



Department of Community & Cultural Affairs

## CHILD CARE & DEVELOPMENT FUND

Caller Box 10007, Ascencion Court ,Bldg. 1347 Capitol Hill, Saipan MP 96950

Website: childcare.gov.mp

### RENEWAL APPLICATION CHECKLIST



**THIS BOX IS FOR CCDF USE ONLY**

APPLICANT/CO-APPLICANT: \_\_\_\_\_ CASE ID #: DCCA \_\_\_\_\_

CENTER NAME: \_\_\_\_\_ (If more than one provider) CENTER NAME: \_\_\_\_\_

CO-PAYMENT: \$ \_\_\_\_\_ (If more than one provider) CO-PAYMENT: \$ \_\_\_\_\_ OVEARLL CO-PYT: \_\_\_\_\_

**PLEASE UPDATE THE FOLLOWING DOCUMENTS APPLICABLE TO YOU**

- \_\_\_ CCDF Application Form
- \_\_\_ Map to residence (CCDF FORM)
- \_\_\_ Statement of Assets (MUST BE NOTARIZED)(CCDF FORM)
- \_\_\_ Affidavit of Living Arrangement or Court Documents for single parents (MUST BE NOTARIZED) (if applicable)
- \_\_\_ Affidavit of Authorization for Biological Parents with Court Ordered Joint Custody (MUST NOTARIZED) (if applicable)
- \_\_\_ VALID CW1, CW Receipt-(MUST BE WITHIN 3 MONTHS), Employment Authorization Document (EAD), or Green Card (if applicable)
- \_\_\_ Court documents relating to guardianship or custody, if applicable
- \_\_\_ Foster Care documentation, if applicable
- \_\_\_ Letter of referral from DYS, Karidat, Family Court, Nonprofit organization (Related to homelessness), (if applicable)
- \_\_\_ Child support statement, if applicable
- \_\_\_ Child's Individual Family Service Plan (IFSP), Individualized Educational Plan (IEP), or 504 Plan, not older than one year, (if applicable)
- \_\_\_ Social Security Income (SSI) Statement, (if applicable)
- \_\_\_ CCDF Developmental Screening Statement (for families applying for additional children ages 6 weeks to 5 years old ONLY)
- \_\_\_ Other documents pertaining to income

**WORKING PARENTS:**

- \_\_\_ Three (3) most recent check stubs for each parent or legal guardian (check stubs must indicate name of company, name of applicant hours worked and hourly rate)
- \_\_\_ Applicants that are paid SEMI-MONTHLY must provide TIMECARDS for the check stubs being submitted with this CCDF Renewal application.
- \_\_\_ CCDF Employment Verification (CCDF FORM) (For each applicable parent/guardian)
- \_\_\_ Valid Business License (Only if Self Employed)
- \_\_\_ Three (3) most recent BGRT (Only if Self Employed)
- \_\_\_ CCDF Affidavit of Self Employment (Only if Self Employed) (Must be notarized)

**EDUCATION OR TRAINING:**

- \_\_\_ Student class schedule
- \_\_\_ Job Training documents such as class schedule and/or Letter of Acceptance from Institute (hours must be indicated)



