



Lead Testing Reimbursement for Licensed Exempt Providers

Programs can be reimbursed for some of the costs related to lead testing in your programs to help ensure child safety.

Who can be reimbursed?

- License exempt providers who are listed with DHS or in the process of becoming listed

What is reimbursable?

Cost of lead testing

- Water lead testing on plumbing fixtures or faucets used for drinking, cooking, or preparing infant formula.
 - Test must be conducted by an ORELAP accredited laboratory (a list of approved laboratories is provided along with this letter)
 - Receipts are not required for reimbursement for test results submitted to the Office of Child Care (OCC)

Corrective Actions

- Purchase and installation of an approved National Sanitation Foundation (NSF) certified lead filter
- Cost of new faucet and installation

A receipt must be provided for any corrective action costs. Corrective actions must be submitted to the Office of Child Care (OCC) for faucets testing above 15 parts per billion (ppb).

How do I apply for reimbursements?

Submit the following:

- L-20 Lead Testing Reimbursement & Mitigation Reimbursement Form For License Exempt Child Care Providers Participating in ODHS Subsidy
- WOU Substitute W-9 Form
- The original receipts for corrective action (if applicable)

Electronic versions of these forms can be found online at the WOU Secure Portal, <https://wou.edu/tri/forms/>. For assistance in filling out these forms or for additional copies, please call 1-800-342-6712.

Enclosed:

- [CEN-0020 ORELAP Lead Testing Labs](#)
- [L-20 Lead Testing Reimbursement & Mitigation Reimbursement Form](#)
- [WOU Substitute W-9 Form](#)

ORELAP Labs for Lead Testing



Please contact your local water district to inquire about free or reduced price testing.

Laboratory Name	Site Address	Phone	Email
Alexin Analytical Laboratories, Inc.	13035 SW Pacific Hwy, Tigard, OR 97223	503-639-9311	mail@alexinlabs.com
Analytical Laboratory Group	361 West Fifth Ave, Eugene, OR 97401	541-485-8404	alglabs@alglabsinc.com
Apex Laboratories, LLC	6700 SW Sandburg St, Tigard OR 97223	503-718-2323	kpatton@apex-labs.com
Columbia Laboratories, Inc.	12423 NE Whitaker Way, Portland, OR 97230	503-254-1794	info@columbialaboratories.com
Grants Pass Water Laboratory, Inc.	964 SE M St, Grants Pass, OR 97526	541-476-0733	doree@gpwaterlab.com
Neilson Research Corporation	245 S Grape St, Medford, OR 97501	541-770-5678	tkreutzer@nrclabs.com
Rose City Laboratories	7200 Johnson Creek Blvd, Portland, OR 97206	503-307-0096	info@rosecitylabs.com
Umpqua Research Company	626 NE Division St, Myrtle Creek, OR 97457	541-863-5201	twilliams@urcmail.net
Waterlab Corp	2603 12 th St SE, Salem OR 97302	503-363-0473	Waterlab@comcast.net
ACZ Laboratories	2773 Downhill Dr, Steamboat Springs, CO 80487	970-879-6590	matts@acz.com
Advanced Technology Laboratories	3275/3291 Walnut Ave, Signal Hill, CA 90755	562-989-4045	James.lin@atglobal.com
Alpha Analytical – Mansfield	320 Forbes Blvd, Mansfield MA 02048	508-898-9220	Arice@alphalab.com
ALS Environmental, Kelso	1317 S 13 th Ave, Kelso, WA 98626	360-501-3356	Alks.ga@alsglobal.com
Anatek Labs, Inc – ID	1282 Alturas Dr, Moscow, ID 83843	208-883-2839	genes@anateklabs.com
ASSET Laboratories	3151 W Post Rd, Las Vegas, NV 89118	702-307-2659	nancy@assetlaboratories.com
Babcock Laboratories	6100 Quail Valley Ct, Riverside, CA 92507	951-653-3351	sfry@babcocklabs.com
BSK Associates	1414 Stanislaus St, Fresno, CA 93706	559-497-2888	mng@bskassociates.com
Edge Analytical Inc	1620 S Walnut St, Burlington, WA 98233	360-757-1400	Ljh@edgeanalytical.com
Environmental Science Corporation	12065 Lebanon Rd, Mt. Juliet, TN 37122	615-773-9737	ppryor@pacenational.com
Eurofins Eaton Analytical, LLC	110 S Hill St, South Bend, IN 46617	574-742-5523	dalepiechocki@eurofinsus.com
Eurofins Eaton Analytical, LLC Monrovia	750 Royal Oaks Dr Ste 100, Monrovia CA 91016	626-386-1170	Nildacox@eurofinsus.com
Eurofins TestAmerica Cedar Falls	3019 Venture Way, Cedar Falls IA 50613	319-595-2009	Tom.tjaden@testamericainc.com
Fremont Analytical	3600 Fremont Ave N, Seattle, WA 98103	206-352-3790	Akegley@fremontanalytical.com
Hall Environmental Analysis Laboratory, Inc	4901 Hawkins Rd NE Ste D, Albuquerque, NM 87109	505-338-8830	tes@hallenvironmental.com
Kuo Testing Labs	1320 E Spokane St Ste C, Pasco, WA 99301	509-727-6058	pgastelum@matrixsciences.com
Pace Analytical Services, LLC Minneapolis	1700 Elm St SE, Minneapolis, MN 55414	612-607-6352	Janielle.ward@pacelabs.com
RJ Lee Group, Inc Columbia Basin Analytical Laboratories	2710 N 20 th Ave, Pasco, WA 99301	509-545-4989	yyohannes@rjleegroup.com
State Hygienic Laboratory at the University of Iowa	2220 S Ankeny Blvd, Ankeny, IA 50023	515-725-1624	Rebecca-blair-1@uiowa.edu
Summit Environmental Technologies, Inc.	3310 Win St, Cuyahoga Falls, OH 44223	330-253-8211	cbarrick@settek.com
TestAmerica – Phoenix	4625 E Cotton Center Blvd Ste 189, Phoenix, AZ 85040	602-437-3340	Ann.doerr@eurofinset.com
Weck Laboratories, Inc.	14859 Clark Ave, City of Industry, CA 91745	626-336-2139	Alan.ching@wecklabs.com

