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| उत्तरी कैरोलिना शिशु-बच्चा कार्यक्रम | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| परिवहन प्रतिपूर्ति प्राधिकरण और चालान | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  |
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| 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 | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | |
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| **Section 2: Travel Authorization Approval – to be Completed by EISC and Approved by Finance Officer**  **अनुभाग 2: यात्रा प्राधिकरण स्वीकृति - EISC द्वारा पूर्ण और वित्त अधिकारी द्वारा अनुमोदित** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | *State Mileage Rate / स्टेट माइलेज रेट* | | | | | | Annual Family Service Percentage / वार्षिक पारिवारिक सेवा प्रतिशत (AFSP) | | | | | | | | |  | | *Family’s Travel Rate / परिवार की यात्रा दर* | | | | | | | | | | | | | | *Miles per Round Trip / मील प्रति राउंड ट्रिप* | | | | | | | | | |  | | | | *# of Trips Authorized / #अधिकृत यात्राओं की संख्या* | | | | | | | | | | | | *Maximum Reimbursement / अधिकतम प्रतिपूर्ति* | | | |
|  | $ | | | | | | | | | | | | | **x** |  | | | | | **x** | | | | |  | | | | | | **=** | | | | | | | $ | | | | | | |  | | | | | | | | | | | | | | | | |
|  | *Estimated Other Travel Expenses (bus, taxi, etc.) /अनुमानित अन्य यात्रा व्यय (बस, टैक्सी, आदि)* | | | | | | | | | | | | |  | AFSP | | | | | | | *# of Trips Authorized* / *#*अधिकृत यात्राओं की संख्या | | | | | | | | | | | | | | | | *Maximum Reimbursement /  अधिकतम प्रतिपूर्ति* | | | | | | | | | | | | | | | | | |  | | | | | |
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| EISC हस्ताक्षर और दिनांक | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | वित्त अधिकारी हस्ताक्षर और तारीख | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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।** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **यात्रा की तारीख:** | | | | | | | | | गंतव्य (कृपया स्पष्ट रूप से प्रिंट करें) | | | | | | | | | | | | | | | | | | | | | | | | | | यात्रा की कुल मील या परिवहन का प्रकार (संलग्न रसीद आवश्यक) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| मैं प्रमाणित करता/करती हूं कि मेरे बच्चे ने उपरोक्त तारीखों और समयों पर परिवहन सेवाएं प्राप्त कीं। | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| माता-पिता/अभिभावक के हस्ताक्षर | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | प्रतिपूर्ति के लिए EISCको भेजी गई तिथि | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Reimbursement Authorization – to be Completed by Finance Officer**  **अनुभाग 4: प्रतिपूर्ति प्राधिकरण - वित्त अधिकारी द्वारा पूरा किया जाना है** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | *Total Authorized Reimbursement / कुल प्राधिकृत प्रतिपूर्ति* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | *Finance Officer Signature Authorizing Reimbursement and Date / प्रतिपूर्ति प्राधिकृत करने वाले वित्त अधिकारी के हस्ताक्षर और तारीख* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |