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|       |

#### *North Carolina Infant-Toddler Program*

#### *Otorizasyon ak Fakti pou Ranbousman Soulajman*

|  |
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|  |
| **Seksyon 1: Enfòmasyon Jeneral – pou Kowòdinatè Sèvis Entèvansyon Bonè (EISC) ak Paran/Gadyen an ranpli**: |
|  |
| Authorizing CDSA:  |       | Address: |       |
| Mailing Address: : |       |
|  |  |
| 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: |       |  |  |  |
|  |  |  |  |  |  |
| Mailing Address: |       |       |    |       |       |
|  | Street | City | State | Zip Code | County of Residence |
|  |  |
| EISC’s Name:  |       |       | EISC Phone Number: |       |
|  | Last | First |  |  |
| Dat Kòmansman Otorize IFSP: |        | pou  |       | Dat Finisman | IFSP Outcome Number: |       |
| (\*gade enstriksyon yo pou dat pou itilize a) | MM / DD / YY |  | MM / DD / YY  |  |  |  |
|  |
| **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 |  |
|       |  |       |
| EISC Signature and Date  |  | Finance Officer Signature and Date  |
|  |
| **Seksyon 3: Fakti pou Sèvis Transpò – Paran/Gadyen an dwe ranpli chak mwa** |
| Pou ranbousman, ranpli tout Seksyon 3 a epi soumèt fòm sa a bay EISC ou a nan CDSA a (adrès ki anwo a)***pa pita pase 20yèm jou nan mwa sèvis la te fèt la***. ***(Pou sèvis ki fèt apre 20yèm lan,*** ***soumèt fakti a nan mwa ki vin apre a.)*** Ou ka jwenn lòt fòm nan men EISC ou a jan sa nesesè. |
| **Non Founisè Sèvis Repi a** (tanpri ekri byen klè) | **Dat Sèvis la** | **Lè Kòmansman**(antoure am oubyen pm) | **Lè Finisman**(antoure am oubyen pm) |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
| **Mwen sètifye ke pitit mwen an te resevwa sèvis transpò nan dat ak lè ki anwo yo.** |
|       |  |       |
| Siyati Paran/Gadyen an |  | Dat yo te voye l bay EISC pou ranbousman  |
|  |
| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer** |
|  |       | **x** |  | **=** | $       |  |       |
|  | Total Hours |  | Hourly Rate |  | Total Reimbursement |  | Finance Officer Signature Authorizing Reimbursement and Date |
|  |  |  |