

[LE-20] Lead Testing & Mitigation Reimbursement Form

For License Exempt Family Child Care Providers Participating in ERDC Subsidy

Requirements for payments:

- 1. Completed lead testing from an ORELAP Approved Lab and submitted the results to CCLD.
- 2. If test had failed, purchased and installed needed filters or completed other mitigation steps.
- 3. Receipt/s for any corrective/mitigation costs.
- 4. WOU Substitute W-9 with information verifiable with IRS.

-	_	not reimbursable, and shi		eimbursable if included on the l	ab receipt.	
Program/Provider Name			Date			
ERDC Provi	der #		Phone #			
Date of Testing	Number of Test Results	Name of ORELAP Lab			Amount	
Date		ions submitted to the Chi			Amount	
	Purchase and installation of an approved National Sanitation Foundation (NSF) certified lead filter.					
	Cost of a new faucet and installation					
	Lead Test Shipping Cost (on lab receipt) TOTAL					
Iame of bu	ısıness/Individual ı	equesting payment	Street Address			
			City, State, Zip			
Signature			Date			
. Receipt	~	form: (Note: Forms with itigation costs and lab red	•	vill be held for payment until it ing fees, if applicable	is received.)	
	ns at Secure Portal	: wou.edu/tri/forms		For Office Use Only		
or Mail Forms To: FRI at Western Oregon University B45 Monmouth Ave N Monmouth, OR 97361				Amount: Invoice#: Index #: Account Code:		
uestions: 5	603-838-8008, tripa	yments@wou.edu		Approved by:		

Rev. 09/2025



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. **Native American Native Hawaiian or Pacific Islander** ☐ American Indian ☐ Guamanian or Chamorro ☐ Alaska Native ☐ Micronesian ☐ Canadian Inuit, Metis ☐ Native Hawaiian ☐ Indigenous Mexican ☐ Samoan ☐ Central American ☐ Tongan South American ☐ Other Pacific Islander (please list)

	Hispan	Hispanic or Latinx – Mexican Hispanic or Latinx – South American	Black o	African American African American African (Black) Caribbean (Black) Other Black or African American (please list)
	Asian		Middle Eastern	
		Asian Indian		Northern African
		Chinese		Middle Eastern
		Filipino/a		Other Middle Eastern (please list)
		Hmong		
		Japanese		
		Korean	White	
		Laotian		Eastern European
		South Asian		Slavic
		Vietnamese		Western European
		Other Asian (please list)		Other White (please list)
√ha	t is your	preferred language? List below.		