**PARENT/LEGAL GUARDIAN INFORMATION**

<p><b>Applicant:</b> _____          Last, First, M.I</p> <p><b>Date of Birth</b> _____ <b>Sex:</b> Male <input type="checkbox"/> Female: <input type="checkbox"/></p> <p><b>Ethnicity:</b> _____</p> <p><b>Citizenship:</b> U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Other: _____          Expiration Date: _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>Physical Address:</b> _____</p> <p align="center"><u>Contact Information:</u></p> <p>(Home) _____ (Cell) _____ (Work) _____</p> <p><b>Email Address:</b> _____</p> <p>Check all that applies Work _____ School _____ Training _____</p> <p align="center">Other (Medical) _____  <small>(Attach Doctor's Certification)</small></p> <p><b>Employer:</b> _____</p> <p><b>Detailed to (if applicable) :</b> _____</p> <p><b>Educational/Training Institute:</b> _____</p>	<p><b>Co-Applicant:</b> _____          Last, First, M.I</p> <p><b>Date of Birth</b> _____ <b>Sex:</b> Male <input type="checkbox"/> Female: <input type="checkbox"/></p> <p><b>Ethnicity:</b> _____</p> <p><b>Citizenship:</b> U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Other: _____          Expiration Date: _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>Physical Address:</b> _____</p> <p align="center"><u>Contact Information:</u></p> <p>(Home) _____ (Cell) _____ (Work) _____</p> <p><b>Email Address:</b> _____</p> <p>Check all that applies Work _____ School _____ Training _____</p> <p align="center">Other (Medical) _____  <small>(Attach Doctor's Certification)</small></p> <p><b>Employer:</b> _____</p> <p><b>Detailed to (if applicable) :</b> _____</p> <p><b>Educational/Training Institute:</b> _____</p>
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<p><b>SOURCES OF INCOME</b>  <small>(Copies Needed)</small></p> <p>Child Support \$ _____ Mo.</p> <p>Social Security \$ _____ Mo.</p> <p>Alimony \$ _____ Mo.</p> <p>Rental Income \$ _____ Mo.</p> <p>Other Sources of Income          \$ _____</p> <p><b>SOCIAL SERVICES</b> <small>(check all that apply)</small></p> <p>___ WIC ___ NAP</p> <p>___ NMHC ___ MEDICAID</p>	<p><b>MARITAL STATUS:</b></p> <p>___ Single <small>(Affidavit)</small></p> <p>___ Married</p> <p>___ Common-Law</p> <p>___ Separated <small>(Affidavit)</small></p> <p>___ Divorced <small>(Court Documents)</small></p> <p>___ Widowed</p>	<p>⇒ COMPLETED APPLICATIONS CAN BE SUBMITTED FROM MONDAY TO FRIDAY FROM 8:00AM TO 4:00PM THROUGHOUT YOUR SPECIFIED RENEWAL MONTH.</p> <p>⇒ <u>APPLICATIONS MUST BE SUBMITTED IN PERSON</u></p> <p>⇒ INCOMPLETE APPLICATION WILL NOT BE ACCEPTED</p> <p align="right"><b>ELIGIBILITY SPECIALIST CONTACT INFORMATION:</b></p> <p align="right"><b>SAIPAN:</b> Joella Togawa: (670) 664-2575/jtogawa.ccdf@childcare.gov.mp          Magdalena Lieto: (670) 664-2589/mlieto.ccdf@childcare.gov.mp          Kim Babauta: (670) 664-2595/ubabauta.ccdf@childcare.gov.mp          Tia P. Camacho: (670) 664-2589/tcamacho.ccdf@childcare.gov.mp</p> <p align="right"><b>TINIAN:</b> Arsene Borja: (670) 989-2233/aborja.ccdf@childcare.gov.mp</p> <p align="right"><b>ROTA:</b> Donna Ogo: (670) 532-3222/dogo.ccdf@childcare.gov.mp</p>
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## CHILD/FAMILY INFORMATION

FOR CCDF USE ONLY	List all children in Household below 18 years of age (oldest to youngest) Last, First, M.I.	D.O.B	Son/ Dtr	Citizenship	Ethnicity	Grade	School	Does the child have special needs (disability)? If so, <b>Attach updated IEP/IPSP, 504 Plan or Doctors Certification</b>
								<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Special Need:
								<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Special Need:
								<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Special Need:
								<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Special Need:
								<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Special Need:
								<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Special Need:
								<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Special Need:

1.) All children declared in this application are physically living in my household.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Since your last determination, has any dependent under the age of 18 move into your household? (attach birth certificate/court docs) Name: _____ Birthdate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) Since your last determination, has any dependent turned 18? Name: _____ Birthdate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.) Since your last determination, has any parent permanently move out of the household? Name: _____ Effective Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.) Since your last determination, has the absent parent move in/out of your household? (Contact Eligibility Specialist for required documents) Name: _____ Effective Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In <input type="checkbox"/> Out

### CHILD CARE AGREEMENT

By signing below, I have read and understand all requirements in this application and confirm that all information provided is correct.