For more information on preventing exposure to lead, visit <https://oregonearlylearning.com/lead-poisoning-prevention/>.

You are entitled to language assistance services and other accommodations at no cost. If you need help in your language or other accommodations, please contact the Office of Child Care at 503-947-1400.

[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

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		
TOTAL			

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

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

Signature	Date
-----------	------

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 # _____

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.

Vendors requesting payment for products and/or services provided to WOU or requesting payment for any other reason must complete and submit this Substitute W-9 Form prior to receiving payment. Vendors include both businesses and individuals.

A Federal Tax Identification Number (FEIN) or Social Security Number (SSN) must be on file for **All VENDORS** receiving payments from WOU. **An IRS W-9 Form may not be substituted in lieu of this form.**

NAME OF BUSINESS: _____		
OR		
NAME OF INDIVIDUAL: _____		
First Name	Middle Name	Last Name
<small>(Associated with TIN or SSN listed below. Payments will be payable to this name.)</small>		
DOING BUSINESS AS (DBA) NAME: _____ <small>(If applicable)</small>		
PAYMENT ADDRESS: Street/PO Box _____		
City _____	State _____	Zip Code _____
TAXPAYER ID NUMBER (TIN): _ _ - _ _ _ _ _ _ _ _ _ _ OR _ _ - _ _ - _ _ _ _ _ _ _ _ _ _		
<small>Federal Tax ID Number</small>	<small>(Provide only one)</small>	<small>SSN-Individual/Sole Proprietor</small>

<p style="text-align: center;">Select One (Required)</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> U.S. Resident Alien-see page 2 of this form</p> <p><input type="checkbox"/> Foreign Alien or Entity-complete W-8 Form- See page 2 of this form</p>	<p style="text-align: center;">Check Any That Apply</p> <p><input type="checkbox"/> Woman Owned - State Certified <input type="checkbox"/> Woman Owned - Self Reported</p> <p><input type="checkbox"/> Minority Owned - State Certified <input type="checkbox"/> Minority Owned - Self Reported</p> <p><input type="checkbox"/> Emerging Small Business - State Certified <input type="checkbox"/> Emerging Small Business - Self Reported</p> <p><input type="checkbox"/> Veteran <input type="checkbox"/> Other: _____</p>
---	---

Select One (Required)				
<input type="checkbox"/> Non Profit Entity	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Corporation
<input type="checkbox"/> Limited Liability Corporation-Individual	<input type="checkbox"/> Limited Liability Corporation-Corporation	<input type="checkbox"/> Limited Liability Corporation-Partnership		

CERTIFICATION: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. citizen or other U.S. person.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct taxpayer identification number.

SIGNATURE OF INDIVIDUAL OR COMPANY REPRESENTATIVE AND TITLE	DATE

Return form to requesting department:
 The Research Institute at Western Oregon University
 345 Monmouth Ave N
 Monmouth, OR 97361

WESTERN OREGON UNIVERSITY FOREIGN ALIEN/ ENTITY OR RESIDENT ALIEN

FOREIGN ALIEN OR ENTITY

Western Oregon University requires a W-8 Form for all foreign aliens/entities being paid for a service, copyrights, permissions and royalties performed in the United States to conform to IRS regulations. The IRS requires Western Oregon University to obtain a signed and dated W-8 Form prior to issuing payment. There are four different types of W-8 Forms. The Foreign Alien/Entity will need to determine which type of form applies to them; they will need to fill out the appropriate form; and they will need to return the form to Western Oregon University.

The links for the W-8 Forms are as follows (the entity type will determine which form to complete):

<http://www.irs.gov/pub/irs-pdf/fw8exp.pdf> (Form W-8EXP) <http://www.irs.gov/pub/irs-pdf/iw8exp.pdf> (Instructions Form W-8EXP)

<http://www.irs.gov/pub/irs-pdf/fw8eci.pdf> (Form W-8ECI) <http://www.irs.gov/pub/irs-pdf/iw8eci.pdf> (Instructions Form W-8ECI)

<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf> (Form W-8BEN) <http://www.irs.gov/pub/irs-pdf/iw8ben.pdf> (Instructions Form W-8BEN)

<http://www.irs.gov/pub/irs-pdf/fw8imy.pdf> (Form W-8IMY) <http://www.irs.gov/pub/irs-pdf/iw8imy.pdf> (Instructions Form W-8IMY)

US RESIDENT ALIEN

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "savings clause." Exceptions specified in the savings clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the savings clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country—generally, this must be the same treaty under which you claimed exemption from tax as a non-resident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the savings clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient fact to justify the exemption from the tax under the terms of the treaty article.

Example: Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S. China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on the exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, submit the appropriate completed Form W-8.