|  |
| --- |
|  |

***उत्तरी कैरोलिना शिशु-बच्चा कार्यक्रम***

***मोहलत प्रतिपूर्ति प्राधिकरण और चालान***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian**  अनुभाग 1: सामान्य जानकारी - प्रारंभिक हस्तक्षेप सेवा समन्वयक (**EISC**) और माता-पिता/अभिभावक द्वारा पूरी की जानी है | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDSA को अधिकृत करना: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | पता: | | | | |  | | | | | | | | | | | | | | | |
| मेल के पते: : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| बच्चे का नाम: | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | जन्मदिन का तारीख: | | | | | |  | | | | | HSIS ID #: | | | | |  | | | |
|  | | अंतिम | | | | | | | | | | | | | | पहला | | | | प्रबंधन सूचना (एमआई) | | | | | | | | | | | | |  | | | | | महीना /दिन /साल | | | | | | | | | | | | | | |
| भुगतान के लिए प्राधिकृत माता-पिता/अभिभावक: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | अंतिम | | | | | | | | | | | | | | | | | | | | | पहला | | | | | | | | | | | | | | प्रबंधन सूचना (एमआई) | | | | |
| माता-पिता/अभिभावक का फ़ोन नंबर: | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| मेल के पते:: | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |  | | | |  | | | | | | | |
|  | | | | गली | | | | | | | | | | | | | | | | | | | | | | | शहर | | | | | | | | | | | राज्य | | | ज़िप कोड | | | | आवासीय प्रांत | | | | | | | |
| EISC का नाम | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | EISC फोन नंबर: | | | | | | | | | | |  | | | | | | |
|  | | | अंतिम | | | | | | | | | | | | | | | पहला | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| IFSP प्राधिकृत प्रारंभ दिनांक: | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | अंतिम तिथि | | | | | | IFSP परिणाम संख्या: | | | | | | | | | | | | | |  | |
| (\*see instructions for date to use) | | | | | | | | | | | | | | महीना /दिन /साल | | | | |  | | | | | | महीना /दिन /साल | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2: Respite Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  **अनुभाग 2: मोहलत प्राधिकरण अनुमोदन - EISC द्वारा पूरा किया जाना है और वित्त अधिकारी द्वारा अनुमोदित है** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | $5.00 | | | | | **x** | |  | | | | | | **=** | |  | | | | | | | | | | | **x** | |  | | | | | | | | | | **=** | | | $ | | | | | | |  | | |
|  | | Base Rate / न्यूनतम दर | | | | Annual Family Service Percentage / वार्षिक पारिवारिक सेवा प्रतिशत (AFSP) | | | | | | | | |  | | *Family’s Hourly Rate / परिवार की प्रति घंटा की दर* | | | | | | | | | | |  | | Respite Hours Authorized / *मोहलत के घंटे अधिकृत* | | | | | | | | | |  | | | Maximum Reimbursement / अधिकतम प्रतिपूर्ति | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EISC हस्ताक्षर और दिनांक | | | | | | | | | | | | | | | | | | | | | |  | | | | वित्त अधिकारी हस्ताक्षर और दिनांक | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3: Invoice for Respite Services – to be Completed Monthly by Parent/Guardian**  **अनुभाग 3: मोहलत सेवाओं के लिए चालान - माता-पिता/अभिभावक द्वारा मासिक रूप से पूरा किया जाना है** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **प्रतिपूर्ति के लिए, सभी अनुभाग 3 को पूरा करें और इस फॉर्म को** CDSA **(उपरोक्त पता) पर अपने** EISC **में जमा करें** जिस महीने में सेवा हुई थी, उस महीने की 20 तारीख तक। (20 तारीख के बाद प्रदान की जाने वाली सेवाओं के लिए, अगले महीने में चालान जमा करें।)  **आप आवश्यकतानुसार अपने** EISC **से अतिरिक्त फॉर्म प्राप्त कर सकते हैं।** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| मोहलत प्रदाता का नाम (कृपया स्पष्ट रूप से प्रिंट करें) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | सेवा की तारीख | | | | | | | समय शुरू  **(सुबह या शाम सर्कल करें)** | | | | | | | | | | | अंत समय  **(सुबह या शाम सर्कल करें)** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | सुबह/ शाम | | | | | | | | | | | सुबह/ शाम | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | सुबह/ शाम | | | | | | | | | | | सुबह/ शाम | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | सुबह/ शाम | | | | | | | | | | | सुबह/ शाम | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | सुबह/ शाम | | | | | | | | | | | सुबह/ शाम | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | सुबह/ शाम | | | | | | | | | | | सुबह/ शाम | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | सुबह/ शाम | | | | | | | | | | | सुबह/ शाम | | | | | |
| मैं प्रमाणित करता/करती हूं कि मेरे बच्चे को उपरोक्त तारीखों और समय पर मोहलत सेवाएं मिलीं। | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| माता - पिता / अभिभावक के हस्ताक्षर | | | | | | | | | | | | | | | | | | | | | |  | | | | प्रतिपूर्ति के लिए EISC को भेजी गई तिथि | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer**  अनुभाग 4: प्रतिपूर्ति प्राधिकरण - वित्त अधिकारी द्वारा पूरा किया जाना है | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **x** | |  | | | | | **=** | | $ | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Total Hours / प्रति घंटा की दर | |  | | Hourly Rate / प्रति घंटा की दर | | | | |  | | Total Reimbursement / कुल प्रतिपूर्ति | | | | | | | | |  | | Finance Officer Signature Authorizing Reimbursement and Date / प्रतिपूर्ति प्राधिकृत करने वाले वित्त अधिकारी के हस्ताक्षर और दिनांक | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |