

# [LE-20] Lead Testing & Mitigation Reimbursement Form

For License Exempt Family Child Care Providers Participating in ODHS Subsidy

**Requirements for reimbursement:**

1. Completed lead testing from an ORELAP Approved Lab and submitted the results to OCC
2. If test had failed, purchased and installed needed filters or completed other mitigation steps
3. Receipt/s for any corrective/mitigation costs
4. WOU Substitute W-9

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

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

Provider Name	Date (    )
DHS Provider ID	Phone #

Date of Testing	Number of Test Results	Name of ORELAP Lab	Amount
Date	Corrective Actions submitted to the Office of Child Care for a failed faucet:		Amount
	Purchase and installation of an approved National Sanitation Foundation (NSF) certified lead filter.		
	Cost of new faucet and installation.		
	Lead Test Shipping Cost		
<b>TOTAL</b>			

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

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

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

1. Receipt/s for corrective/mitigation costs and shipping fees if applicable
2. WOU Substitute W-9

Note: Forms with missing information will be held 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 # \_\_\_\_\_

## 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"/>	Native Hawaiian or Pacific Islander
	<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"/> 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"/>	Black or African American
	<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"/> 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"/>	Middle Eastern
	<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"/> 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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