

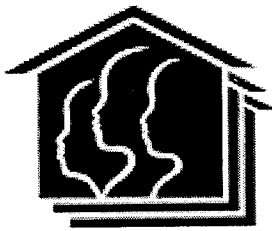


Health and Safety Training Reimbursement Program For Child Care Providers and Child Care Center Staff

- WHAT:** A program that will reimburse child care providers for the cost of the Health and Safety training (CPR, pediatric first aid, and preventative health practices or certificate renewal) required by Community Care Licensing. A \$5 co-pay is required and up to \$100 may be reimbursed. We will deduct the co-pay from your reimbursement total.
- Who:** All **Orange County** licensed center-based staff (up to 5 staff per center), licensed family child care providers, family child care aids or assistants, and those who will be applying to become licensed family child care providers.
- When:** Training taken on or after July 1, 2008 through June 30, 2009, or until funds are exhausted.
- Where:** Participants may attend training from any approved Emergency Medical Services Authority (EMSA) training institution or trainer. Call CHS for a list of approved trainers.
- How:**
1. Obtain a Training Verification form. A form is printed on the back of this flyer, or you can call CHS at (714) 817-8600 ext 6202.
 2. Attend, and successfully pass, a training course from an approved EMSA institution or trainer. Obtain a receipt for the cost of your training.
 3. Send your completed Training Verification form, your receipt or a copy of both sides of your cancelled check showing the amount paid, and copies of both sides of the CPR/First Aid cards and/or Health/Safety certificate to CHS at the address on the form. We will deduct a \$5 co-pay and reimburse you up to \$100, not to exceed the cost of the training.

APPLY TODAY AS FUNDS ARE LIMITED!
QUESTIONS? CALL CHS AT (714) 817-8600 ext 6202

Si require asistencia en Español, llama (714) 817-8600 extensión 6283



CHILDREN'S
HOME
SOCIETY OF
CALIFORNIA

Anaheim Office:
505 N. Euclid Street, Suite 100
Anaheim, CA. 92801
Phone: (714) 817-8600

Health and Safety Training Reimbursement
Contract #113

**CHILD CARE PROVIDER /CENTER
CPR/FIRST AID/HEALTH & SAFETY TRAINING VERIFICATION**

Please Print All Information

INDIVIDUAL PROVIDER NAME:		SOCIAL SECURITY #:	
CENTER NAME:		TAX ID# (CENTERS):	
MAILING ADDRESS:			
CITY & ZIP CODE: (Must include zip code)		PHONE: (Please include area code)	
I AM: <input type="checkbox"/> A LICENSED FAMILY CHILD CARE PROVIDER (License No. _____) <input type="checkbox"/> APPLYING TO BECOME FAMILY CHILD CARE PROVIDER (Date of licensing Orientation I attended: _____) <input type="checkbox"/> A FAMILY CHILD CARE ASSISTANT OR AIDE		<input type="checkbox"/> A LICENSE EXEMPT CHILD CARE PROVIDER <input type="checkbox"/> THIS IS A CENTER REIMBURSEMENT <input type="checkbox"/> A CHILD CARE CENTER DIRECTOR/TEACHER	
FOR INDIVIDUAL REIMBURSEMENT ONLY <i>*Reimbursement is up to \$100.00 per person</i>		TOTAL COST OF TRAINING \$ _____ LESS CO-PAY (\$5.00 PER PERSON) \$ _____ TOTAL REIMBURSEMENT \$ _____ (TO BE COMPLETED BY CHS)	
FOR CENTER REIMBURSEMENT ONLY (MAXIMUM (5) STAFF PER FACILITY) <i>*Reimbursement is up to \$100.00 per person</i>		TOTAL COST OF TRAINING \$ _____ LESS CO-PAY (\$5.00 PER PERSON) \$ _____ TOTAL REIMBURSEMENT \$ _____ (TO BE COMPLETED BY CHS)	
CPR/FIRST AID TRAINING COMPANY:			
PARTICIPANT'S SIGNATURE: (Verifying all information is correct)			

SUBMIT THIS FORM WITH COPIES OF YOUR RECEIPT OR BOTH SIDES OF YOUR CANCELLED CHECK AND COPIES OF BOTH SIDES OF THE CPR/FIRST AID CARDS AND/OR A COPY OF HEALTH/SAFETY CERTIFICATE TO: CHILDREN'S HOME SOCIETY OF CALIFORNIA (See address listed at top).

If forms are missing information or incomplete; they will be returned without being processed.

Funding is available on a first come first serve basis for **Orange County providers only**. Please allow 6 to 8 weeks for reimbursement. For further information please contact: **Erika Hernandez at (714) 817-8600, ext. 6202**