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#### *မြောက်ကာရိုလိုင်းနား မွေးကင်းစ-လမ်းလျှောက်တတ်စကလေး အစီအစဉ်*

#### *ခေတ္တ ပြန်အမ်းငွေ ခွင့်ပြုချက်နှင့် ပြေစာ*

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| **အပိုင်း 1- အထွေထွေအချက်အလက်များ - အစောပိုင်းကြားဖြတ်ဆောင်ရွက်မှု ဝန်ဆောင်မှုညှိနှိုင်းရေးမှူး (EISC) နှင့် မိဘ/အုပ်ထိန်းသူက ဖြည့်စွက်ရမည်-** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Authorizing CDSA: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Child's Name: |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | DOB: | |  | | | | HSIS ID #: | | | |  | | | |
|  | Last | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | M.I. | |  | | MM / DD / YY | | | | | | | | | | | |
| Parent/Guardian Authorized for Payment: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | Last | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | M.I. | |  |
| Parent/Guardian Phone Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | |
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| Mailing Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |  | | |  | | | | | | |
|  | | | Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | State | | Zip Code | | | County of Residence | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| EISC’s Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | EISC Phone Number: | | | | | |  | | | | |
|  | | Last | | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| IFSP ခွင့်ပြုချက် စတင်သည့်နေ့- | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | သို့ | | | |  | | | | | | အဆုံးသတ်ရက်စွဲ | | | | | | IFSP Outcome Number: | | | | | | | | |  | |
| (\*အသုံးပြုမည့်ရက်စွဲအတွက် ညွှန်ကြားချက်များကိုကြည့်ပါ) | | | | | | | | | | | | | | | | | | | | | | MM / DD / YY | | | | | | | |  | | | | MM / DD / YY | | | | | |  | | | | | | | |  | | | | | | |  | |
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| **Section 2: Respite Authorization Approval – to be Completed by EISC and Approved by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | $5.00 | | | | **x** | | | |  | | | | | | **=** | |  | | | | | | **x** | | |  | | | | | | | **=** | | | $ | | | | | |  | | | | | | | | | | | | | | |
|  | Base Rate | | | | | | | Annual Family Service Percentage (AFSP) | | | | | | |  | | Family’s Hourly Rate | | | | | |  | | | Respite Hours Authorized | | | | | | |  | | | Maximum Reimbursement | | | | | |  | | | | | | | | | | | | | | |
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| EISC Signature and Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Finance Officer Signature and Date | | | | | | | | | | | | | | | | | | | | | |
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| **အပိုင်း 3- ခေတ္တဝန်ဆောင်မှုများအတွက် ပြေစာ - မိဘ/အုပ်ထိန်းသူမှ လစဉ် ဖြည့်စွက်ရမည်** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ပြန်အမ်းငွေအတွက် အပိုင်း 3 အားလုံးကို ဖြည့်ပြီး ***ဝန်ဆောင်မှု စတင်ခဲ့သည့်လ 20 ရက်နေ့ထက် နောက်မကျဘဲ*** သင့် EISC (အထက်ပါလိပ်စာ) တွင် ဤဖောင်ကို တင်သွင်းပါ။ ***(20 ရက်နေ့နောက်ပိုင်း ဝန်ဆောင်မှုများအတွက် နောက်လတွင် ပြေစာပေးပို့ပါ။)*** လိုအပ်ပါက သင်၏ EISC မှ အခြားပုံစံများကို ရယူနိုင်ပါသည်။ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ခေတ္တ ထောက်ပံ့ပေးသူ၏အမည်** (ကျေးဇူးပြု၍ ဖတ်ရှုနိုင်အောင် ပုံနှိပ်ပါ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ဝန်ဆောင်မှု ရက်စွဲ** | | | | | | **စတင်ချိန်**  (နံနက် သို့မဟုတ် ညနေ ကိုဝိုင်းပါ) | | | | | | | **အဆုံးသတ်ချိန်**  (နံနက် သို့မဟုတ် ညနေ ကိုဝိုင်းပါ) | | | | | |
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| **ကျွန်ုပ်၏ကလေးသည် အထက်ပါရက်စွဲများနှင့် အချိန်များတွင် ခေတ္တဝန်ဆောင်မှုများကို လက်ခံရရှိကြောင်း ကျွန်ုပ်အတည်ပြုပါသည်။** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| မိဘ/အုပ်ထိန်းသူ၏ လက်မှတ် | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | ပြန်အမ်းငွေပေးရန် EISC သို့ ပေးပို့သည့်ရက်စွဲ | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | **x** | |  | | | | | | **=** | | | $ | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Total Hours | | | |  | | | | Hourly Rate | | | |  | | | Total Reimbursement | | | | | | |  | | | | Finance Officer Signature Authorizing Reimbursement and Date | | | | | | | | | | | | | | | | | | | | | | | | |
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