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

#### *Uidhinishaji na Ankara ya Kurejesha Pesa za Mapumziko Mafupi*

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| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian:**  **Sehemu ya 1: Maelezo ya Jumla - yatakamilishwa na Mratibu wa Huduma ya Mapema (EISC) na Mzazi/Mlezi**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CDSA Inayoidhinisha: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Anwani: | | | |  | | | | | | | | | | | | | | |
| Anwani ya Barua: : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jina la Mtoto: | |  | | | | | | |  | | | | | | |  | | | | | Tarehe ya Kuzaliwa: | | | | | | | | | | |  | | | | | | | | | Nambari ya Kitambulisho cha HSIS: | | | | | | | | | |  |
|  | | Mwisho | | | | | | | Kwanza | | | | | | | Herufi ya Kati | | | | |  | | | | | | | | | | | Mwezi /Siku /Mwaka | | | | | | | | | | | | | | | | | | | |
| Mzazi/Mlezi Aliyeidhinishwa kwa Malipo: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | |
|  | | | | | | | | | | | | | Mwisho | | | | | | | | | | | | | | | | | | | | | | | Kwanza | | | | | | | | | Herufi ya Kati | | | | |  | |
| Nambari ya Simu ya Mzazi/Mlezi: | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |
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| Anwani ya Barua: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | |  | | |
|  | | | Mtaa | | | | | | | | | | | | | | | | | | | | | | | | | Jiji | | | | | | | | | | | | Jimbo | | | | Msimbo wa Eneo | | | | | Nchi Anayoishi | | |
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| Jina la EISC: | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Nambari ya Simu ya EISC: | | | | | | | | | | |  | | | | | |
|  | | Mwisho | | | | | | | | | | | | | | | | | Kwanza | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| Tarehe ya Kuanza Iliyoidhinishwa na IFSP: | | | | | | | | | | | | | |  | | | | | | Kwa | | |  | | | | | | | | | | | Tarehe ya Kumaliza | | | | | | | | | Nambari ya Matokeo ya IFSP | | | | | | | |  |
| (\*angalia maagizo ya tarehe ya matumizi) | | | | | | | | | | | | | | Mwezi /Siku /Mwaka | | | | | |  | | | Mwezi /Siku /Mwaka | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  |
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| **Section 2: Respite Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  **Sehemu ya 2: Uidhinishaji wa Mapumziko Mafupi - Kukamilishwa na EISC na Kuidhinishwa na Afisa wa Fedha** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Base Rate / *Nauli ya Basi* | | | | | | | Annual Family Service Percentage / *Asilimia ya Huduma ya Familia ya Kila Mwaka* / AFSP | | | | | | |  | Family’s Hourly Rate/ *Ada ya Kila Saa ya Familia* | | | | | | | | |  | | Respite Hours Authorized / *Muda wa Ucheleweshwaji Umeidhinishwa* | | | | | | | | | |  | | | Maximum Amount of Reimbursement / *Kiasi cha Juu cha Urejeshaji* | | | | | |  | | | |
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| Saini ya EISC na Tarehe | | | | | | | | | | | | | | | | | | | | | |  | | | Saini ya Afisa Fedha na Tarehe | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Invoice for Respite Services – to be Completed Monthly by Parent/Guardian**  **Sehemu ya 3: Ankara ya Huduma za Ucheleweshwaji - Itakamilishwa Kila Mwezi na Mzazi/Mlezi** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ili urejeshewe pesa, jaza Sehemu yote ya 3 na uwasilishe fomu hii kwa EISC yako katika CDSA (anwani iliyo hapo juu) ***kabla ya tarehe 20 mwezi ambapo huduma ilifanyika***. ***(Kwa huduma zinazotolewa baada ya tarehe 20, wasilisha ankara katika mwezi unaofuata.)***  Unaweza kupata fomu za ziada kutoka kwa EISC yako inapohitajika. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jina la Mtoa Huduma za Ucheleweshwaji** (andika vizuri) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Tarehe za Huduma** | | | | | | | | **Saa ya Kuanza**  (vingira am au pm) | | | | | | | | | **Muda wa Kuisha**  (vingira am au pm) | | | | |
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| **Ninathibitisha kuwa mtoto wangu alipata huduma za mapumziko mafupi tarehe na nyakati zilizo hapo juu.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Saini ya Mzazi au Mlezi | | | | | | | | | | | | | | | | | | | | | |  | | | Tarehe iliyotumwa kwa EISC kwa Kurejeshewa | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer:**  **Sehemu ya 4: Uidhinishaji wa Kurejesha Pesa - kukamilishwa na Afisa wa Fedha:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Total Hours / Jumla ya Saa | | | |  | | Hourly Rate / Ada ya Kila Saa | | | | |  | | | Total Reimbursment / Jumla ya Pesa Zinazorejeshwa | | | | | | | | |  | | Finance Officer Signature Authorizing Reimbursment and Date /  Saini ya Afisa Fedha Inayodhinisha Kurejeshewa Pesa na Tarehe | | | | | | | | | | | | | | | | | | | | | | | | | |