



DIVISION OF YOUTH SERVICES

DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

CHILD PROTECTIVE SERVICES

Building 1354, Capitol Hill
P.O. Box 501000 C.K., Saipan, MP 96950



Kinship & Foster Care Program Application Packet

Thank you for your interest in supporting children and families in the CNMI through Kinship Care or Foster Care. Please read each section carefully and complete the forms in the order provided.

If you have any questions or need assistance, a DYS-CPS caseworker is available to help. You may contact us at (670) 237-1005 through 1014 or by email at mmanglona@dys.gov.mp.

HOW THIS PACKET IS ORGANIZED

1. Application Choice & Acknowledgement
2. Eligibility Requirements
3. Payment & Financial Eligibility Overview
4. Foster / Kinship Home Application
5. Background Check Forms
6. Health Report Form (Physician)
7. Foster Care Questionnaire
8. Reference Letters
9. Home Assessment / Home Study Report- to be completed by CPS Caseworker (separate document)
10. Final Review & Approval

APPLICATION CHOICE (REQUIRED)

Please check **one**:

- I am applying for Kinship Care only (I understand this may be unpaid).
- I am applying for Foster Care (I understand payment is not guaranteed and is based on DYS criteria).
- I do NOT wish to apply at this time.

Reason (optional): _____

Applicant Name & Signature: _____ Date: _____

This acknowledgement is required for all applicants.



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Eligibility Requirements

To apply as a Kinship or Foster Caregiver in the CNMI, you must:

- Be 18 years or older
- Be a CNMI resident
- Have a safe and stable home
- Pass required background and registry checks, including national registry searches
 - Attorney General's Office, Sex Offender Registry (SORNA), and Child Abuse Registry
- Complete a home assessment / home study conducted by a CPS caseworker
- Complete a health assessment
- Be able to care for a child
- Complete required training, if applicable
- Provide identification and financial documents
- Complete all forms in this packet
- Understand and agree that approval and payment decisions are based strictly on DYS criteria

Important

- Kinship and foster caregivers may be approved with or without payment
- Approval to care for a child does not guarantee payment

Applicant Initials: _____ **Date:** _____



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Payment & Financial Information

Foster Care Payments

- DYS-CPS does not issue foster care payments
- All foster care payments are processed by the CNMI Department of Finance
- Payments are not retroactive (no back pay). Payments are issued forward only
- A child must be placed in the home for a minimum of 30 days before the foster payment process may begin
- Even after approval, payments typically take 60–90 days or longer to process

Delays may occur due to:

- Completion of background and registry checks
- Home assessment / home study completion
- Case review and supervisory approval
- Department of Finance processing timelines, including MUNIS vendor registration, payment drawdown, and release of funds

Important Payment Notice

- Kinship and foster caregivers may be approved with or without payment
- Approval to care for a child does not guarantee payment
- Foster care payments are not guaranteed and are subject to:
 - Available funding
 - Program requirements
 - Continued eligibility
 - Case status and permanency planning

Payments may be reduced, paused, or discontinued due to changes in funding, eligibility, or program needs.

Applicant Initials: _____ **Date:** _____



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Initial Stipend Period

In some cases, DYS-CPS may approve a temporary foster care stipend for an initial period, generally up to six (6) months, to help support the transition of a child into the home.

Approval of an initial stipend does not guarantee continued payment beyond this period.

Payment Review & Permanency Planning

Foster care payments are intended to support the temporary care of a child while permanency planning is ongoing.

- Foster care payments are reviewed every 3–6 months, or sooner if circumstances change
- Reviews may consider:
 - Length of time the child has been placed in the home
 - Changes in the permanency goal (reunification, guardianship, adoption)
 - Household circumstances and needs
 - Program requirements and funding availability

If a case moves toward long-term permanency, such as guardianship or adoption, foster care payments may be adjusted or discontinued as part of the permanency planning process.

Approval as a foster parent does not guarantee ongoing or long-term payment.

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MUNIS VENDOR REGISTRATION (REQUIRED FOR PAYMENT)

If approved as a PAID foster parent, you MUST register as a vendor with the CNMI Department of Finance.