I authorize the DCCA Child Care and Development Fund Program to investigate all statements and information contained in this application to verify that I am still eligible for assistance .

I agree to provide necessary documents to verify the statements in this application. If documents are not available, I/we agree to give the name of person(s) or organization(s) such as Doctors, Employers, State or Federal Agencies, and give consent for the program to contact the person or organization for information about me and or members of my household that may be needed to show that we are still eligible for assistance.

I am aware that acceptance of my application does not guarantee approval.

I am aware that it is my responsibility to follow up on the status of my application and schedule of the Mandatory Parent Renewal Orientation (during a declared disaster or emergency ; case to case basis this may not be needed)

I hereby certify that all the information provided is true and correct to the best of my knowledge. I understand I will be asked to verify information supplied on this renewal application when and if I complete application for services.

\_\_\_\_\_  
Applicant Print Name and Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Print Name and Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCDF Staff Print Name and Sign

\_\_\_\_\_  
Date





Department of Community & Cultural Affairs  
**CHILD CARE PROGRAM**  
Caller Box 10007, Ascencion Court  
Bldg. 1347 Capital Hill, Saipan MP 96950  
Website: childcare.gov.mp



## EMPLOYMENT VERIFICATION

Name of **EMPLOYEE**: \_\_\_\_\_

Job Title: \_\_\_\_\_

### COMPANY/EMPLOYER INFORMATION:

Name of Company/Employer		
Physically employed at: (Example: Public School System-Tanapag Elementary School or under Manpower-1234 Store)		
Postal Address:		Physical Address:
Phone No.:	Email:	Fax No.:

- Actively Employed: Yes \_\_\_\_\_ No \_\_\_\_\_
- Date of Hire: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
- Date of Increase/decrease in salary/hours: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

### INCOME INFORMATION:

Hourly Rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Monthly Gross Salary: \_\_\_\_\_

Mode of Salary:  Weekly  Bi-Weekly  Semi-Monthly (Twice a month)  Monthly

Is this employee receiving any other compensation? (Example: Overtime/Commission/Bonus/etc.)

- No
- Yes (If yes, what type of compensation and how often?)  
\_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_  
HR/Immediate Supervisor, Print Name and Sign

Contact # of person completing this form: \_\_\_\_\_

SAIPAN Office Tel. (670) 664-2589/95/75/76

TINIAN Office Tel. (670) 989-2233

ROTA Office Tel. (670) 588-7682



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



**AFFIDAVIT OF SELF-EMPLOYMENT**  
**(MUST BE NOTARIZED)**

I, \_\_\_\_\_, with a mailing address of \_\_\_\_\_

\_\_\_\_\_ and physical address of \_\_\_\_\_.

Saipan  Rota  Tinian, CNMI.

This statement is to confirm that I am the business owner of: \_\_\_\_\_  
 Located in the village of \_\_\_\_\_.

My business operation is open during the following days and my current business hours are from: **(Please check mark the days and indicate the hours of operation below)**

Monday	<input type="checkbox"/>	_____ to _____	Friday	<input type="checkbox"/>	_____ to _____
Tuesday	<input type="checkbox"/>	_____ to _____	Saturday	<input type="checkbox"/>	_____ to _____
Wednesday	<input type="checkbox"/>	_____ to _____	Sunday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	_____ to _____			

I work a minimum of \_\_\_\_\_ hours per week and I perform the following duties/tasks during the time specified above and declare that I am competent in the duties listed below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Done on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, on (Saipan/Rota/Tinian), Commonwealth of the Northern Mariana Islands.

