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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**: |
|  |
| Authorizing CDSA:  |       | Address: |       |
| Mailing Address: : |       |
|  |  |
| 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: |       |  |  |  |
|  |  |  |  |  |  |
| Mailing Address: |       |       |    |       |       |
|  | Street | City | State | Zip Code | County of Residence |
|  |  |
| 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  |  |  |  |
|  |
| **Section 2: Respite Authorization Approval – to be Completed by EISC and Approved by Finance Officer** |
|  | $5.00 | **x** |       | **=** |       | **x** |       | **=** |  $      |  |
|  | Base Rate  | Annual Family Service Percentage (AFSP) |  | Family’s Hourly Rate |  | Respite Hours Authorized |  | Maximum Reimbursement |  |
|       |  |       |
| EISC Signature and Date  |  | Finance Officer Signature and Date  |
|  |
| **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) |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
|       |       |       am / pm |       am / pm |
| **I certify that my child received respite services on the above dates and times.** |
|       |  |       |
| Parent/Guardian’s Signature |  | Date sent to EISC for Reimbursement  |
|  |
| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer** |
|  |       | **x** |  | **=** | $       |  |       |
|  | Total Hours |  | Hourly Rate |  | Total Reimbursement |  | Finance Officer Signature Authorizing Reimbursement and Date |
|  |  |  |