

[LE-10] ERDC Provider Training Stipend

For License Exempt Family Child Care Provider Participating in ERDC Subsidy

Requirements for payments:

1. Have attended ERDC Child Care Provider Orientation or other training(s) required for ERDC participation. Stipends will be paid for Orientation training, Enhanced Rate training, and up to 12 hours of additional training every 2 years according to the table below. "Additional training" does not include Introduction to Registered Family Child Care.

Listed and Approved License Exempt Family Child Care Provider	Enhanced Rate Providers
Provider Orientation training	Provider Orientation training
6 hours of required Professional Development	8 hours of required Professional Development
6 hours of optional, additional Professional Development	4 hours of optional, additional Professional Development

2. WOU Substitute W-9 with information verifiable with IRS.
3. Stipend request must be submitted within 3 months of training date.

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

Provider Name

Date

ERDC Provider #

Phone #

Training Type				
<input type="checkbox"/>	In- Person Training			
<input type="checkbox"/>	Online Training			
Date	Title of Training	# of Hours	Rate	Amount
			X \$15	
			X \$15	
			X \$15	
Date	Orientation Travel Stipend	Flat Rate		Amount
	52-99 miles round trip from provider's home	\$8		
	100+ miles round trip from provider's home	\$16		
		TOTAL		

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. 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.
