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| ***北卡罗来纳州婴幼儿计划*** |  |

***财务审查和困难调整申请表***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **客户信息：** | | | | | | | | | | | |
| 申请人姓名： |  | | | | | | | 申请日期： | | |  |
| 街道地址： |  | | | | | | | 儿童姓名： | | |  |
| 市、州、邮编 |  | | | | | | | 子女出生日期： | | |  |
| 家庭电话： |  | | | | | | | 服务协调员： | | |  |
| 其他电话： |  | | | | | | |  | | |  |
|  | | | | | | | | | | | |
| **困难信息：** | | | | | | | | | | | |
| ***种类*** | | | | ***提供的证明文件*** | | | | | | ***损失和/或费用的影响*** | |
| **失去住房** | | | |  | | | | | |  | |
| **失业** | | | |  | | | | | |  | |
| **大量医疗费用** | | | |  | | | | | |  | |
| *（请参阅 ITP 困难调整常见问题解答 (FAQ) 了解更多信息，并按要求附上验证文件）* | | | | | | | | | | | |
| ***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 | | | | |