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| **उत्तरी केरोलिना शिशु-बच्चा कार्यक्रम** |  |

**वित्तीय समीक्षा और कठिनाई समायोजन आवेदन**

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| **ग्राहक की सूचना:** | | | | | | | | | | | |
| आवेदक का नाम: |  | | | | | | | आवेदन की तारीख: | | |  |
| गली का पता: |  | | | | | | | बच्चे का नाम: | | |  |
| शहर, राज्य, ज़िप: |  | | | | | | | बच्चे की जन्म तारीख: | | |  |
| घर का फोन: |  | | | | | | | सेवा समन्वयक: | | |  |
| अन्य फोन: |  | | | | | | |  | | |  |
|  | | | | | | | | | | | |
| कठिनाई सूचना: | | | | | | | | | | | |
| *श्रेणी* | | | | *दस्तावेज़ीकरण प्रदान किया गया* | | | | | | *नुकसान और लागत का प्रभाव* | |
| घर का नुकसान | | | |  | | | | | |  | |
| नौकरी का नुकसान | | | |  | | | | | |  | |
| ***व्यापक चिकित्सा लागत*** | | | |  | | | | | |  | |
| *((कृपया अधिक जानकारी के लिए ITP कठिनाई समायोजन अक्सर पूछे जाने वाले प्रश्न (FAQ) देखें और आवश्यकतानुसार सत्यापन दस्तावेज संलग्न करें)* | | | | | | | | | | | |
| ***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%:** | |  | | | **कारण (कारणों) स्वीकृत नहीं:** | | | | | | |
| **Gross Cap:** | |  | | |  | | | | | | |
| **Date Recommended:** | |  | | |  | | | | | | |
| **Adjustment Time Frame:** | |  | | |  | | | | | | |
| **Required Review Date:** | |  | | |  | | | | | | |
|  | | | | | | | | | | | |
| ***For CDSA Business Office 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 | | | | |