



Commonwealth of the Northern Mariana Islands
 Department of Community and Cultural Affairs
Child Care and Development Fund (CCDF) Program

Caller Box 10007 Bldg. No. 1347/1344 Ascension Drive
 Capitol Hill, Saipan, MP 96950
 Website: www.childcare.gov.mp



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."

Effective February 1, 2024 to September 30, 2026

Eligibility Guidelines

Family Size	Income Level
1	3,508.00
2	4587.00
3	5667.00
4	6746.00
5	7825.00
6	8905.00
7	9,108.00
8	9306.00
9	9512.00

Sliding Fee Scale/Monthly Co-payments

Family Income	Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6 Max limit \$120.00	Family Size 7 Max limit \$120.00	Family Size 8 Max limit \$120.00	Family Size 9 Max limit \$120.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$1 to \$3508	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00	\$110.00
\$3509 to \$4587		\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00	\$110.00	\$120.00
\$4588 to \$5667			\$70.00	\$80.00	\$90.00	\$100.00	\$110.00	\$120.00	\$120.00
\$5668 to \$6746				\$90.00	\$100.00	\$110.00	\$120.00	\$120.00	\$120.00
\$6747 to \$7825					\$110.00	\$120.00	\$120.00	\$120.00	\$120.00
\$7826 to \$8905						*\$130.00	\$120.00	\$120.00	\$120.00
\$8906 to \$9108							\$120.00	\$120.00	\$120.00
\$9109 to \$9306								\$120.00	\$120.00
\$9307 to \$9512									\$120.00

Note. For families with 5 or more children, the maximum co-payment limit will be at \$120.00 monthly.

*This will apply to family size of 6 in a 2-parent household

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Source/s of Income Salary and Wages: _____ Pension: _____ Unemployment: _____ Workmen's Comp: _____ Rental Income: _____ Alimony: _____ Military Allotment: _____ Child Support: _____ Food Stamp: _____ WIC: _____ Others: _____ Comments: _____ Check dates: _____ to _____	Eligibility Disposition: Family size: _____ Eligibility Level: _____ Monthly Gross Income: _____ Income Larger than Eligibility Scale: _____ Income below eligibility scale: _____ Co-payment: _____ Eligibility completed by/date: _____ Comments: _____ Recommended for: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Notes: _____ Eligibility Specialist Initials: _____
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