

**LICENSE EXEMPT
 FAMILY, FRIEND OR NEIGHBOR
 PROVIDER APPLICATION**

1				SELF
2				
3				
4				
5				

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	CCDF ES use only
1					
2					
3					
4					

H. PROVIDER REQUIRED DOCUMENTS:

- | | | |
|---|---|---|
| <input type="checkbox"/> Picture I.D. | <input type="checkbox"/> Health & Safety Self-Certification Checklist | <input type="checkbox"/> *Mandatory Provider Orientation |
| <input type="checkbox"/> Police Clearance | <input type="checkbox"/> Business License | <input type="checkbox"/> Health Clearance |
| <input type="checkbox"/> SORNA Clearance (DICE) | | <input type="checkbox"/> CCDF Provider Certificate (DICE) |

*Mandatory provider orientation must be attended prior to submitting other required documents.

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.

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- 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 listed household members must be cleared with the **Sexual Offenders Registry Notification Act (SORNA)**.
- 6) ____ I am aware that my childcare services must be operated at my residence **or** at the subsidized family's home.
- 7) ____ I am aware that it is my responsibility to submit Payment Invoices to CCDF Program as scheduled.
- 8) ____ 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.
- 9) ____ 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.
- 10) ____ 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 LE-FFN provider.
- 11) ____ I am aware that 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.
- 12) ____ I am aware that my renewal application must be completed with all required document and submitted to DICE Pacific Professional Solutions at least 60 calendar days prior to the expiration of my Child Care Certification.
- 13) ____ 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.
- 14) ____ 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 Professional Solutions. I will prevent children from accessing the materials while I await further instruction from DICE Pacific Professional Solutions.
- 15) ____ I am aware that if I decide to resign from providing child care services, I must inform DICE Pacific Professional Solutions, 30 calendar days prior to my resignation via email.
- 16) ____ Termination of services: Based on the latest submitted Inventory Summary Log, DICE Pacific Professional Solutions will schedule a time with me to conduct the final inventory of non-perishable materials that must be returned.
- 17) ____ 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: _____

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J. MAP TO RESIDENCE:

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