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| *Mpango wa Watoto Wachanga 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 Mtoto* | | *Jina la Katikati/Herufi za Mwisho* | | | | *Jina la Mwisho* | | | |  | | *Jina Kamili la Mzazi au Mlezi Anayewajibika* | | | | | | | | | |
|  | | *Jinsia:*  Mwanamume  Mwanamke | | | | | | | |  | |  | | | | | | | | | |
| *Tarehe ya Kuzaliwa* | | |  | | | | | | |  | | *Anwani ya Mzazi au Mlezi Anayewajibika* | | | | | | | | | |
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| *Kaunti Anakoishi* | | | | | | | | | |  | | *Jiji* | | | | | *Jimbo* | *Msimbo wa Eneo* | | | |
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|  |  | | | | | | | | |  | | *Namba ya simu ya Nyumbani* | | | | *Namba Nyingine ya Simu* | | | | |  |
| 1. **Maelezo ya Mawasiliano ya Mpango Mwingine:**   Andika jina na maelezo ya mawasiliano ya mpango mwingine unakoshiriki au chanzo cha fedha. | | | | | | | | | | | | | | | | | | | | | |
| Medicaid | Jina: | |  | | | | | | Simu: | | |  | | Anwani ya barua pepe: | | | |  | | | |
| SSI | Jina: | |  | | | | | | Simu: | | |  | | Anwani ya barua pepe: | | | |  | | | |
| WIC | Jina: | |  | | | | | | Simu: | | |  | | Anwani ya barua pepe: | | | |  | | | |
| Nyingine: | Jina: | |  | | | | | | Simu: | | |  | | Anwani ya barua pepe: | | | |  | | | |
| 1. **Taarifa ya Familia Kuhusu Kwa Nini Mpango wa ITP Unaomba Namba ya Ustawi wa Jamii:** | | | | | | | | | | | | | | | | | | | | | |
| * Mpango wa Watoto Wachanga wa NC (ITP, Infant-Toddler Program) unahitajika kuomba Namba ya Ustawi wa Jamii ya mtu mzima ambaye anawajibika kifedha kwa mtoto aliyeandikishwa katika mpango wa ITP. Mpango wa ITP unakuomba uwasilishe Namba ya Ustawi wa Jamii ili tutimize wajibu wetu wa kisheria kwa Jimbo chini ya N.C.G.S. 105A-3 na N.C.G.S. 147-86.21 iwapo kutakuwa na haja ya kukudai deni unalodaiwa na Shirika hili. * Sheria ya Nchi na Jimbo inalinda faragha na usalama wa Namba yako ya Ustawi wa Jamii na Shirika hili halitafichua Namba yako ya Ustawi wa Jamii kwa kusudi lingine lolote kando na kudai deni isipokuwa jinsi inavyohitajika kisheria. Shirika hili limejitahidi kupunguza matumizi ya Namba za Ustawi wa Jamii katika shughuli zake. | | | | | | | | | | | | | | | | | | | | | |
| 1. **Maelezo ya Ukubwa wa Familia:** | | | | | | | | | | | 1. **Kwa Matumizi ya Ofisi Kuu ya CDSA Pekee** | | | | | | | | | | |
| Andika majina ya wanafamilia wote wanaotambulika kuwa sehemu ya familia kulingana na ufafanuzi wa ITP. Andika majina ya ***watu wazima wenye mapato kwanza,*** *kisha* andika majina ya watoto ikijumuisha uhusiano na *umri wao wa sasa,* unaotimiza ufafanuzi wa familia waITP. | | | | | | | | | | | Andika Namba ya Ustawi wa Jamii ya Mzazi au Mlezi Anayewajibika:  **-** **-** | | | | | | | | | | |
| *Jina* | | | |  | | |  | | | | *Hati za Uthibitishaji wa Mapato* | | | *Mapato ya Jumla* | | | | *Mapato ya Jumla Yaliyorekebishwa (AGI, Adjusted Gross)* | | | |
| Watu wazima: | | | | *Uhusiano* | | |  | | | |  | | |  | | | |  | | | |
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| Watoto: | | | | *Uhusiano* | | | *Umri wa Sasa* | | | |  | | |  | | | |  | | | |
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|  | | | |  | | |  | | | | Jumla ya Mapato ya Familia (a) | | | Jumla ya Mapato kwa Mwaka (b) | | | | Jumla ya AGI kwa Mwaka (c) | | | |
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|  | | | |  | | |  | | | | *Tarehe ya Kuthibitishwa kwa SFS%:* | | | **Kikomo cha Juu Zaidi Kila Mwezi [(b/12) x(.05)]** | | | | **Asilimia ya SFS Iliyobainishwa** | | | |
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| Nimeelezewa kwa nini Mpango wa Watoto Wachanga unatakiwa kuomba namba ya ustawi wa jamii ya mtu mzima ambaye anawajibika kifedha kwa mtoto aliyeandikishwa katika mpango wa ITP. Kwa kutia saini yangu hapa chini, ninathibitisha kuwa maelezo ya kushiriki katika mpango na ya familia niliyotoa hapo juu ni ya kweli kadri ya ufahamu wangu, na kuwa ninaelewa kwa nini mpango wa ITP unaomba maelezo ya ukubwa wa familia na namba ya ustawi wa jamii ya mtu mzima anayewajibika kifedha. | | | | | | | | | | | | | | | | | | | | | |
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| Saini ya Mzazi/Mlezi | | | | |  | | | Tarehe | | |  | | Saini ya Mwakilishi wa ITP | | | | |  | Tarehe | | | |