|  |  |
| --- | --- |
| *Mpango wa Watoto Wachanga wa North Carolina* |  |

*Ombi la Ukaguzi wa Kifedha na Marekebisho ya Hali ya Ugumu wa Maisha*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Maelezo ya Mteja:** | | | | | | | | | | | |
| Jina la Mwombaji: |  | | | | | Tarehe ya Kutuma Ombi: | | | | |  |
| Anwani ya Mtaa: |  | | | | | Jina la Mtoto: | | | | |  |
| Jiji, Jimbo, Msimbo wa Eneo: |  | | | | | Tarehe ya Kuzaliwa ya Mtoto: | | | | |  |
| Namba ya Simu ya Nyumbani: |  | | | | | Mratibu wa Huduma: | | | | |  |
| Namba Nyingine ya Simu: |  | | | | |  | | | | |  |
|  | | | | | | | | | | | |
| **Maelezo ya Hali ya Ugumu wa Maisha:** | | | | | | | | | | | |
| ***Aina*** | | | ***Hati Zilizotolewa*** | | | | | | | ***Athari ya Kupoteza na/au Gharama*** | |
| **Kupoteza Makao** | | |  | | | | | | |  | |
| **Kupoteza Kazi** | | |  | | | | | | |  | |
| **Gharama Kubwa za Matibabu** | | |  | | | | | | |  | |
| *(Tafadhali angalia sehemu ya Maswali Yanayoulizwa Sana kuhusu Marekebisho ya Hali ya Ugumu wa Maisha ya ITP ili upate maelezo zaidi na uambatishe hati ya uthibitishaji kama inavyohitajika)* | | | | | | | | | | | |
| ***Kwa Matumizi ya Ofisi Kuu ya CDSA Pekee*** | | | | | **Tarehe ya Kupokewa kwa Fomu ya Maombi Iliyojazwa:** | | | | | | |
| AGI ya Sasa: | | Asilimia ya SFS ya Sasa: | | | | | | | Tarehe ya Ubainishaji wa Awali: | | |
| Kikomo cha Juu cha Jumla cha Sasa: | | | | | AGI Iliyorekebishwa (ikiwepo): | | | | | | |
| Marekebisho Yanayopendekezwa jinsi ilivyoelezwa hapa chini: | | | | | USIPENDEKEZE marekebisho; endelea kutumia SFS% ya sasa. | | | | | | |
| **SFS% Iliyorekebishwa:** | | | |  | Sababu za kutoidhinishwa: | | | | | | |
| **Kikomo cha Juu cha Jumla:** | | | |  |  | | | | | | |
| **Tarehe ya Kupendekezwa:** | | | |  |  | | | | | | |
| **Kipindi cha Muda wa Marekebisho:** | | | |  |  | | | | | | |
| **Tarehe ya Ukaguzi Unaohitajika:** | | | |  |  | | | | | | |
|  | | | | | | | | | | | |
| ***Kwa Matumizi ya Mkurugenzi wa CDSA Pekee*** | | | | | | | | | | | |
| Idhinisha Marekebisho jinsi ilivyopendekezwa hapo juu | | | | | Kataa marekebisho; endelea kutumia SFS% ya sasa. | | | | | | |
| Idhinisha marekebisho na mabadiliko yaliyo hapa chini | | | | | Sababu za kutoidhinishwa: | | | | | | |
| **SFS% Iliyorekebishwa:** | | | |  |  | | | | | | |
| **Kikomo cha Juu cha Jumla:** | | | |  |  | | | | | | |
| **Tarehe ya Kupendekezwa:** | | | |  |  | | | | | | |
| **Kipindi cha Muda wa Marekebisho:** | | | |  |  | | | | | | |
| **Tarehe ya Ukaguzi Unaohitajika:** | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | |
| Saini ya Mkurugenzi wa CDSA | | | | | | |  | Tarehe | | | |