|  |  |
| --- | --- |
| *North Carolina Infant-Toddler Qhov kev pab cuam* |  |

*Daim ntawv thov kev tshuaj xyuas nyiaj txiag thiab kev hloov kho vim muaj kev nyuaj siab*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cov ntaub ntawv tus neeg siv khoom:** | | | | | | | | | | | |
| Lub npe ntawm tus neeg thov: | | |  | | | | Hnub tim: | | | |  |
| Txoj Kev Chaw Nyob: | |  | | | | | Lub Npe Tus Me Nyuam: | | | |  |
| Lub Nroog, Xeev, Zip: | |  | | | | | Hnub yug me nyuam: | | | |  |
| Xov tooj hauv tsev: | |  | | | | | Tus neeg saib xyuas kev pabcuam: | | | |  |
| Lwm tus xov tooj: | |  | | | | |  | | | |  |
|  | | | | | | | | | | | |
| **Cov ntaub ntawv nyuaj:** | | | | | | | | | | | |
| ***Qeb*** | ***Cov ntaub ntawv muab*** | | | | | | | | | ***Qhov cuam tshuam ntawm Kev poob thiab/lossis Nqi*** | |
| **Poob Tsev** |  | | | | | | | | |  | |
| **Kev poob haujlwm** |  | | | | | | | | |  | |
| **Cov nqi kho mob dav** |  | | | | | | | | |  | |
| *(Yog xav paub ntxiv txog ITP Kev Kho Mob Kho Mob, thov tshuaj xyuas cov (FAQ) thiab suav nrog cov ntaub ntawv txhawb nqa)* | | | | | | | | | | | |
| ***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:** | | | |  |  | | | | | | |
|  | | | | | | | | | | | |
| ***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 | | | |