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| ***برنامه نوزادان - اطفال نوپای کارولینای شمالی*** |  |

***بررسی مالی و درخواست تعدیل سختی***

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| **معلومات مراجعه کننده:** | | | | | | | | | | | |
| نام متقاضی: |  | | | | | | | تاریخ درخواست: | | |  |
| آدرس سرک: |  | | | | | | | نام طفل: | | |  |
| شهر، ايالت، کود پستی: |  | | | | | | | تاریخ تولد طفل: | | |  |
| تیلفون خانگی: |  | | | | | | | هماهنگ کننده خدمات: | | |  |
| تیلفون دیگر: |  | | | | | | |  | | |  |
|  | | | | | | | | | | | |
| **معلومات سختی:** | | | | | | | | | | | |
| ***کتگوری*** | | | | ***اسناد ارائه شده*** | | | | | | ***اثر زیان و/یا هزینه*** | |
| **از دست دادن خانه** | | | |  | | | | | |  | |
| **از دست دادن وظیفه** | | | |  | | | | | |  | |
| **هزینه‌های طبی گسترده** | | | |  | | | | | |  | |
| *(لطفاً برای معلومات بیشتر به سوالات متداول در مورد تعدیل سختی ITP مراجعه کنید و در صورت لزوم مدارک تأیید را ضمیمه کنید)* | | | | | | | | | | | |
| ***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 | | | | |