
 Caller Box 10007, Ascencion 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:

Name of Company/Employer		
Physically employed at: <i>(Example: Public School System-Tanapag Elementary School or under Manpower-1234 Store)</i>		
Postal Address:	Physical Address:	
Phone No.:	Email:	Fax No.:

- o Actively Employed: Yes _____ No _____
- o Date of Hire: Month: _____ Day: _____ Year: _____
- o Date of Increase/decrease in salary/hours: Month: _____ Day: _____ Year: _____

INCOME INFORMATION:

Hourly Rate: _____ Hours per week: _____ Monthly Gross Salary: _____

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

Is this employee receiving any other compensation? *(Example: Overtime/Commission/Bonus/etc.)*

- No
- Yes (If yes, what type of compensation and how often?

Name of person completing this form: _____ Date: _____
 HR/Immediate Supervisor, Print Name and Sign

Contact # of person completing this form: _____



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EMPLOYMENT VERIFICATION

Name of **EMPLOYEE**: _____

Job Title: _____

COMPANY/EMPLOYER INFORMATION:

Name of Company/Employer		
Physically employed at: (Example: Public School System-Tanapag Elementary School or under Manpower-1234 Store)		
Postal Address:	Physical Address:	
Phone No.:	Email:	Fax No.:

- o Actively Employed: Yes _____ No _____
- o Date of Hire: Month: _____ Day: _____ Year: _____
- o Date of Increase/decrease in salary/hours: Month: _____ Day: _____ Year: _____

INCOME INFORMATION:

Hourly Rate: _____ Hours per week: _____ Monthly Gross Salary: _____

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

Is this employee receiving any other compensation? (Example: Overtime/Commission/Bonus/etc.)

- No
- Yes (If yes, what type of compensation and how often?

Name of person completing this form: _____ Date: _____
 HR/Immediate Supervisor, Print Name and Sign

Contact # of person completing this form: _____



Commonwealth of the Northern Mariana Islands
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 Caller Box 10007 Bldg. No. 1347/1344 Ascension Drive
 Capitol Hill, Saipan, MP 96950
 Website: www.childcare.gov.mp



AFFIDAVIT OF SELF-EMPLOYMENT
(MUST BE NOTARIZED)

I, _____, with a mailing address of _____

_____ and physical address of _____
 Saipan Rota Tinian, CNMI.

This statement is to confirm that I am the business owner of: _____
 Located in the village of _____.

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

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"/>	
Thursday	<input type="checkbox"/>	_____ 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:

Done on this _____ day of _____, 20____, on (Saipan/Rota/Tinian), Commonwealth of the Northern Mariana Islands.

 Applicant Print Name and Sign

Saipan/Tinian/ Rota)
 Commonwealth of the)
 Northern Mariana Islands)

ACKNOWLEDGMENT

On this _____ day of _____, 20____, before me the undersigned notary, personally appeared _____, personally known to me to be the person whose name (is) signed on this document, and acknowledged to me that she/he signed it voluntarily for its stated purpose.

 (Official signature and seal of Notary)



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 (MUST BE NOTARIZED)

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_____ and physical address of _____.

Saipan Rota Tinian, CNMI.

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 Located in the village of _____.

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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"/>	
Thursday	<input type="checkbox"/>	_____ 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:

Done on this _____ day of _____, 20____, on (Saipan/Rota/Tinian), Commonwealth of the Northern Mariana Islands.

 Applicant Print Name and Sign

Saipan/Tinian/ Rota)
 Commonwealth of the)
 Northern Mariana Islands)

ACKNOWLEDGMENT

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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

Saipan/Tinian/ Rota)
 Commonwealth of the)
 Northern Mariana Islands)

ACKNOWLEDGMENT

On this _____ day of _____, 20____, before me the
 undersigned notary, personally appeared _____,
 personally known to me to be the person whose name (is) signed on this document,
 and acknowledged to me that she/he signed it voluntarily for its stated purpose.

 (Official signature and seal of Notary)



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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-(AFFIDAVIT MUST BE NOTARIZED)

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.

AFFIDAVIT OF LIVING ARRANGEMENT

Saipan/Tinian/ Rota)
Commonwealth of the)
Northern Mariana Islands)

ACKNOWLEDGMENT

On this _____ day of _____,
20_____, before me the undersigned notary, personally appeared
_____, personally known
to me to be the person whose name (is) signed on this document, and
acknowledged to me that she/he signed it voluntarily for its stated purpose.

(Official signature and seal of Notary)



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AFFIDAVIT OF AUTHORIZATION FOR BIOLOGICAL PARENTS WITH COURT ORDERED JOINT CUSTODY

AFFIDAVIT MUST BE NOTARIZED

AFFIDAVIT'S THAT DO NOT CONTAIN THE INFORMATION REQUESTED
BELOW WILL NOT BE ACCEPTED.

EXAMPLE OF AFFIDAVIT

I, (authorizing parent's name), the biological parent of the minor child/ren: (list child/ren name/s and date of birth/s) with a Court Ordered joint custody of the stated child/ren do hereby authorize: (parent applying) to apply for the CCDF Subsidy Program for our child/ren, giving the applicant the rights and responsibility related to the stated program.

By virtue of this affidavit, the authorizing parent will not be involved in the application process or provide any other documents related to the CCDF Subsidy Waitlist application.

11.21.2023



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Vision for Children and Families:

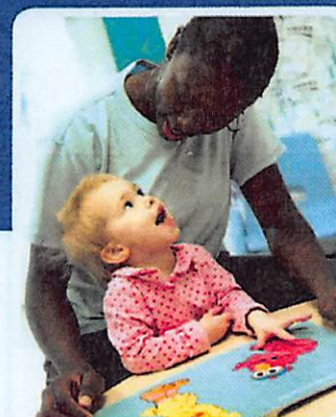
"All children in the CNMI will be safe, healthy, and thriving members of our culturally diverse community. Their families will have access to the high quality supports they need to achieve their potential."

Name of Applicant:	
Village:	Street Name:
Obvious landmarks (Store, Church, etc.):	

Updated: 2.7.2024

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:
- 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:
- 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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"All children in the CNMI will be safe, healthy, and thriving members of our culturally diverse community. Their families will have access to the high quality supports they need to achieve their potential."

DEVELOPMENTAL SCREENING ACKNOWLEDGEMENT

(Only required for children 6 weeks old to 5 years old)

I/We, _____ & _____ have read/been informed of 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

2.7.2024