



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



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**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 \$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.

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

**FOR CCDF PROGRAM USE ONLY**

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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