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| *Mpango wa Infant-Toddler wa North Carolina* |  |

*Fomu ya Ukusanyaji wa Data ya Kifedha*

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| 1. **Maelezo ya Mtoto na Familia:** | | | | | | | | | |  |  | | | | | | | | | | | | |
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| *Jina la Kwanza la Mwanafunzi* | *Kati/Herufi ya Kati* | | | *Jina la Mwisho* | | | | | |  | *Jina Kamili la Mzazi au Mlezi Anayewajibika* | | | | | | | | | | | | |
|  | *Jinsia:*  Mwanaume  Mwanamke | | | | | | | | |  |  | | | | | | | | | | | | |
| *Tarehe ya Kuzaliwa* |  | | | | | | | | |  | *Anwani ya Mzazi au Mlezi Anayewajibika* | | | | | | | | | | | | |
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| *Nchi Unayoishi* | | | | | | | | | |  | *Jiji* | | | | | | *Jimbo* | | | | *Msimbo wa Eneo* | | |
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|  | | |  | | | | | | |  | *Simu ya Nyumbani* | | | | | *Anwani Nyingine ya Simu* | | | | | | |  |
| 1. **Maelezo Mengine ya Mawasiliano ya Mpango:**   Orodhesha jina na maelezo ya mawasiliano kwa ushiriki mwingine wa mpango au chanzo cha ufadhili. | | | | | | | | | | | | | | | | | | | | | | | |
| Medicaid | jina: |  | | | | | | | simu: | | |  | | | barua pepe: | | |  | | | | | |
| SSI | jina: |  | | | | | | | simu: | | |  | | | barua pepe: | | |  | | | | | |
| WIC | jina: |  | | | | | | | simu: | | |  | | | barua pepe: | | |  | | | | | |
| nyingine: | jina: |  | | | | | | | simu: | | |  | | | barua pepe: | | |  | | | | | |
| 1. **Arifa ya Familia ya Sababu ya ITP Kuomba Nambari ya Usalama wa Jamii::** | | | | | | | | | | | | | | | | | | | | | | | |
| * Mpango wa Infant-Toddler (ITP) wa NC unahitajika ili kuomba Nambari ya Usalama wa Jamii ya watu wazima wanaowajibika kifedha kati ya watoto waliosajiliwa katika ITP. ITP huomba utoe Nambari ya Usalama wa Jamii ya mzazi ili kutimiza wajibu wetu kisheria kwa Serikali chini ya N.C.G.S. 105A-3 na N.C.G.S. 147-86.21 kukiwa na haja ya kukusanya deni ambalo linadaiwa na Shirika hili. * Sheria ya Jimbo na Serikali inalinda faragha na usalama wa Nambari za Usalama wa Jamii na haitafichua Nambari za Usalama wa Jamii kwa madhumuni mengine yoyote isipokuwa kukusanya deni, au vinginevyo inavyotakiwa na sheria. Shirika limejitahidi ili kupunguza matumizi ya Nambari ya Usalama wa Jamii katika shughuli zake. | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Maelezo ya Ukubwa wa Familia:** | | | | | | | | 1. **Kwa Matumizi ya Kazi ya Ofisi ya CDSA Pekee** | | | | | | | | | | | | | | | |
| Orodhesha wanafamilia wote waliotambuliwa kama sehemu ya ukubwa wa familia kulingana na ufafanuzi wa ITP. Orodhesha ***watu wazima wenye mapato kwa kutia alama baada ya mwezi kwenye sehemu ya umri wa sasa,*** *kisha* orodhesha wanafunzoi ikiwa ni pamoja na uhusiano na umri wa *sasa* unaotimiza ufafanuzi wa ITP wa ukubwa wa familia. | | | | | | | | Weka Nambari ya Usalama wa Jamii ya Mzazi au Mlezi Anayewajibika:  **-** **-** | | | | | | | | | | | | | | | |
| *Jina* | | |  |  | | | | *Hati za Uthibitishaji wa Mapato* | | | | | | *Mapato ya Jumla* | | | | | *Mapato ya Jumla YaliyobadilishwaAGI)* | | | | |
| *Watu wazima:* | | | *Uhusiano* |  | | | |  | | | | | |  | | | | |  | | | | |
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| *Watoto:* | | | *Uhusiano* | *Umri wa Sasa* | | | |  | | | | | |  | | | | |  | | | | |
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|  | | |  |  | | | | Jumla ya Idadi ya Familia (a) | | | | | | Jumla ya Kila Mwaka (b) | | | | | Jumla ya AGI ya kila Mwaka (c) | | | | |
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|  | | |  |  | | | | *Tarehe Ambayo SFS% Imethibitishwa:* | | | | | | **Kiwango cha Kima cha Juu zaidi cha Kila Mwezi [(b/12) x(.05)]** | | | | | **Asilimia ya SFS Iliyobainishwa** | | | | |
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| Nimeelezwa kuhusu sababu ya Infant-Toddler (ITP) kuhitajika ili kuomba Nambari ya usalama wa jamii ya watu wazima wanaowajibika kifedha wa watoto waliosajiliwa katika ITP. Kwa kutia saini yangu hapa chini, Ninathibitisha ushiriki wa programu na habari ya kitengo cha familia iliyotolewa hapo juu ni kweli kwa ufahamu na imani yangu bora, na kwamba ninaelewa sababu ya ITP kuomba habari ya ukubwa wa familia na nambari ya usalama wa kijamii ya mtu mzima anayewajibika kifedha. | | | | | | | | | | | | | | | | | | | | | | | |
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| Saini ya Mzazi/Mlezi | | | | |  | | Tarehe |  | | | | | Saini ya Mwakilishi wa ITP | | | | | | |  | | Tarehe | |