

# [LE-13] Training Reimbursement

For License Exempt Family Child Care Providers Participating in ODHS Subsidy

**Who is eligible?** License exempt Family Child Care Providers participating in ODHS Subsidy.

**What is reimbursable?** Up to \$300 of the actual cost of non-college credit community trainings, workshops, seminars or conferences and college credit classes.

**Requirements for reimbursement:**

**For Community training, Workshop, Seminar or Conference**

1. Receipt showing payment
2. Copy of certificate or proof of attendance
3. WOU Substitute W-9

**For College Credit Classes**

1. Receipt showing tuition payment
2. Copy of unofficial college transcript showing course completion with a grade of C or better submitted to ORO or the instructor's signature on the request form
3. WOU Substitute W-9.

Provider Name	Date
DHS Provider ID	(     )
	Phone #

Date of Training	Title of Training/Class/Workshop/Seminar/Conference	Amount (max = \$300)

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

Name of business/individual requesting reimbursement	Street Address		
	City	State	Zip
Signature	Date		
Instructor Name (print)	Date		
Instructor Signature	Instructor Phone #		

**Include the following with this form:**

1. **Original Receipt**
2. **Copy of certificate, proof of attendance or unofficial transcript**
3. **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:
<b>Max Reimbursement \$300</b>

# 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.**

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