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#### *北卡罗来纳州婴幼儿计划*

#### *暂托报销授权和发票*

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| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian**  **第 1 节：一般信息——由早期干预服务协调员 (EISC) 和父母/监护人填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 授权 CDSA： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 地址： | | | | | |  | | | | | | | | | | | | | | |
| 邮寄地址：： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 儿童姓名： | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | 出生日期： | | | | | | |  | | | HSIS ID #: | | | |  | | | |
|  | | 姓 | | | | | | | | | | | | | | | 名 | | | | | | | | | | | | 中名 | | |  | | | | | | | 年月日 | | | | | | | | | | |
| 授权付款的父母/监护人： | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | 姓 | | | | | | | | | | | | | | | | | | | | | 名 | | | | | | | | | | | | | | 中名 | |  |
| 父母/监护人电话号码： | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
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| 邮寄地址： | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |  | | | | |  | | | | | |
|  | | | 街道 | | | | | | | | | | | | | | | | | | | | | | | | 城市 | | | | | | | | | | | | 州 | 邮编 | | | | | 居住地县 | | | | | |
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| EISC 的姓名： | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | EISC 的电话号码： | | | | | | | | | |  | | | | | |
|  | | | | 姓 | | | | | | | | | | | | | | 名 | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| IFSP 授权开始日期： | | | | | | | | | | | | |  | | | | | | 至 | | | | |  | | | | | | | 结束日期 | | | | IFSP 结果编号： | | | | | | | | | | | | |  | |
| (\*see instructions for date to use) | | | | | | | | | | | | | 年月日 | | | | | |  | | | | | 年月日 | | | | | | |  | | | | | | |  | | | | | | | | | |  | |
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| **Section 2: Respite Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  **第 2 节： 暂托授权批准——由 EISC 填写、财务官批准** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Base Rate*/基本费率* | | | | | | Annual Family Service Percentage*/年度家庭服务比例* (AFSP) | | | | | |  | | Family’s Hourly Rate*/家庭小时费率* | | | | | | | | | |  | | Respite Hours Authorized/*授权的暂托小时* | | | | | | |  | Maximum Reimbursement/最高报销额 | | | | | | | | | | |  | | |
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| EISC 签名和日期 | | | | | | | | | | | | | | | | | | | | |  | | | | 财务官签名和日期 | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Invoice for Respite Services – to be Completed Monthly by Parent/Guardian**  **第 3 节： 暂托服务发票——由父母/监护人每月填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 对于报销，请填写全部第 3 节，并***在服务发生当月的 20 日之前***将此表格提交给 CDSA（地址见上文）的 EISC。***（对于 20 日之后提供的服务，请在下个月提交发票。）*** 需要时，您可以从 EISC 获得额外的表格。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **暂托提供方的名称**（请打印清楚） | | | | | | | | | | | | | | | **服务日期** | | | | | | | | | | | | | | | **开始时间**  （圈出上午或下午） | | | | | | | | | | | **结束时间**  （圈出上午或下午） | | | | | | | | |
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| **本人证明，本人的孩子在上述日期和时间接受了暂托服务。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 家长/监护人签名： | | | | | | | | | | | | | | | | | | | | |  | | | | 发送给 EISC 进行报销的日期 | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer**  **第 4 节：报销授权——由财务官填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Total Hours*/总时数* | | |  | Hourly Rate/*小时费率* | | | |  | | Total Reimbursement/报销总额 | | | | | | | | |  | | Finance Officer Signature Authorizing Reimbursement and Date /  *财务官签字授权报销和日期* | | | | | | | | | | | | | | | | | | | | | | | | | | | |