

[LE-13] Training Reimbursement

For License Exempt Family Child Care Providers Participating in ODHS Subsidy

Who is eligible? License exempt Family Child Care Providers participating in ODHS Subsidy.

What is reimbursable? Up to \$300 of the actual cost of non-college credit community trainings, workshops, seminars or conferences and college credit classes.

Requirements for reimbursement:

For Community training, Workshop, Seminar or Conference

1. Receipt showing payment
2. Copy of certificate or proof of attendance
3. WOU Substitute W-9

For College Credit Classes

1. Receipt showing tuition payment
2. Copy of unofficial college transcript showing course completion with a grade of C or better submitted to ORO or the instructor's signature on the request form
3. WOU Substitute W-9.

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

Provider Name	Date
DHS Provider ID	()
	Phone #

Date of Training	Title of Training/Class/Workshop/Seminar/Conference	Amount (max = \$300)

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

Name of business/individual requesting reimbursement	Street Address		
Signature	City	State	Zip
Instructor Name (print)	Date		

Include the following with this form:

1. **Original Receipt**
2. **Copy of certificate, proof of attendance or unofficial transcript**
3. **WOU Substitute W-9**

Note: Forms with missing information will be held for payment until information is received.

Mail Forms To:

Western Oregon University
TRI/Central Coordination of CCR&R
345 N Monmouth Ave Monmouth, OR 97361

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

For Business Use Only
Amount:
Invoice #:
Index #:
Account Code:
Approved by:
Max Reimbursement \$300

Demographic Questionnaire

You may choose not to provide demographic information. It will not affect the status of your reimbursement/stipend.
Note: For First Aid/CPR Reimbursement for Aide 1/Assistant 1 please have the Aide 1/Assistant 1 complete the Questionnaire.

Program/Provider Name _____	Date ()
Program License # _____	Phone # _____

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 of 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 (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 (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.
