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| *برنامج رعاية الرُضع والأطفال الصغار بولاية كارولينا الشمالية* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| *إصدار الفواتير والإذن بسداد تكاليف النقل والمواصلات* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **القسم الأول: معلومات عامة – يتم ملؤها بواسطة منسق خدمة التدخل المبكر (EISC) وولي الأمر/الوصي:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| وكالة CDSA المانحة للتصريح: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | العنوان: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| عنوان المراسلة: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| اسم الطفل: |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | تاريخ الميلاد: | | | | | | |  | | | | | | رقم معرّف HIS: | | | | | | | | |  | | |
|  | الأول | | | | | | | | | | | | | | | | | | العائلة | | | | | | | | | | | | | | | | | | | | الأوسط | | | | | | | | | | | | شهر/يوم/سنة | | | | | | | | | | | | |  | | |  | |
| ولي الأمر/الوصي المصرح له بالدفع: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | الأول | | | | | | | | | | | | | | | | | | | | | | | | | العائلة | | | | | | | | | | | | | | | | | | | | الأوسط | | | | |  | | | | | | | | |
| رقم هاتف ولي الأمر/الوصي: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |
| عنوان المراسلة: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |  | | | | | |
|  | | | | | الشارع | | | | | | | | | | | | | | | | | | | | | | | المدينة | | | | | | | | | | | | | | | | | | | | | | | | | الولاية | الرمز البريدي | | | | | | | | | المقاطعة التي يقيم فيها | | | | | |
| اسم منسق خدمة التدخل المبكر (EISC): | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | رقم هاتف EISC: | | | | | | | | | | | | | |  | | | | | | |
|  | | الأول | | | | | | | | | | | | | | | | | | | | | | | | | العائلة | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
| تاريخ البدء المصرح به بخطة IFSP: | | | | | | | | | | |  | | | | | | إلى | | | |  | | | | | | | | | | | تاريخ الانتهاء | | | | | | | | | | | | | | عدد نتائج خطة IFSP: | | | | | | | | | | | | | | | | | | |  | | | |
| (\*راجع التعليمات الخاصة بالتاريخ الذي يتعين استخدامه) | | | | | | | | | | | شهر/يوم/سنة | | | | | |  | | | شهر/يوم/سنة | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
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| **القسم الثاني: إذن الموافقة على تكاليف السفر – يتم ملؤها بواسطة EISC واعتمادها من قبل موظف الشؤون المالية** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | تعريفة النقل بالميل حسب الولاية | | | | | | | النسبة السنوية لخدمة الأسرة (AFSP) | | | | | | | | |  | | | تعريفة السفر الخاص بالأسرة | | | | | | | | عدد أميال كل رحلة ذهابًا وإيابًا | | | | | | | | |  | | | عدد الرحلات المسموح بها | | | | | | | | الحد الأقصى لمبلغ السداد | | | | | | | | | |  | | | | | | | | | |
|  | | | دولار أمريكي | | | | | | | | | | **x** | | |  | | | | | | **x** | | |  | | | | | | | | | **=** | | دولار أمريكي | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | نفقات السفر الأخرى المقدرة (الحافلات وسيارات الأجرة وغيرها.) | | | | | | | | | | |  | | AFSP | | | | | | | | | عدد الرحلات المسموح بها | | | | | | | | | | | الحد الأقصى لمبلغ السداد | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| توقيع EISC والتاريخ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | توقيع موظف الشؤون المالية والتاريخ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **القسم الثالث: فاتورة خدمات النقل والمواصلات – يتم ملؤها شهريًا بواسطة ولي الأمر/الوصي** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| لسداد التكاليف، املأ القسم الثالث بأكمله وأرسل هذا النموذج إلى EISC المعني بحالتك في وكالة CDSA (العنوان موضح أعلاه) ***في موعد أقصاه يوم عشرين من الشهر الذي تم تلقي الخدمة فيه. (بالنسبة للخدمات المقدّمة بعد يوم عشرين في الشهر، قدّم الفاتورة في الشهر التالي.)***  يمكنك الحصول على نماذج إضافية من EISC الخاص بك حسب الحاجة. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **تاريخ السفر:** | | | | | | | **الوجهة** (يُرجى الكتابة بأحرف واضحة) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **إجمالي الأميال المقطوعة أو نوع وسيلة النقل**  (مطلوب إرفاق الإيصال) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **أقر بأن طفلي تلقى خدمات النقل والمواصلات في التواريخ والأوقات المذكورة أعلاه.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| توقيع ولي الأمر/الوصي | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | تاريخ الإرسال إلى EISC لسداد التكاليف | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **القسم الرابع: الإذن بسداد التكاليف - يتم ملؤه بواسطة موظف الشؤون المالية** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | دولار أمريكي | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | إجمالي المبالغ المسددة المصرح بها | | | | | | | | | | | | | | | | | | |  | توقيع موظف الشؤون المالية وتاريخ دفع مبلغ السداد | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |