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#### *North Carolina Infant-Toddler Program*

#### *Respite Reimbursement Authorization & Invoice*

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| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC ) and Parent/Guardian**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Authorizing CDSA: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | | | |
| Mailing Address: : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Child's Name: |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | DOB: | | | | |  | | | HSIS ID #: | | | |  | | | |
|  | Last | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | M.I. | |  | | | | | MM / DD / YY | | | | | | | | | | |
| Parent/Guardian Authorized for Payment: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | Last | | | | | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | M.I. | |  |
| Parent/Guardian Phone Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |
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| Mailing Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  | | |  | | | | | | |
|  | | | Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | State | Zip Code | | | County of Residence | | | | | | |
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| EISC’s Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | EISC Phone Number: | | | | | | |  | | | | | |
|  | | Last | | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |
| IFSP Authorized Start Date: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | To | | | |  | | | | | | End Date | | | | | IFSP Outcome Number: | | | | | | | | | | | |  | |
| (\*see instructions for date to use) | | | | | | | | | | | | | | | | | | | | | | MM / DD / YY | | | | | | | |  | | | | MM / DD / YY | | | | | |  | | | | | | | | | |  | | | | | | |  | |
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| **Section 2: Respite Authorization Approval – to be Completed by EISC and Approved by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Base Rate | | | | | | | Annual Family Service Percentage (AFSP) | | | | | | |  | | Family’s Hourly Rate | | | | | |  | | | Respite Hours Authorized | | | | | | |  | | | Maximum Reimbursement | | | | | |  | | | | | | | | | | | | | | | | |
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| EISC Signature and Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Finance Officer Signature and Date | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Invoice for Respite Services – to be Completed Monthly by Parent/Guardian** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For reimbursement, complete all of Section 3 and submit this form to your EISC at the CDSA (address above) ***no later than the 20th of the month in which the service occurred***. ***(For services provided after the 20th, submit invoice in the following month.)*** You may obtain additional forms from your EISC as needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Respite Provider’s Name** (please print legibly) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date of Service** | | | | | | | | | **Start Time**  (circle am or pm) | | | | | | | **End Time**  (circle am or pm) | | | | |
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| **I certify that my child received respite services on the above dates and times.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Parent/Guardian’s Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Date sent to EISC for Reimbursement | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | Total Hours | | | |  | | | | Hourly Rate | | | |  | | | Total Reimbursement | | | | | | |  | | | | Finance Officer Signature Authorizing Reimbursement and Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
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