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

*Ombi la Ukaguzi wa Fedha na Marekebisho ya Ugumu*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |