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*North Carolina Infant-Toddler Qhov kev pab cuam*

*Kev txwv tsis pub siv cov ntaub ntawv kho mob thiab kev thov nthuav tawm*

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|  |
| Kev txheeb xyuas |
| Lub Npe Tus Me Nyuam:  |       | Hnub yug: |       | Child’s SSN (optional): |       |
|  | *MM/DD/YYYY* |
| Niam Txiv/Tus Saib Xyuas Raws Cai Chaw Nyob: |  |
|       |       |       |     |       |
|  Txoj kev | Apt# | Lub nroog | Xeev |  | Zip |
|  |
| Niam Txiv/Tus Saib Xyuas Raws Cai Hauv Tsev Xov Tooj # |       | Xov tooj ua haujlwm # |       |
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| Thov |
| **Kuv paub tias kuv muaj cai thov kom kuv tus menyuam cov ntaub ntawv kho mob tsis raug siv lossis nthuav tawm hauv qee txoj kev.Yog li ntawd, kuv sau ntawv thov kom tshem tawm cov xwm txheej hauv qab no los ntawm lub chaw haujlwm lossis tus kws kho mob siv thiab nthuav tawm kuv lossis kuv tus menyuam cov ntaub ntawv kev noj qab haus huv:** |
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| Niam Txiv/Tus Saib Xyuas Raws Cai Kos Npe |  | Hnub tim |
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| Txoj Cai Saib Xyuas Kev Sib Raug Zoo/Authority |  |

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|  |
| ***This Section for Agency Use Only*** |
| [ ]  Request APPROVED |
| Agency Requirements | [ ]  Notification to staff of restrictions |
|  | [ ]  Notification to other agencies, as needed  |
|  |  |
| [ ]  Request DENIED |  |
| Reason for Denial: | [ ]  May prevent or delay effective treatment. |
|  | [ ]  Disclosure required by law |
|  | [ ]  Other |
|       |  |       |  |       |
| By Staff |  | Title |  | Date |
|  |