|  |  |
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| *Pwogram pou Tibebe ak Timoun Piti Karolin Dinò* |       |

*Aplikasyon pou Revizyon Finansye ak Ajisteman pou Difikilte*

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| **Enfòmasyon Kliyan:** |
| Non Aplikan an:  |       | Dat Aplikasyon an: |       |
| Adrès lari: |       | Non Timoun nan: |       |
| Vil, Eta, Kòd Postal: |       | Dat nesans timoun nan: |       |
| Telefòn lakay: |       | Kowòdinatè Sèvis: |       |
| Lòt Telefòn: |       |       |       |
|  |
| **Enfòmasyon sou difikilte:** |
| ***Kategori*** | ***Dokimantasyon yo bay*** | ***Efè Pèt ak/oswa Pri*** |
| **Pèt Kay** |       |       |
| **Pèt Travay** |       |       |
| **Depans Medikal Ki Anpil** |       |       |
| *(Tanpri gade FAQ sou Ajisteman Difikilte ITP pou plis enfòmasyon epi tache dokiman verifikasyon jan sa nesesè)* |
| ***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 |