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

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| --- |
| **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 |