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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Jina la Mtoto:** |  | **Tarehe ya Kuzaliwa:** |  |
| Anwani ya Mtoto:  |       |
|  |       |
| Jina la Mzazi: |       |
| Anwani ya Mzazi: |       |
|  |       |
| Simu ya Mzazi: |       | Wakati Mwafaka wa Kupiga Simu: |       |
|  |       |  |       |
|  |  |
|  |
| Jina la Shirika Linalolaumiwa: |       |
| Jina la Mtu Anayelaumiwa: |       |
| Anwani: |       |
| Simu: |       |  |
|  |
| 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 DirectorDivision of Child and Family Well-Being1916 Mail Service CenterRaleigh, 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  |       |  |
|  |  |  |  |  |