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

# Ombi la Mzazi la Upatanishi na/au Mchakato wa Malipo ya Utawala

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| **Jina la Mtoto:** | | |  | | | | | | | | | | **Tarehe ya Kuzaliwa:** | | | |  | | | | |
| Anwani ya Mtoto: | | | |  | | | | | | | | | | | | | | | | | |
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| Jina la Mzazi: | | | |  | | | | | | | | | | | | | | | | | |
| Anwani ya Mzazi: | | | |  | | | | | | | | | | | | | | | | | |
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| Simu ya Mzazi: | | | |  | | | | | | Wakati Mwafaka wa Kupiga Simu: | | | | | |  | | | | | |
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| Jina la Shirika Linalolaumiwa: | | | | | |  | | | | | | | | | | | | | | | |
| Jina la Mtu Anayelaumiwa: | | | | |  | | | | | | | | | | | | | | | | |
| Anwani: | |  | | | | | | | | | | | | | | | | | | | |
| Simu: | |  | | | | | | |  | | | | | | | | | | | | |
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| Tafadhali toa taarifa ya ukweli inayoelezea asili ya malalamiko. (Unaweza kuambatisha ukurasa wa ziada ikiwa ni lazima). | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Ninaelewa kuwa kwa kujaza na kuwasilisha fomu hii kwa Mpango wa Infant-Toddler wa North Carolina katika anwani iliyo hapa chini,  Ninawasilisha ombi rasmi la Upatanishi na / au Mchakato wa Usikilizaji Kutokana na Utawala. | | | | | | | | | | | | | | | | | | | | | |
| Ninaelewa kuwa nina Haki fulani za Mtoto na Familia chini ya Mpango wa Infant-Toddler wa North Carolina kuhusiana na utatuzi wa mizozo. Nimepokea nakala ya *Notisi ya Haki ya Watoto na Familia ya Mpango wa North Carolina Infant-Toddler*. Nimefahamishwa na kuelewa haki zangu chini ya Mpango wa Infant-Toddler. | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | |  | | | | |  | | |
|  | *Saini ya Mzazi* | | | | | | | | | | |  | | *Tarehe* | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Early Intervention Section Part C Director  Division of Child and Family Well-Being  1916 Mail Service Center  Raleigh, NC 27699-1916 | | | | | | | |  | **Kwa Matumizi ya Ndani Pekee / For Office Use Only** | | | | | | | | | |  | |  |
|  | | | | | | | |  | Date received by CDSA | | |  | | | | | | | N/A | |  |
|  | | | | | | | |  | Date received by Early Intervention Section state office | | | | | | | | | |  | |  |
|  | | | | | | | |  |  | | | | | | |  | | | | |  |