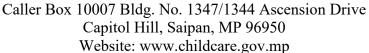


Commonwealth of the Northern Mariana Islands Department of Community and Cultural Affairs

Child Care and Development Fund (CCDF) Program





SAIPAN Office Tel. (670) 664-2576/2575/2591/2593 Fax (670) 664-2547 TINIAN Office Tel. (670) 433-2233 ROTA Office Tel. (670) 532-3222

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 Incomce	Family	Family	Family	Family	Family Size	Family Size	Family Size	Family	Family Size
	Size 1	Size 2	Size 3	Size 4	5	6	7	Size 8	9
						Max limit	Max limit	Max limit	Max limit
						\$120.00	\$120.00	\$120.00	\$120.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$1 to \$1500	waived	waived	waived	waived	waived	waived	waived	waived	waived
\$1501 to \$2500	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00
\$2501 to \$3000	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00
\$3001 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.

FOR CCDF PROGRAM USE ONLY

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

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