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| *Programme pour nourrissons et tout-petits* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| *La facture et l’autorisation de remboursement du transport* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autoriser CDSA : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Adresse : | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Adresse postale : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom de l’enfant : | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | Date de naissance : | | | | | |  | | | HIS 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 tuteur/parent | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 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: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  **Section 2: Approbation d'autorisation de transport - à remplir par EISC et approuvée par l'agent des finances** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | State Mileage Rate / Vitesse de kilomètre de l'État | | | | | Annual Family Service Percentage / Pourcentage de service familial annuel (AFSP) | | | | | | | |  | | Family’s Travel Rate / Vitesse de déplacement de la famille | | | | | | | | | | | | | Miles per Round Trip / Miles par aller-retour | | | | | | | | |  | | | # of Trips Authorized / # de déplacements autorisés | | | | | | | | Maximum Reimbursement / Remboursement maximal | | | | | | | | |
|  | $ | | | | | | | | | | | | | | | **x** | | |  | | | | | **x** | | | | | |  | | | | | | | | | | **=** | | $ | | | | | |  | | | | | | | | | |
|  | Estimated Other Travel Expenses (bus, taxi, etc. /  *Estimation des autres frais de transport (autobus, taxi, etc.) /* | | | | | | | | | | | | | |  | | | | AFSP | | | | | | | | | | | # of Trips Authorized / # de déplacements autorisés | | | | | | | | | | | | 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 Transportation Services – to be Completed Monthly by Parent/Guardian**  **Section 3: Facture pour les services de transport– 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date de transport** | | | | | Destination (Veuillez écrire lisiblement en caractère d’imprimerie). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total des kilomètres parcourus ou le type de transport (reçu joint requis) | | | | | | | | | | | | | |
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| **Je certifie que mon enfant a reçu des services de transport 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Total Authorized Reimbursement / remboursement total | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | *Finance Officer Signature Authorizing Reimbursement and Date /*  *Signature de l'agent financier autorisant le remboursement et date* | | | | | | | | | | | | | | | | | | | | | | | | | | |