



**CHILDCARE  
REIMBURSEMENT REQUEST**  
Please Print and Use Ink

Last Name, First Name	Job Seeker ID # (Required)
Customer Current Mailing Address:	Phone Number: (    )
	Title: (WSL Staff ONLY)

I use an Oregon Approved Child Care Provider: (<https://childcaresafetyportal.ode.state.or.us/portal/>)

\_\_\_\_\_ Name of Child Care Provider

\_\_\_\_\_ Address, City - Phone Number

<b>Fill in hours per day or "X" for full days: (Leave blank if no childcare used) For the month of: _____</b>															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<p><b>Hrly/Daily/Monthly/Qtrly Rate Paid:</b> _____ X _____ = _____ (please circle one)</p> <p><b>Child's Name:</b> _____ <b>Reason for Childcare:</b> _____</p>															

**ALL REIMBURSEMENTS WILL BE MAILED. LATE CHILDCARE TURNED IN TWO MONTHS AFTER CHILDCARE WAS ACCRUED WILL NOT BE ACCEPTED.**

**I HEREBY CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE AND, ON THE DAYS INDICATED, I PAID THE ABOVE CHILDCARE PROVIDER. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION MAY BE SUFFICIENT GROUNDS FOR IMMEDIATE TERMINATION FROM THIS PROGRAM AND MAY REQUIRE REPAYMENT OF FUNDS.**

Customer Signature:	Date
Reviewed & Authorized By:	Date

<b>FOR WSL STAFF USE ONLY</b>	
TOTAL AWARD: _____	<b>AMOUNT DUE:</b> <input style="width:150px; height:20px;" type="text"/>
AMOUNT USED TO DATE: _____	
AVAILABLE BALANCE: _____	