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

*Ombi la Ukaguzi wa Fedha na Marekebisho ya Ugumu*

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| **Maelezo ya Mteja:** |
| Jina la Mtuma Ombi:  |       | Tarehe ya Ombi Kutumwa: |       |
| Anwani ya Barabara: |       | Jina la Mtoto: |       |
| Jiji, Jimbo, Msimbo wa eneo:  |       | Tarehe ya Kuzaliwa kwa Mtoto: |       |
| Simu ya Nyumbani: |       | Mratibu wa Huduma: |       |
| Simu Nyingine: |       |       |       |
|  |
| **Maelezo ya Ugumu:** |
| ***Aina*** | ***Hati Iliyotolewa*** | ***Athari ya Hasara na/au Gharama*** |
| **Kupoteza Makaazi** |       |       |
| **Kupoteza Kazi** |       |       |
| **Gharama Ghali za Matibabu** |       |       |
| *(Tafadhali angalia Maswali Yanayoulizwa Sana kuhusu Marekebisho ya Ugumu wa ITP kwa maelezo zaidi na uambatishe hati za uthibitishaji inavyohitajika)* |
| ***Kwa Matumizi ya Ofisi ya Biashara ya CDSA Pekee*** ***For CDSA Business Office Use Only*** | **Date Completed Application Received:**  |
| Current AGI:       | Current SFS Percentage:       | Date of Previous Determination:       |
| Current Gross Cap:       | Adjusted AGI (if applicable):       |
| [ ]  Recommend Adjustment as outlined below: | [ ]  DO NOT recommend adjustment; maintain current SFS %. |
| **Adjusted SFS%:** |       | Reason(s) not approved: |
| **Gross Cap:** |       |       |
| **Date Recommended:** |       |  |
| **Adjustment Time Frame:** |       |  |
| **Required Review Date:** |       |  |
|  |
| ***Kwa Matumizi ya Mkurugenzi wa CDSA Pekee / For CDSA Director’s Use Only*** |
| [ ]  Approve adjustment as recommended above | [ ]  Decline adjustment; maintain current SFS %. |
| [ ]  Approve adjustment with changes below | Reason(s) not approved: |
| **Adjusted SFS%:** |       |       |
| **Gross Cap:** |       |  |
| **Date Recommended:** |       |  |
| **Adjustment Time Frame:** |       |  |
| **Required Review Date:** |       |  |
|       |  |       |
| CDSA Director’s Signature |  | Date |