

[LE-10] DHS Provider Training Stipend

For License Exempt Family Child Care Providers Participating in ODHS Subsidy

Requirements for payment:

1. Have attended an ODHS Provider orientation or other training required for ODHS participation.
2. WOU Substitute W-9 with information verifiable with IRS.
3. Stipend request must be submitted within 3 months of training date.

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

Provider Name	Date
DHS Provider ID	() Phone #

Training Type				
<input type="checkbox"/>	In-Person Training			
<input type="checkbox"/>	Online Training			
Date	Title of Training	# of Hours	Rate	Amount
			X \$15	
			X \$15	
			X \$15	
Date	Orientation Travel Stipend	Flat Rate		Amount
	52-99 miles round trip from provider's home	\$8		
	100+ miles round trip from provider's home	\$16		
TOTAL				

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

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

Include the following with this form:

1. 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"/> 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.
