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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 |