

*North Carolina Infant-Toddler Program*

*Frequently Asked Questions  
Financial Review and Hardship Adjustment*

**1. Why does the ITP have a financial review and hardship adjustment process?**

This process ensures that specific changes to a family's financial situation are considered, when needed, to determine the family's ability to pay for services. Ability to pay for services is determined by the ITP Sliding Fee Scale (SFS). The SFS is based on family unit size and the verified family adjusted gross income (AGI).

**2. For what specific financial situations may I ask for a hardship adjustment?**

A hardship adjustment request may be made for changes that may significantly affect a family's ability to pay for services. The hardship categories are loss of home, loss of employment/income or extensive current year out-of-pocket medical costs.

**3. How do I request a hardship adjustment?**

Complete the Financial Review and Hardship Adjustment Application to begin the process. Your service coordinator can assist with this process.

**4. What supporting documents are required to submit an application?**

Below are some examples for each hardship category. The CDSA business office may request additional verifying information.

Loss of Home:

- Insurance claim of total loss/ significant loss requiring family to move out
- Bank documentation of required action, if repossessed by bank

Loss of Employment or Income:

- Unemployment information and any benefit information
- Notice from employer
- In absence of employer verification letter, family may submit a letter including:
  - previous employer name
  - contact information
  - date of change in employment
  - amount of income lost

If the CDSA can verify the information this may be used to document need.

Extensive Out-of-Pocket Medical Costs:

- The medical expenses must:
  - occur in the current calendar year
  - not be reimbursed or reimbursable from a Health Savings Account
  - be at level greater than 10% of current AGI
- Medical bills, receipts of payments made, and explanation of benefits (EOB)
- Insurance plan information / subscriber card if not already on file with CDSA

**5. When will I know if my request has been approved?**

The CDSA must make a decision within 30 days of the date that all required application documents were received. The CDSA will verify when all required documents are received. This date will be put on the application form. You will receive a letter notifying you on the status of your application. An IFSP meeting will be held, if needed, to review the decision, update the IFSP, and complete financial paperwork. A family may follow the state complaint resolution process in cases of dispute.