

[L-12] First Aid/CPR Training Reimbursement

For Licensed Family Child Care Providers

Who is eligible? Individuals that hold the title of "Provider" in a Registered Family or Certified Family Child Care setting.

Requirements for payments:

1. Training must be uploaded to the Oregon Registry Online (ORO).
2. Provider must be linked to the facility in ORO and listed as "provider".
3. WOU Substitute W-9 with information verifiable with IRS.
4. Reimbursement will be up to what the local Child Care Resource and Referral Agency Charges.

Do you provide childcare to infants or toddlers (ages 0-3)? ☐ Yes ☐ No

Program/Provider Name

Date

Program Provider #

Phone #

Date of Training	Training Title	Amount

First Aid/CPR classes are offered FREE through local Child Care Resource and Referral (CCR&R) agencies. Why did you choose to take this training? Please explain: _____

Payment Information: (Must match WOU Substitute W-9).

Name of business/Individual requesting payment

Street Address

City, State, Zip

Participant Signature

Date

Include the following with this form: (Note: Forms with missing information will be held for payment until it is received.)

1. Original receipt
2. WOU Substitute W-9

Submit Forms at Secure Portal: wou.edu/tri/forms
or

Mail Forms To:

TRI at Western Oregon University
345 Monmouth Ave N
Monmouth, OR 97361

Questions: 503-838-8008, tripayments@wou.edu

For Office Use Only

Amount:
Invoice#:
Index #:
Account Code:
Approved by:

Demographics Questionnaire

You may choose not to provide demographic information. It will not affect the status of your reimbursement/stipend.

Provider Name _____

Date _____

☐ Decline to answer questionnaire

1. Which of the following describes your racial or ethnic identity? Please check All that apply.

<input type="checkbox"/> Native American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis <input type="checkbox"/> Indigenous Mexican <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Native American (please list) _____	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Micronesian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander (please list) _____
<input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Hispanic or Latinx – Central American <input type="checkbox"/> Hispanic or Latinx – Mexican <input type="checkbox"/> Hispanic or Latinx – South American <input type="checkbox"/> Other Hispanic or Latinx (please list) _____	<input type="checkbox"/> Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Black) <input type="checkbox"/> Caribbean (Black) <input type="checkbox"/> Other Black or African American (please list) _____
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (please list) _____	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> Northern African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other Middle Eastern (please list) _____ <input type="checkbox"/> White <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White (please list) _____

2. What is your preferred language? List below.
