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#### *Programme pour nourrissons et tout-petits*

#### *Autorisation de remboursement de répit et facture*

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| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian**  **Section 1 : Informations générales - à remplir par le coordonnateur des services d'intervention précoce (EISC) et le parent/tuteur** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Autoriser CDSA | | |  | | | | | | | | | | | | | | | | | | | | Adresse : | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Adresse postale : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nom de l’enfant : | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | Date de naissance : | | | | | | |  | | | | HSIS ID # : | | | |  | | |
|  | | | Nom de la famille | | | | | | | | | Prénom | | | | | | | | | | | | | Deuxième nom | | | | | |  | | | | | JJ/MM/ AAAA | | | | | | | | | | | | |
| Parent/tuteur autorisé pour le paiement : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | |
|  | | | | | | | | | | Nom de la famille | | | | | | | | | | | | | | | | | | | | | | | Prénom | | | | | | | | | | | | Deuxième nom | | | |
| Téléphone du parent/tuteur : | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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| Adresse postale : | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |  | | | |  | | | | | | | |
|  | | | Rue | | | | | | | | | | | | | | | | | | | Ville | | | | | | | | | | | | | | État | Code postal | | | | Comté de résidence | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Nom du coordonnateur des services d’intervention précoce (EISC) : | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | Téléphone du coordonnateur des services d’intervention précoce (EISC) : | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | Nom de la famille | | | | | Prénom | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| Date de début du plan de service familial individualisé (IFSP) | | | | | | | | | | |  | | | | au : | | | |  | | | | | | | | Date de fin | | | | | | | | Numéro de résultat de l’IFSP : | | | | | | | | | | | |  | |
| (\*see instructions for date to use) | | | | | | | | | | | JJ/MM/ AAAA | | | |  | | | | JJ/MM/ AAAA | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | |
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| **Section 2: Respite Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  **Section 2 : Approbation d’autorisation de répit - à remplir par EISC et approuvée par l’agent financier** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Base Rate / Taux de base | | Annual Family Service Percentage / Pourcentage annuel de service familiale (AFSP) | | | | | | | | | | |  | | | | Family’s Hourly Rate / Taux horaire familial | | | | | | | | | |  | | Respite Hours Authorized / Heures de répit autorisées | | | | | | | | |  | Maximum Reimbursement / Remboursement maximal | | | | | | | |  |
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| Signature et date d’EISC | | | | | | | | | | | | | | | |  | | | | Signature et date de l'agent financier | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Invoice for Respite Services – to be Completed Monthly by Parent/Guardian**  **Section 3: Facture pour les services de répit– à remplir mensuellement par le parent/tuteur** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pour obtenir un remboursement, remplissez toute la section 3 et soumettez ce formulaire à votre EISC au CDSA (adresse ci-dessus) **au plus tard le 20 du mois au cours duquel le service a eu lieu**. ***(Pour les services fournis après le 20, soumettez la facture le mois suivant.)*** Vous pouvez obtenir des formulaires supplémentaires auprès de votre EISC si nécessaire. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom du fournisseur de répit (veuillez écrire lisiblement en caractère d’imprimerie) | | | | | | | | | | | | | | | | | | | | | | | | **Date de service** | | | | | | | | **Date de début**  (Entourez AM ou PM) | | | | | | | | | | | **Date de fin:**  (Entourez AM ou PM) | | | | | |
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| **Je certifie que mon enfant a reçu des services de répit aux dates et heures ci-dessus.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature du parent/tuteur | | | | | | | | | | | | | | | |  | | | | Date d’envoi à EISC pour remboursement | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer  Section 4: Autorisation de remboursement – à remplir par le responsable de l'agent financier** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | **x** |  | | | **=** | | $ | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Total Hours/  Heures totales |  | Hourly Rate / Taux horaire | | | |  | Total Reimbursement / *remboursement total* | | | | | | | |  | | | | Finance Officer Signature Authorizing Reimbursement and Date /  *Signature de l'agent financier autorisant le remboursement et date* | | | | | | | | | | | | | | | | | | | | | | | | | | | |