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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**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  |
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| Parent/Guardian Phone Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |
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| Mailing Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  | | |  | | | | | | |
|  | | | Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | State | Zip Code | | | County of Residence | | | | | | |
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| 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 | | | | | |  | | | | | | | | | |  | | | | | | |  | |
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| **Section 2: Respite Authorization Approval – to be Completed by EISC and Approved by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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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| **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) | | | | |
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| **Mwen sètifye ke pitit mwen an te resevwa sèvis transpò nan dat ak lè ki anwo yo.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Siyati Paran/Gadyen an | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Dat yo te voye l bay EISC pou ranbousman | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | Total Hours | | | |  | | | | Hourly Rate | | | |  | | | Total Reimbursement | | | | | | |  | | | | Finance Officer Signature Authorizing Reimbursement and Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
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