|  |  |
| --- | --- |
| *North Carolina Infant-Toddler Qhov kev pab cuam*  |       |
| *NC ITP Respite Kev Tso Cai thiab Daim Ntawv Pov Thawj* |

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| **Section 1: General Information – to be Completed by Early Intervention Service Coordinator (EISC) and Parent/Guardian****Tshooj 1: Tus Thawj Saib Xyuas Kev Pabcuam Thaum Ntxov (EISC) thiab niam txiv lossis tus saib xyuas yuav tsum ua kom tiav cov lus qhia dav hauv qab no.** |
|  |
| Tso cai CDSA:  |       | Chaw nyob: |       |
| Chaw Nyob Xa Ntawv: : |       |
|  |  |
| Lub Npe Tus Me Nyuam: |       |       |     | Hnub yug: |       | HSIS ID #: |       |
|  | Kawg | Ua ntej | Nruab nrab |  | MM / DD / YY |
| Niam Txiv/Tus Saib Xyuas Tso Cai rau Kev Them Nyiaj: |       |       |     |
|  | Kawg | Ua ntej | Nruab nrab |
| Niam Txiv/Tus Saib Xyuas Xov Tooj: |       |  |  |
|  |  |  |  |  |  |
| Chaw Nyob Xa Ntawv: |       |       |    |       |       |
|  | Txoj kev | Lub nroog | Xeev | Zip Code | Lub Nroog Chaw Nyob |
|  |  |
| EISC Lub Npe:  |       |       | EISC Xov tooj: |       |
|  | Kawg | Ua ntej |  |  |
| IFSP Tso Cai Pib Hnub: |        | Rau  |       | Hnub Kawg | IFSP Tus lej Tau Txais: |    |
| (\*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****Tshooj 2: Tus Thawj Saib Xyuas Nyiaj Txiag Pom Zoo ntawm Daim Ntawv Tso Cai Respite (Xyoo los ntawm EISC)** |
|  | $5.00 | **x** |       | **=** |       | **x** |       | **=** |  $      |  |
|  | Base Rate / *Base tus nqi* | Annual Family Service Percentage / *Ib Xyoo Kev Pabcuam Tsev Neeg Feem Xyuam* (AFSP) |  | Family’s Hourly Rate / *Tsev Neeg Tus Nqi Teev Sij Hawm* |  | Respite Hours Authorized / *Respite Sijhawm Tso Cai* |  | Maximum Reimbursement / Kev them nyiaj siab tshaj plaws |  |
|       |  |       |
| EISC Kos Npe thiab Hnub tim  |  | Tus Neeg Saib Xyuas Nyiaj Txiag Kos Npe thiab Hnub Tim  |
|  |
| **Section 3: Invoice for Respite Services – to be Completed Monthly by Parent/Guardian****Tshooj 3: Cov niam txiv/tus saib xyuas muaj lub luag haujlwm xa cov ntawv xa nyiaj txhua hli rau cov kev pabcuam khomob.** |
| Rau kev them nyiaj rov qab, ua kom tiav tag nrho ntawm Tshooj 3 thiab xa daim foos no rau koj EISC ntawm CDSA (chaw nyob saum toj saud) ***ua ntej 20th ntawm lub hli tom qab lub hli uas tau muab kev pabcuam.(Cov ntawv xa nyiaj rau kev ua haujlwm dhau hnub tim 20 ntawm lub hli yuav tsum xa tuaj rau lub hlis tom ntej.)*** EISC yuav muaj cov ntaub ntawv ntxiv uas koj xav tau. |
| **Respite Tus Kws Pab Tswv Yim Lub Npe** (thov luam tawm kom raug) | **Hnub Ua Haujlwm** | **Pib Sijhawm**(lub voj voog am lossis pm) | **Thaum kawg**(lub voj voog am lossis 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 |
| **Kuv lees paub tias cov kev pabcuam so nyob saum toj saud tau muab rau kuv tus menyuam raws hnub thiab sijhawm tau teev tseg.** |
|       |  |       |
| Niam Txiv/Tus Saib Xyuas Kos Npe: |  | Hnub xa mus rau EISC rau Kev Them Nyiaj Rov Qab  |
|  |
| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer****Tshooj 4: Kev Tso Cai Tswj Nyiaj Txiag rau Kev Them Nyiaj Rov Qab** |
|  |       | **x** |  | **=** | $       |  |       |
|  | Total Hours / *Tag Nrho Sijhawm* |  | Hourly Rate / *teev tus nqi* |  | Total Reimbursement / *Tag Nrho Cov Nyiaj Rov* |  | Finance Officer Signature Authorizing Reimbursement and Date / *Hnub tim thiab pom zoo kos npe ntawm Tus Thawj Saib Xyuas Nyiaj Txiag* |