

# DCCA-CHILD CARE and DEVELOPMENT FUND (CCDF) RENEWAL APPLICATION

CALLER BOX 10007 SAIPAN MP, 96950 ASCENSION COURT, BLDG. 1347 TEL.: 664-2575/6 FAX: 664-2547



## FOR CCDF USE ONLY

- ⇒ APPLICANT/CO-APPLICANT NAME : \_\_\_\_\_
- ⇒ CENTER NAME: \_\_\_\_\_
- ⇒ RENEWAL EXPIRATION: \_\_\_\_\_
- ⇒ CO-PAYMENT: \$ \_\_\_\_\_
- ⇒ NOTES: \_\_\_\_\_

### APPLICATION CHECK LIST (Per Applicant/Co-Applicant)

- Copy of three (3) most recent check stubs  CCDF Employment Verification  If self-employed, attach 2019 1040 tax form and schedule C (not more than 6 months old) or statement of profit and loss, if applicable  Job training documents, if applicable  Current class schedule, if applicable  Valid CW 1, EAD or Green Card, if applicable
- Statement of Assets (CCDF FORM)  Affidavit of Living Arrangement, if applicable

FOR FAMILIES WHO'S EMPLOYMENT/EDUCATION/TRAINING THAT HAVE BEEN INTERRUPTED DUE TO COVID-19, PLEASE ATTACH THE FOLLOWING DOCUMENTS TO MAINTAIN YOUR ELIGIBILITY.

- Certification from Employer if you have been FURLOUGHED or have reduced hours in work (letter must be signed and have employers contact information in a letter head format reflecting effective date and ending date of furlough)
- Three (3) latest check stubs or Employment Verification reflecting at least 10 hours a week/20 hours bi-weekly of work.
- Volunteer Certification (CCDF FORM)
- Letter from your job training organization indicating that there is no job training activities currently being offered.
- Letter or notice from the educational institution that no education activity is available.
- Enrollment form with class schedule that includes number of classes or credits the individual is approved for (for those continuing education via online or facility).

→ Renewal applications may be submitted via email or by fax. If none are accessible to you, you may drop off your documents to the CCDF office at our designated drop off box which will be available beginning June 15, 2020. Please be sure that all contact information are up to date as your Eligibility Specialist will be contacting you should your application be incomplete. Should there be a NEED to meet with your Eligibility Specialist, please be sure to make an appointment first. Those with appointments will be prioritized. Walk-ins are discouraged since you may need to wait in line. **RENEWAL DEADLINE: TUESDAY, JUNE 30, 2020.**

#### Eligibility Specialist Contact Information:

JEN GUERRERO: 664-2576/dccajguerrero@gmail.com

JOELLA ROSARIO: 664-2575/ ccdf.jrosario@gmail.com

## PARENT/LEGAL GUARDIAN INFORMATION

<p>Applicant: _____  <div style="text-align: center;">Last, First, Middle I.</div> Mailing Address: _____  Physical Address: _____</p> <p style="text-align: center;"><u>Contact Information:</u></p> <p>(H) _____ (C) _____ (W) _____</p> <p>Email Address: _____</p> <p>Check all that applies Work _____ School _____ Training _____</p> <p>Employer: _____</p> <p>Physical Work Site  if Employed by Manpower: _____</p>	<p>Applicant: _____  <div style="text-align: center;">Last, First, Middle I.</div> Mailing Address: _____  Physical Address: _____</p> <p style="text-align: center;"><u>Contact Information:</u></p> <p>(H) _____ (C) _____ (W) _____</p> <p>Email Address: _____</p> <p>Check all that applies Work _____ School _____ Training _____</p> <p>Employer: _____</p> <p>Physical Work Site  if Employed by Manpower: _____</p>
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### OTHER SOURCES OF INCOME

(Copies Needed)

Child Support \$ \_\_\_\_\_ Mo.

Social Security \$ \_\_\_\_\_ Mo.

Alimony \$ \_\_\_\_\_ Mo.

Rental Income \$ \_\_\_\_\_ Mo.

Other Sources of Income \$ \_\_\_\_\_

### SOCIAL SERVICES

- WIC
- Food Stamp
- NMHC
- Medicaid

### NOTE:

FAMILIES WITH CHILDREN WITH SPECIAL NEEDS availing services under CCDF must attach their child/rens updated IEP, IFSP or Doctors Certification.

HOMELESS FAMILIES must attach updated letter of referral from Karidat, DYS, Family Court or Nonprofit Organizations

## CHILD/FAMILY INFORMATION

CCDF Use	List all children in Household (oldest to youngest) (Last, First, Middle I.)	D.O.B	Son/ Dtr	Grade	School	Does the child have special needs (disability)? If so, Attach updated IEP/IFSP or Doctors Certification
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No What type:

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 moved 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 moved out of the household? Name: _____ Effective Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.) Since your last determination, has the absent parent moved 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.

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Applicant Print Name and Sign

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Date

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Co-Applicant Print Name and Sign

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Date

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CCDF Staff Print Name and Sign

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Date