

# CHILD CARE CERTIFICATION FOR LICENSE-EXEMPT FAMILY FRIEND AND NEIGHBOR CARE APPLICATION



**A. HOW DID YOU HEAR ABOUT THE PROGRAM? (Circle one)**

**A).** CCDF website **B).** Newsletter **C).** Word of mouth **D).** Brochures / Flyers **E).** Renewal **F).** Other \_\_\_\_\_

**B. APPLICANT INFORMATION:**

**APPLICANT'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
Family Name                      First Name                      Middle Name

**BUSINESS NAME:** \_\_\_\_\_ **TIN/TAX I.D. #:** \_\_\_\_\_  
(If differ from Given Name Above)

**RESIDENCE PHYSICAL ADDRESS:** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_  
Village & Island

**MAILING ADDRESS:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**FULL NAME OF CHILD(REN)'S PARENT(S) or LEGAL GUARDIAN(S):**

FIRST NAME	LAST NAME	NO. OF CHILDREN	PHONE NO.

**C. TYPE OF APPLICATION:**

INITIAL                       RENEWAL                       NEW SITE

**D. TYPE OF FFN PROVIDER**

**D1.**  Family Home Care                       Friend Home Care                       Neighbor Home Care

**E. TYPE OF SERVICES:**

**IN – HOME CARE**

(Childcare services operates  
at children's home)

**PROVIDER'S HOME**

(Childcare services operates  
at applicant's home)

# CHILD CARE CERTIFICATION FOR LICENSE-EXEMPT FAMILY FRIEND AND NEIGHBOR CARE APPLICATION



**F. HOUSEHOLD INFORMATION FOR SORNA:**

List of family members and/or friends that are **18 years** or above and will be regularly around the children, including provider's information (i.e. self). Attach a **copy** of a government issued ID for each person (Mayor's ID, Passport, or Driver's License).

#	Complete Legal Name (Family Name, First Name, and Middle Name)	Date of Birth	Age	Relationship to Applicant
1				<b>SELF</b>
2				
3				
4				

**Note:** Attach a list of additional names with the same information listed above

**G. CHILDREN INFORMATION:**

**Total # of children being cared for:** \_\_\_\_\_

List all children that will be under the applicant's care including children not under the CCDF program.

#	Complete Legal Name of Child (Family name, First Name, and Middle Name)	Date of Birth	Age	Relationship to Applicant	Initial if CCDF Child
1					
2					
3					
4					

**H. PROVIDER REQUIRED DOCUMENTS:**

- Picture I.D.
- Health & Safety Self-certification Checklist
- \*Mandatory Orientation

**\*NEW Applicants - Mandatory Orientation must be attended prior to submitting other required documents**

1.  Police Clearance (**All adults listed on section F**)
2.  Business License
- 3a.  Health Clearance
- 3b.  Physician's Medical Examination Verification
4.  Records & Firearms Fingerprinting (**Only if you are caring for non-relative children**)

**CHILD CARE CERTIFICATION FOR  
LICENSE-EXEMPT  
FAMILY FRIEND AND NEIGHBOR CARE  
APPLICATION**



**I. ACKNOWLEDGEMENT (initial by each statement):**

- 1) \_\_\_\_\_ Upon my approval, I agree to comply with all local and federal statutory rules and regulations governing the Child Care Services within the CNMI.
- 2) \_\_\_\_\_ I am aware that I must be 18 years or above to provide childcare services.
- 3) \_\_\_\_\_ Upon completion of the mandatory orientation, I am aware that copies of all provider's required documents must be valid upon submission.
- 4) \_\_\_\_\_ I am aware that all required documents must be updated 60 calendar days prior to its expiration.  
Failure to submit, payment for services will be suspended until the submission of updated documents.
- 5) \_\_\_\_\_ I am aware that all household members must submit a Police Clearance (i.e. Criminal Record).
- 6) \_\_\_\_\_ I am aware that all listed household members must be cleared with the **Sexual Offenders Registry Notification Act (SORNA)**.
- 7) \_\_\_\_\_ I am aware that my childcare services must be operated at my residence or at the subsidized family's home.
- 8) \_\_\_\_\_ I am aware that it is my responsibility to submit Payment Invoices to CCDF Program as scheduled.
- 9) \_\_\_\_\_ I am aware that payment begins on the date of certificate approval. There will be no back pay for child care services prior to approval date.
- 10) \_\_\_\_\_ I am aware that it is my responsibility to pay the appropriate taxes (local and/or federal) on my income as a child care provider.
- 11) \_\_\_\_\_ I am aware that I may be visited by a designated CCDF inspector announced or unannounced at any time during my certified term as a LEFFN provider.
- 12) \_\_\_\_\_ I am aware that as a LEFFN provider, I can care for **no more than 4 children** which includes Non-CCDF children. If there are more than 4 children in the household, I must apply to be a licensed provider and have another adult to assist myself as the main provider.
- 13) \_\_\_\_\_ I am aware that my renewal application must be completed with all required documents and submitted to DICE Pacific, LLC. at least 60 calendar days prior to the expiration of my Child Care Certification.
- 14) \_\_\_\_\_ I am aware that the Inventory Summary Log of all non-perishable materials issued through CCDF must be up to date and maintained. Issued materials must not be used as gifts, sold, given away, at any time, and shall remain in the location where the child care services will be operated.
- 15) \_\_\_\_\_ I am aware that if I have identified a material to be hazardous, damaged, incomplete and/or put the children or myself at risk, I will take a picture of the damaged item and notify DICE Pacific, LLC. I will prevent children from accessing the materials while I await further instruction from DICE Pacific, LLC.
- 16) \_\_\_\_\_ I am aware that if I decide to resign from providing child care services, I must inform DICE Pacific, LLC., 30 calendar days prior to my resignation via email.
- 17) \_\_\_\_\_ Termination of services: Based on the latest submitted Inventory Summary Log, DICE Pacific, LLC. will schedule a time with me to conduct the final inventory of non-perishable materials that must be returned.
- 18) \_\_\_\_\_ With my signature below, I acknowledge that I have read, understood, and will comply to all my duties and responsibilities as a childcare provider upon approval.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHILD CARE CERTIFICATION FOR  
LICENSE-EXEMPT  
FAMILY FRIEND AND NEIGHBOR CARE  
APPLICATION**



**J. MAP TO RESIDENCE:**

On the space below, please draw a map to your residence. Include written directions along with well-known landmarks.