- Payments cannot be issued without MUNIS registration
- Registration is completed directly with Finance, not DYS
- A W-9 may be required

 Vendor Portal: <https://selfservice.dof.gov.mp/vss>

Department of Finance Contact:

Maureen Goomtam

 (670) 322-1201 / 1203 / 3335 / 3337

 m.goomtam@dof.gov.mp

Applicant Initials: _____ **Date:** _____



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KINSHIP / FOSTER HOME APPLICATION

APPLICANT (HEAD OF HOUSEHOLD):

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Gender: _____ Citizenship: _____

Physical Address: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

Marital Status: Single Married Divorced Widowed

If married: Date & Place of Marriage: _____

Primary Language(s) Spoken at Home: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Weapons in the home? Yes No If yes, how secured: _____

Any CPS history in household? Yes No Explain: _____

EMPLOYMENT

Employer: _____ Position: _____

Employment Type: FT PT Contract Other (specify): _____

Hours per Week: _____ Gross Monthly Income: \$ _____

Length of Employment (start date or years/months): _____

Previous Employer: _____ Position/Title: _____

Dates of Employment: _____



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CO-APPLICANT (IF APPLICABLE)

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Gender: _____ Citizenship: _____

Physical Address: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

Marital Status: Single Married Divorced Widowed

If married: Date & Place of Marriage: _____

Primary Language(s) Spoken at Home: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Weapons in the home? Yes No If yes, how secured: _____

Any CPS history in household? Yes No Explain: _____

EMPLOYMENT

Employer: _____ Position: _____

Employment Type: FT PT Contract Other (specify): _____

Hours per Week: _____ Gross Monthly Income: \$ _____

Length of Employment (start date or years/months): _____

Previous Employer: _____ Position/Title: _____

Dates of Employment: _____



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BACKGROUND CHECK ACKNOWLEDGEMENT

All adults age **18 and older** who reside in or regularly visit the household must be disclosed in this application packet.

By signing below, I understand and authorize DYS–CPS to conduct all required background and registry checks for the purpose of determining eligibility for kinship or foster care approval.

Required Background & Registry Checks Include:

- Attorney General’s Office criminal history check
- Child Abuse & Neglect Registry (CPS clearance)
- Sex Offender Registry (SORNA)
- Probation / parole status, if applicable

I understand that these checks apply to **all adults age 18 and older** in my household and that **failure to disclose information** may delay or result in denial of approval.

Applicant Acknowledgement

I authorize DYS–CPS to conduct the background and registry checks listed above for myself and all adults age 18 and older residing in or regularly visiting my household.

Applicant Signature: _____ Date: _____

Co-Applicant Signature (if applicable): _____ Date: _____



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CPS BACKGROUND & CLEARANCE CERTIFICATION

(FOR DYS-CPS OFFICIAL USE ONLY)

This section is to be completed by the assigned CPS caseworker after all required background and registry checks have been conducted and reviewed.

Name(s): _____

Background & Registry Clearances

*For each clearance below, enter the date completed and note any concerns.
If concerns are identified, attach supporting documentation. If none, write "None."*

Clearance Type	Date Cleared	Concerns Identified (attach if applicable)	Caseworker Print, Sign, Date
Attorney General's Office – Criminal History			
Child Abuse & Neglect Registry (CPS Clearance)			
Sex Offender Registry (SORNA)			
Probation / Parole Status (if applicable)			



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HEALTH REPORT FORM

This section must be completed and signed by a licensed physician for each applicant and co-applicant.

Patient Information

Full Name: _____

Date of Birth: _____

Physician Name: _____

Clinic / Facility Name & Address: _____

Phone Number: _____

MEDICAL HISTORY

Please indicate **Past**, **Current**, or **None** for each condition and provide comments if applicable.

#	Condition	Past	Current	None	Comments
1	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date / Results of PPD:
5	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Autoimmune Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Vision Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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19	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICIAN CERTIFICATION

Based on my medical evaluation, I certify that this individual is:

Medically fit Not medically fit

Comments (if any):

Physician Signature: _____ Date: _____

Printed Name: _____

Clinic Stamp (Affix Here):



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FOSTER CARE ASSESSMENT QUESTIONNAIRE (CASEWORKER-LED)

This questionnaire is conducted by the CPS caseworker during the home assessment/home study. Applicants are not required to complete this section on their own.

Caseworkers must ask each applicant individually and document responses clearly and accurately. *Caseworkers must also submit a Home Study Report (separate attachment).*

A. MOTIVATION & COMMITMENT

1. Why are you interested in becoming a foster parent or kinship caregiver at this time?
2. How did you learn about foster care/kinship care through DYS-CPS?
3. What do you believe are the main responsibilities of a foster parent?
4. What age range and type of placement are you open to (infant, toddler, school-age, teen, sibling group)?
5. Are there any placements you are not comfortable accepting? Please explain.

