

# [L-11] First Aid/CPR Training Reimbursement

## For Aide 1 and Assistant 1 Staff/Providers

**Who is eligible?** Aide 1 staff working at Certified Centers or Assistant 1 staff working at Certified Family Child Care facilities.

**Requirements for reimbursement:**

1. Training must be uploaded to the Oregon Registry Online (ORO).
2. Employee must have Aide 1 or Assistant 1 title and be linked to the facility in ORO.
3. WOU Substitute W-9 with information verifiable with IRS.
4. Reimbursement request must be submitted within 3 months of training date.

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

Program/Provider Name	Date
Program License #	(    ) Phone #

**Name/s of Aide 1/Assistant 1s for whom reimbursement is being requested: (Attach additional pages if needed.)**

#1		#6	
#2		#7	
#3		#8	
#4		#9	
#5		#10	

**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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**Include the following with this form:**

1. **Original receipt/s for each individual**
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

**For Business Use Only**

Amount:

Invoice #:

Index #:

Account Code:

Approved by:

# 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"/> <b>Native American</b> <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"/> <b>Native Hawaiian or Pacific Islander</b> <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"/> <b>Hispanic of Latinx</b> <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"/> <b>Black or African American</b> <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"/> <b>Asian</b> <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"/> <b>Middle Eastern</b> <input type="checkbox"/> Northern African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other (please list) _____
	<input type="checkbox"/> <b>White</b> <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.**

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