

[LE-21] Safety & Quality Enhancement Reimbursement Form

For License Exempt Family Child Care Providers Participating in ERDC Subsidy

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

What is reimbursable? The reimbursement will be available for the cost of equipment, or facility repairs that were directly paid by the program and have not been paid by a third party to help comply with DELC health and safety requirements. The reimbursement shall not exceed two hundred fifty dollars (\$250.00) per year.

Requirements for payments:

1. Original receipt/s showing payment.
2. WOU Substitute W-9 with information verifiable with IRS.

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

Program/Provider Name

Date

ERDC Provider #

Phone #

Date of Purchase	Type of equipment or repair	Cost per item	What need does this item/service meet?

How did you learn about this reimbursement?

Attach additional pages if needed.

☐ Local CCR&R ☐ ERDC Listing Form ☐ Licensing Specialist ☐ Other: _____

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

Name of business/Individual requesting payment

Street Address

City, State, Zip

Signature

Date

By signing I hereby affirm that the above information is true and accurate and that the costs were paid directly by myself/program and have not been paid by a third party.

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

1. Original receipt/s
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
Rev. 09/2025

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.