\_\_\_\_\_  
 Applicant Print Name and Sign

Saipan/Tinian/ Rota )  
 Commonwealth of the )  
 Northern Mariana Islands )

ACKNOWLEDGMENT

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned notary, personally appeared \_\_\_\_\_, personally known to me to be the person whose name (is) signed on this document, and acknowledged to me that she/he signed it voluntarily for its stated purpose.

\_\_\_\_\_  
 (Official signature and seal of Notary)





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 Caller Box 10007, Ascencion Court  
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**STATEMENT OF ASSETS**  
**(Must be Notarized)**

I/We, \_\_\_\_\_, & \_\_\_\_\_

with a PHYSICAL address of \_\_\_\_\_, and

POSTAL address of \_\_\_\_\_

do hereby declare that:

***a. I/We certify that our family assets do not exceed \$1,000,000.00***

Done on this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_ on  
 (Saipan/ Tinian/ Rota), Commonwealth of the Northern Mariana  
 Islands.

\_\_\_\_\_  
 Applicant Print & Sign

\_\_\_\_\_  
 Co-Applicant Print & Sign

Saipan/Tinian/ Rota        )  
 Commonwealth of the    )  
 Northern Mariana Islands )

ACKNOWLEDGMENT

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me the  
 undersigned notary, personally appeared \_\_\_\_\_,  
 personally known to me to be the person whose name (is) signed on this document,  
 and acknowledged to me that she/he signed it voluntarily for its stated purpose.

\_\_\_\_\_  
 (Official signature and seal of Notary)





**AFFIDAVIT**  
**(Must be Notarized)**

If you are claiming to be a single parent, you must provide an Affidavit. This affidavit must contain the following information AND must be notarized.

Affidavit's that do not contain the following information will **NOT** be accepted.

1. State your complete name and address (mailing address and physical address).
2. State the names and ages of ALL your children physically residing in your household.
3. State that you are a single parent and whether the father or mother of the child/ren does not stay in the same house as you do.
4. State whether you are residing with a common-law spouse who is not the biological parent of your child/ren.
5. State whether you are receiving any type of assistance from the father/mother of the children. (If receiving child support, you must indicate how much and how often you receive. If you are receiving monetary support that is not court mandated, you must indicate how much and how often. If you are receiving nonmonetary support, such as food items, pampers, etc. you must indicate it in this affidavit as well).
6. Affidavit must be signed by applicant and Notarized.

**EXAMPLE OF AFFIDAVIT-(AFFIDAVIT MUST BE NOTARIZED)**

I, Jane D. Doe with a mailing address of P.O. Box 501234, Saipan MP 96950 and a physical address of Capitol Hill. My children are John Doe (4 years old), James Doe (3 years old), and Jamie Doe (2 years old). I am a single mother and the father of my children does not stay in the same as we do. I do not live with a common-law spouse who is not the biological father of my children. I do not receive any monetary support from the father of my children, but he does provide food and clothing for the children on a monthly basis.

**AFFIDAVIT OF LIVING ARRANGEMENT**

Saipan/Tinian/ Rota            )  
Commonwealth of the        )  
Northern Mariana Islands    )

**ACKNOWLEDGMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, before me the undersigned notary, personally appeared  
\_\_\_\_\_, personally known  
to me to be the person whose name (is) signed on this document, and  
acknowledged to me that she/he signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(Official signature and seal of Notary)



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 Ct.  
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Website: [childcare.gov.mp](http://childcare.gov.mp)



## AFFIDAVIT OF AUTHORIZATION FOR BIOLOGICAL PARENTS WITH COURT ORDERED JOINT CUSTODY

### AFFIDAVIT MUST BE NOTARIZED

AFFIDAVIT'S THAT DO NOT CONTAIN THE INFORMATION REQUESTED  
BELOW WILL NOT BE ACCEPTED.

#### EXAMPLE OF AFFIDAVIT

I, (authorizing parent's name), the biological parent of the minor child/ren: (list child/ren name/s and date of birth/s) with a Court Ordered joint custody of the stated child/ren do hereby authorize: (parent applying) to apply for the CCDF Subsidy Program for our child/ren, giving the applicant the rights and responsibility related to the stated program.