B. FAMILY & SUPPORT SYSTEM

6. Who lives in the household, and what are their roles?
7. How do household members feel about fostering or kinship placement?
8. Who is your primary support system if you need help (family, friends, church, community)?
9. How do you handle disagreements or conflict within the household?

C. PARENTING APPROACH

10. How were you disciplined as a child?
11. How do you discipline children now?
12. How do you handle challenging behaviors such as tantrums, defiance, or withdrawal?
13. What are your views on physical discipline? (Physical punishment is not permitted, including spanking.)
14. How do you help children feel safe, supported, and heard?

D. TRAUMA, SAFETY & CPS INVOLVEMENT

15. What is your understanding of trauma and how it affects children?
16. How would you respond if a child disclosed abuse or made a serious allegation?
17. Are you comfortable working with CPS, courts, therapists, and service providers?
18. Are you willing to follow CPS guidance, visitation schedules, and court orders?

E. HEALTH, STRESS & COPING

19. How would you describe your physical and mental health?
20. How do you manage stress?
21. How do you cope during emergencies or high-pressure situations?
22. Have you experienced major life changes in the past year? If so, explain.



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F. SUBSTANCE USE & SAFETY

23. Is there any alcohol, tobacco, betelnut, marijuana, or substance use in the household?
24. How are medications, alcohol, and hazardous items secured?
25. Are weapons present in the home? If yes, how are they stored and secured?

G. LOGISTICS & AVAILABILITY

26. Are you able to transport children to school, medical appointments, therapy, and visits?
27. Are you able to attend foster parent training, Parenting Classes, meetings, and court-related appointments?
28. Do you have reliable transportation?

H. CULTURAL & FAMILY CONNECTIONS

29. How will you support a child's cultural, family, and community connections?
30. How do you feel about working with a child's biological family?

I. FINAL QUESTION

31. Is there anything else you would like CPS to know about your household or ability to care for a child?

Applicant Acknowledgement

I understand that the questions asked in this section are a required part of the kinship and foster care assessment process. I understand that:

- These questions are asked by a CPS caseworker during the home assessment or home study
- The purpose is to help CPS understand my household, parenting approach, and ability to provide a safe and stable environment for a child
- My responses will be documented and reviewed as part of the approval process
- Honest and complete answers are required to ensure appropriate placement decisions

I acknowledge that I have answered these questions **truthfully and to the best of my knowledge**.

Applicant Signature: _____ Date: _____

Print Name: _____

Co-Applicant Signature (if applicable): _____ Date: _____

Print Name: _____



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REFERENCE LETTER REQUIREMENTS

- 3 reference letters per applicant
- If there are two applicants, a total of 6 letters are required
- Letters may be written jointly or individually
- Each applicant MUST still have 3 references
- References cannot be immediate family members
- Letters must be signed and dated

Incomplete references will delay approval.

Applicant Initials: _____ **Date:** _____



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A NOTE TO REFERENCES

Thank you for taking the time to provide a reference. Your input helps CPS understand whether an applicant can provide a safe, stable, and supportive home for a child.

When writing your letter, please include:

- How long you have known the applicant(s) and in what capacity
- Your general impression of the applicant(s)' character and reliability
- How the applicant(s) interact with children, if applicable
- Whether you would feel comfortable recommending the applicant(s) to care for a child
- Any concerns you believe CPS should be aware of

Please note:

- References cannot be immediate family members
- Letters must be signed and dated
- Each applicant must submit three (3) reference letters

Your response will be kept confidential and used only for the foster/kinship care review process. Thank you for your time and support.



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FINAL APPLICANT ACKNOWLEDGEMENT

I acknowledge and understand that:

- I have completed and submitted the full kinship/foster care application packet
- I participated in the home assessment and interview process with CPS
- The questions asked and information reviewed were part of the required kinship/foster care assessment
- I answered all questions truthfully and completely to the best of my knowledge
- I understand that providing false, misleading, or incomplete information may result in denial or termination of approval

I understand that approval decisions are based on CPS assessment, documentation, and supervisory review, and not solely on my application.

Applicant Signature: _____ Date: _____

Co-Applicant Signature (if applicable): _____ Date: _____

Thank you for your willingness to support children and families in the CNMI. If you have questions at any point, please contact your assigned CPS caseworker.

FOR DYS-CPS OFFICIAL USE ONLY

- Application Complete Background Checks Complete
- Health Reports Received References Complete (3 per applicant) Home Study Complete

Final Determination:

- Approved – Paid Foster Care Approved – Unpaid Foster / Kinship Care
- Not Approved

Notes:

CPS Supervisor/ Foster Care Coordinator Print & Sign: _____

Date: _____