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| *Mpango wa Infant-Toddler wa North Carolina* |  |

*Mkataba wa Mkopo wa Teknolojia ya Msaada*

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| **Jina la Mtoto:** |  | | | | | **Tarehe ya Kuzaliwa kwa Mtoto:** |  | | |  | | | |
| **Tarehe Kifaa Kilipopokelewa na CDSA:** | | |  | | | **Tarehe kilipowasilishwa kwa Familia/Mtoa huduma:** | |  | | | | |  |
|  | | | |  | |  | | | | |  | |  |
| **Nambari ya ankara:** | |  | **Kipengee:** | |  | | | | **Thamani:** | | | $ | |
| **Nambari ya ankara:** | |  | **Kipengee:** | |  | | | | **Thamani:** | | | $ | |
| **Nambari ya ankara:** | |  | **Kipengee:** | |  | | | | **Thamani:** | | | $ | |
| **Nambari ya ankara:** | |  | **Kipengee:** | |  | | | | **Thamani:** | | | $ | |
| **Nambari ya ankara:** | |  | **Kipengee:** | |  | | | | **Thamani:** | | | $ | |
| **Nambari ya ankara:** | |  | **Kipengee:** | |  | | | | **Thamani:** | | | $ | |
| **Nambari ya ankara:** | |  | **Kipengee:** | |  | | | | **Thamani:** | | | $ | |

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| Mimi ndimi ninayewajibika kwa mkopo huu na ninakubali yafuatayo kama ilivyoonyeshwa kwa herufi za kwanza (na saini hapa chini): | | | | | | | | | | | | | | | | | | |
| **Mtoa Huduma:** | | | | | | | | | | | | | | | | | | |
|  | | 1. Kifaa kilichopokelewa ni safi na katika hali ya kufanya kazi. Betri zilitolewa ikiwa inafaa. (Betri zitatolewa tu wakati wa awali wa mkopo.) | | | | | | | | | | | | | | | | |
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|  | | 2. Kifaa kitatumika tu na mtoto aliyeteuliwa (kifaa hakiwezi kuhamishwa). | | | | | | | | | | | | | | | | |
|  | | 3. **Ninaelewa kuwa matumizi ya teknolojia hii saidizi (AT) ni kwa MKOPO. Ninakubali kurejesha AT wakati haihitajiki tena** kwa tathmini na majaribio ya vifaa au kuhamisha mkopo kwa familia iliyoteuliwa kama ilivyoamuliwa na timu ya IFSP na kuratibiwa na EISC. | | | | | | | | | | | | | | | | |
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| **Familia:** | | | | | | | | | | | | | | | | | | |
|  | | 1. Kifaa kilichopokelewa ni safi na katika hali ya kufanya kazi. Betri zilitolewa ikiwa inafaa. (Betri zitatolewa tu wakati wa awali wa mkopo.) | | | | | | | | | | | | | | | | |
|  | |
|  | | 2. Nilielekezwa katika matumizi na utunzaji sahihi wa kifaa na jinsi kifaa kitasaidia kushughulikia matokeo ya IFSP. Ninakubali kuwajibikia matumizi, utunzaji, usafishaji na matengenezo yanayofaa ya kifaa. | | | | | | | | | | | | | | | | |
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|  | | 3. Ninakubali kuarifu EISC ikiwa kifaa hakifanyi kazi ipasavyo. Kipengee hakitarekebishwa wala kubadilishwa kwa njia yoyote ya kudumu. | | | | | | | | | | | | | | | | |
|  | | 4. Kifaa kitatumika tu na mtoto aliyeteuliwa. | | | | | | | | | | | | | | | | |
|  | | 5. Ninakubali kuwasiliana mara kwa mara na timu ya EISC na IFSP ya mtoto wangu kuhusu hitaji linaloendelea na matumizi ya kifaa kuhusiana na kufikia matokeo ya IFSP. | | | | | | | | | | | | | | | | |
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|  | | 6. Ninaelewa kuwa ninaweza kuomba usaidizi na mafunzo yanayoendelea kutoka kwa EISC kuhusiana na matumizi ya kifaa ili kutimiza matokeo ya IFSP. EISC itaratibu wafanyakazi wanaofaa kutoa usaidizi | | | | | | | | | | | | | | | | |
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|  | | 7. **Ninaelewa kuwa matumizi ya teknolojia hii saidizi (AT) ni kwa MKOPO. Ninakubali kurejesha AT wakati haihitajiki tena** ili kufikia matokeo ya IFSP, wakati mtoto wangu hajasajiliwa tena, au mtoto wangu anapoondoka kwenye Mpango wa Watoto Wachanga. | | | | | | | | | | | | | | | | |
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|  | | 8. **Ninaelewa kuwa ninaweza kuwajibikia kifaa kilichopotea, kuharibika au kutorejeshwa kwa mkopo kwa mtoto wangu.** | | | | | | | | | | | | | | | | |
| **Saini:** |  | | | | | | | | **Tarehe Iliyopokelewa:** | | |  | | | | |  | |
| **Andika Jina:** | | | |  | | | | | **Mahusiano na Mtoto** | | |  | | | | |  | |
| **Service Provider’s Name:** | | | | |  | | | **Service Provider’s Sigmature:** | | | | | |  | | | |  |
| Name of Service Provider’s Agency: | | | | | |  | | | | | | | | | | | |  |
| Address: | | |  | | | | City: | | |  | State: | |  | | Zip Code: |  | |  |
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