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| *North Carolina Infant-Toddler Program* |  |

*Financial Data Collection Form*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Child & Family Information:** | | | | | | | | | |  |  | | | | | | | | | |
|  | |  | | |  | | | | |  |  | | | | | | | | | |
| *Child’s First Name* | | *Middle/Suffix* | | | *Last Name* | | | | |  | *Full Name of Responsible Parent or Guardian* | | | | | | | | | |
|  | | *Sex:*  Male  Female | | | | | | | |  |  | | | | | | | | | |
| *DOB* | |  | | | | | | | |  | *Address of Responsible Parent or Guardian* | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | |  | |  | | |
| *County of Residence* | | | | | | | | | |  | *City* | | | | | *State* | | *Zip Code* | | |
|  |  | | | | | | | | |  |  | | |  | | | | | |  |
|  |  | | | | | | | | |  | *Home Telephone* | | | *Other Telephone Contact* | | | | | |  |
| 1. **Other Program Contact Information:**   List name and contact information for other program participation or funding source. | | | | | | | | | | | | | | | | | | | | |
| Medicaid | Name: |  | | | | | | Phone: | | |  | | Email: | |  | | | | | |
| SSI | Name: |  | | | | | | Phone: | | |  | | Email: | |  | | | | | |
| WIC | Name: |  | | | | | | Phone: | | |  | | Email: | |  | | | | | |
| Other: | Name: |  | | | | | | Phone: | | |  | | Email: | |  | | | | | |
| 1. **Family Notification of Reason for ITP Requesting Social Security Number:** | | | | | | | | | | | | | | | | | | | | |
| * The NC Infant-Toddler Program (ITP) is required to request the Social Security Number of the financially responsible adult of the children enrolled in the ITP. The ITP requests you provide your Social Security Number to fulfill our legal obligations to the State under N.C.G.S. 105A-3 and N.C.G.S. 147-86.21 in the event there is a need to collect a debt from you that is owed to this Agency. * Federal and State law protects the privacy and security of your Social Security Number and this Agency will not disclose your Social Security Number for any other purpose than debt collection except as required by law. This Agency has worked to minimize the use of Social Security Numbers within its business practices. | | | | | | | | | | | | | | | | | | | | |
| 1. **Family Unit Information:** | | | | | | | | | 1. **For CDSA Business Office Use Only** | | | | | | | | | | | |
| List all family members identified as part of the family unit based on ITP definition. List ***adults with income first,*** *then* list children including relationship, and *current* age that meet ITP family unit definition. | | | | | | | | | Enter the Social Security Number of the Responsible Parent or Guardian:  **-** **-** | | | | | | | | | | | |
| *Name* | | |  | | | |  | | *Income Verification Documents* | | | | *Gross Income* | | | | *Adjusted Gross (AGI)* | | | |
| Adults: | | | *Relationship* | | | |  | |  | | | |  | | | |  | | | |
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| Children: | | | *Relationship* | | | | *Current Age* | |  | | | |  | | | |  | | | |
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|  | | |  | | | |  | | Family Unit Total (a) | | | | Annual Gross Total (b) | | | | Annual AGI Total (c) | | | |
|  | | |  | | | |  | |  | | | |  | | | |  | | | |
|  | | |  | | | |  | | *Date SFS% Verified:* | | | | **Monthly Maximum Cap [(b/12) x(.05)]** | | | | **SFS Percentage Determined** | | | |
|  | | |  | | | |  | |  | | | |  | | | |  | | | |
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| The reason the Infant-Toddler Program is required to request the social security number of the financially responsible adult of the children enrolled in the ITP has been explained to me. By my signature below, I certify the program participation and family unit information provided above is true to the best of my knowledge and belief, and that I understand the reason for the ITP to request family size information and the social security number of the financially responsible adult. | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | |  | | |  | | | | |  | |  | |
| Parent/Guardian’s Signature | | | |  | | Date | | |  | | | ITP Representative’s Signature | | | | |  | | Date | |