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| Date of Service/Fecha de Servicio | Number of Hours/ Número de Horas | Total Cost/ Costo Total | Provider name/Agency/ Nombre del proveedor / Agencia |
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 Total cost/Costo Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I affirm that the above information is true to the best of my knowledge. /Afirmo que la información anterior es verdadera a lo mejor de mi conocimiento.

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Printed name of parent/guardian/ Signature/Firma

Nombre impreso del padre/tutor