By virtue of this affidavit, the authorizing parent will not be involved in the application process or provide any other documents related to the CCDF Subsidy Waitlist application.

11/2024

**AFFIDAVIT OF LIVING ARRANGEMENT**

Saipan/Tinian/ Rota            )  
Commonwealth of the        )  
Northern Mariana Islands    )

**ACKNOWLEDGMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, before me the undersigned notary, personally appeared  
\_\_\_\_\_, personally known  
to me to be the person whose name (is) signed on this document, and  
acknowledged to me that she/he signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(Official signature and seal of Notary)



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*Vision for Children and Families:*

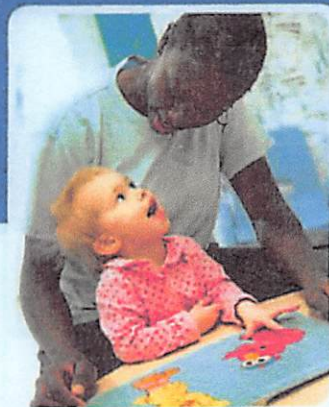
*"All children in the CNMI will be safe, healthy, and thriving members of our culturally diverse community. Their families will have access to the high quality supports they need to achieve their potential."*

Name of Applicant:	
Village:	Street Name:
Obvious landmarks (Store, Church, etc.):	

Updated: 11/2024

Learn More about Your Child's Development.

# Developmental Monitoring and Screening



Taking a first step, waving "bye-bye," and pointing to something interesting are all developmental milestones, or things most children can do by a certain age. Children reach many milestones in how they play, learn, speak, act, and move. Developmental monitoring and screening are ways to look for your child's developmental milestones.

## Developmental Monitoring

- WHO:** You — parents, grandparents, other caregivers
- WHAT:** Look for developmental milestones
- WHEN:** From birth to 5 years
- WHY:** To help you:
- celebrate your child's development
  - talk about your child's progress with doctors and child care providers
  - learn what to expect next
  - identify any concerns early
- HOW:** With easy, free checklists — get yours at [www.cdc.gov/Milestones](http://www.cdc.gov/Milestones)

## Developmental Screening

- WHO:** Healthcare provider, early childhood teacher, or other trained provider
- WHAT:** Look for developmental milestones
- WHEN:** At 9, 18, and 24 or 30 months, or whenever there is a concern
- WHY:** To find out:
- if your child needs more help with development, because it is not always obvious to doctors, child care providers, or parents
  - if a developmental evaluation is recommended
- HOW:** With a formal, validated screening tool — learn more at [www.hhs.gov/WatchMeThrive](http://www.hhs.gov/WatchMeThrive)

- All young children need both developmental monitoring and developmental screening.
- The best person to track your child's development is you!  
Use free [milestone checklists](#) and go over them with the doctor at every well-child visit.  
To see *Milestones in Action* visit [www.cdc.gov/Milestones](http://www.cdc.gov/Milestones).
- What if your child is not reaching milestones as expected?  
You know your child best. If you are concerned about your child's development, talk with your child's doctor about your concerns and ask about developmental screening. For more information, go to [www.cdc.gov/Concerned](http://www.cdc.gov/Concerned). Don't wait! Acting early can make a real difference.

Your child's development is a journey.  
Monitoring and screening show you the way.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.



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*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."

**DEVELOPMENTAL SCREENING ACKNOWLEDGEMENT**

(Only required for children 6 weeks old to 5 years old)

I/We, \_\_\_\_\_ & \_\_\_\_\_ have read/been informed of regarding Developmental Screenings. I understand that my child/children will have a Developmental Screening completed at my provider of choice within 45 calendar days after enrollment.

Done on this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_ on (Saipan/ Tinian/ Rota), Commonwealth of the Northern Mariana Islands.

\_\_\_\_\_  
 Applicant Print & Sign

\_\_\_\_\_  
 Co-Applicant Print & Sign

11.2024