

[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 and fifty dollars (\$250.00) per year. Smoke detectors and outlet plugs may be available through the Child Care Licensing Division at 1-800-556-6616.

Requirements for reimbursement:

1. Original Receipt/s showing payment.
2. WOU Substitute W-9.

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

Provider Name	Date
DELC Provider ID	() Phone #

Date of Purchase	Type of equipment, or repair	Cost per item	What need does this item/service meet?	For office use only: Approval (Y/N)

Attach additional pages if needed

How did you learn about this reimbursement?

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

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

Name of business/individual requesting reimbursement	Street Address		
	City	State	Zip

Signature	Date
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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:

1. **Original Receipt/s**
2. **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:
Not to exceed \$250 p/year

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.
