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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**: |
|  |
| CDSA Inayoidhinisha:  |       | Anwani: |       |
| Anwani ya Barua: : |       |
|  |  |
| 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: |       |  |  |  |
|  |  |  |  |  |  |
| Anwani ya Barua: |       |       |    |       |       |
|  | Mtaa | Jiji | Jimbo | Msimbo wa Eneo | Nchi Anayoishi |
|  |  |
| 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  |  |  |  |
|  |
| **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** |
|  | $5.00 | **x** |       | **=** |       | **x** |       | **=** |  $      |  |
|  | 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* |  |
|       |  |       |
| Saini ya EISC na Tarehe  |  | Saini ya Afisa Fedha na Tarehe  |
|  |
| **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) |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
| **Ninathibitisha kuwa mtoto wangu alipata huduma za mapumziko mafupi tarehe na nyakati zilizo hapo juu.** |
|       |  |       |
| Saini ya Mzazi au Mlezi |  | Tarehe iliyotumwa kwa EISC kwa Kurejeshewa  |
|  |
| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer:****Sehemu ya 4: Uidhinishaji wa Kurejesha Pesa - kukamilishwa na Afisa wa Fedha:** |
|  |       | **x** |  | **=** | $       |  |       |
|  | 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 |