

[L-13] Lead Testing Reimbursement Form

For Licensed Child Care Providers

Requirements for reimbursement:

1. Completed lead testing from an ORELAP Approved Lab and submitted the results to OCC
2. WOU Substitute W-9

Note: Rush processing fees are not reimbursable and shipping fees are only reimbursable if included on the lab receipt.

Provider Name	Date ()
License Number	Phone #

Date of Testing	Number of Test Results	Name of ORELAP Lab	Amount

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

Name of business/individual requesting payment	Street Address			
Signature	Date	City	State	Zip

Include the following with this form:

1. Receipt/s for shipping fees if applicable
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: 800-342-6712

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 #

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.
