

[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.

,	provide child care to infants or toddlers (ages (0-3)? Yes	No		
Provider Na	ime		Date		
			()		
DELC Provid	ler 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)	
☐ Local CC Payment In	u learn about this reimbursement? CR&R	Street Addr	ress		
		City	State	Zip	
Signature					
Jigitature		Date	e		
By signing I program an Include the 1. Orig	hereby affirm that the above information is trund have not been paid by a third party. For following with this form: Ginal Receipt/s OU Substitute W-9 Swith missing information will be held for payn	ue and accurate	e and that the costs were p	aid directly by myse	
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Not to exceed \$250 p/year

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



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.						
	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)		
	☐ Other Native American (please list)					
	Hispanic of Latinx			Black or African American		
	☐ Hispanic or Latinx - Central American			☐ African American		
	☐ Hispanic or Latinx - Mexican			☐African (Black)		
	☐ Hispanic or Latinx - South American			☐ Caribbean (Black)		
	☐ Other Hispanic or Latinx (please list)			☐ Other Black (please list)		
						
	Asian			Middle Eastern		
	□Asian Indian			☐ Northern African		
	□Chinese			☐ Middle Eastern		
	☐ Filipino/a			☐ Other (please list)		
	\square Hmong					
	□Japanese					
	□Korean			White		
	Laotian			☐ Eastern European		
	☐ South Asian			□ Slavic		
	□Vietnamese			□ Western European		
	\square Other Asian (please list)			Other White (please list)		
				W		
2. What is your preferred language? List below.						