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*Mpango wa Watoto wachanga wa kaskazini Carolina*

*BARUA YA KUSITISHA MZAZI*

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| Jina la mtoto: | | |  | | | | | | Tarehe ya kuzaliwa: | | | |  |  |
| Tarehe | |  | | | |  | | | | | | | | |
| Wapendwa | |  | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
| Asante kwa ushiriki wako kama mzazi wa Mpango wa Watoto wachanga wa North Carolina kwa: | | | | | | | | | | | | | | |
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| Ushiriki wako umesaidia Programu ya Watoto wachanga katika kuhakikisha kuwa huduma zote zinazohitajika na zinazopatikana za kuingilia mapema zimetolewa. Haja ya wewe kuendelea kama mzazi wa surrogate haipo tena kwa sababu: | | | | | | | | | | | | | | |
|  | Umeamua kuacha wajibu huu. | | | | | | | | | | | | | |
|  | Umeonyesha kuwa huwezi tena kutetea kwa ufanisi kwa mtoto. | | | | | | | | | | | | | |
|  | Hukidhi tena vigezo vilivyowekwa kwa kuwa mzazi wa surrogate, au | | | | | | | | | | | | | |
|  | Hali ya mtoto imebadilika kiasi kwamba mzazi wa surrogate hahitajiki tena. | | | | | | | | | | | | | |
|  | Nyingine | | |  | | | | | | | | | | |
| Jukumu lako kama mzazi wa surrogate kwa mtoto huyu litaisha ufanisi | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | |
| Tafadhali jisikie huru kuwasiliana na ofisi yetu ikiwa una maswali yoyote kuhusu uamuzi huu. Tena, asante kwa kutoa muda wako na msaada. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Dhati, | | | | | | | | | | | | **Maelezo ya Mawasiliano kwa CDSA:** | | |
| Mkurugenzi wa Shirika la Huduma za Maendeleo ya Watoto (CDSA) au Mbuni: | | | | | | | | | | | |  | | |
|  | | | | | | | |  | | |  |  | | |
| (Print or Type Name) | | | | | | | |  | | |  |  | | |
|  | | | | | | | |  | | |  |  | | |
| Signature | | | | | | | |  | | |  |  | | |