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| *North Carolina Infant-Toddler Qhov kev pab cuam* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| *Thov them nyiaj thiab daim ntawv qhia nqe rau cov nuj nqis* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian**  **Tshooj 1: Tus Thawj Saib Xyuas Kev Pabcuam Thaum Ntxov (EISC) thiab niam txiv lossis tus saib xyuas yuav tsum ua kom tiav cov lus qhia dav hauv qab no.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tso cai CDSA: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Chaw nyob: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Chaw Nyob Xa Ntawv: : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lub Npe Tus Me Nyuam: | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | Hnub yug: | | |  | | | | | HIS ID #: | | | | |  | | | |
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| Niam Txiv/Tus Saib Xyuas Tso Cai rau Kev Them Nyiaj: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| Niam Txiv/Tus Saib Xyuas Xov Tooj: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| EISC Lub Npe: | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | EISC Xov tooj: | | | | | | | | | | | |  | | | | | | | | | |
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| IFSP Tso Cai Pib Hnub: | | | | | | | | | |  | | | rau | |  | | | | | Hnub Kawg | | | | | | | | | | | | | | | | | IFSP Tus lej Tau Txais: | | | | | | | | | | | | | | | | |  | | | |
| (\*see instructions for date to use) | | | | | | | | | | MM / DD / YY | | |  | | MM / DD / YY | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
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| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  **Tshooj 2: Tus Thawj Tswj Nyiaj Txiag pom zoo ntawm EISC-tiav Daim Ntawv Tso Cai Mus Ncig** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | State Mileage Rate / xeev cov neeg sib pab | | | | | | Annual Family Service Percentage / *Ib Xyoo Kev Pabcuam Tsev Neeg Feem Xyuam* (AFSP) | | | | | | | | |  | Family’s Travel Rate / *Tsev Neeg Tus Nqi Mus Los* | | | | | | | | | | Miles per Round Trip / *mais ib puag ncig* | | | | | | | |  | | | | | # of Trips Authorized / *# ntawm kev mus ncig ua si tso cai* | | | | | | Maximum Reimbursement / *Kev them nyiaj siab tshaj plaws* | | | | | | | | | | |  |
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|  | | Estimated Other Travel Expenses (bus, taxi, etc.) /  *Kwv yees lwm cov kev siv tsheb kauj vab (tsheb npav, tsheb tavxij, thiab lwm yam)* | | | | | | | | | | | | | | | | | | | | | | |  | | | | AFSP | | | | | | # of Trips Authorized / *# ntawm kev mus ncig ua si tso cai* | | | | | | | | | | | | Maximum Reimbursement / *Kev them nyiaj siab tshaj plaws* | | | | | | | | |  | |
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| EISC Kos Npe thiab Hnub tim | | | | | | | | | | | | | | | | | | |  | | | Tus Neeg Saib Xyuas Nyiaj Txiag Kos Npe thiab Hnub Tim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Invoice for Transportation Services – to be Completed Monthly by Parent/Guardian**  **Tshooj 3: Caw rau Kev Thauj Mus Los - kom tiav txhua hli los ntawm niam txiv / tus saib xyuas** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rau kev them nyiaj rov qab, ua kom tiav tag nrho ntawm Tshooj 3 thiab xa daim foos no rau koj EISC ntawm CDSA (chaw nyob saum toj saud) ***ua ntej 20th ntawm lub hli tom qab lub hli uas tau muab kev pabcuam.(Cov ntawv xa nyiaj rau kev ua haujlwm dhau hnub tim 20 ntawm lub hli yuav tsum xa tuaj rau lub hlis tom ntej.)*** EISC yuav muaj cov ntaub ntawv ntxiv uas koj xav tau. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hnub tim:** | | | | | | **Lo lus uas peb** (thov luam tawm kom paub tseeb) | | | | | | | | | | | | | | | | | | | | | | | | | | | **Kev mus ncig lossis hom kev thauj mus los siv** (daim ntawv qhia yuav tsum txuas). | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Kuv tus menyuam thauj tau cov hnub thiab sijhawm, thiab kuv yog li ntawd yog qhov no.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Niam Txiv/Tus Saib Xyuas Kos Npe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Hnub xa mus rau EISC rau Kev Them Nyiaj Rov Qab | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer**  **Tshooj 4: Kev Tso Cai Tswj Nyiaj Txiag rau Kev Them Nyiaj Rov Qab** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Total Authorized Reimbursement / *cov nyiaj tso cai tso cai* | | | | | | | | | | | | | | | | | | |  | | | | | Finance Officer Signature Authorizing Reimbursement and Date /  *Hnub tim thiab pom zoo kos npe ntawm Tus Thawj Saib Xyuas Nyiaj Txiag* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |