



Utah Office of Child Care
A Division of the Utah Department of
Workforce Services

Family, Friend & Neighbor First Aid and CPR Reimbursement Application

***Funding May Be Limited and Is Available On A First Come First Served Basis**

Providers Name: _____

Provider's Address: Street Number _____

City _____ County _____ Zip Code _____

Provider's SSN# or Tax ID#: _____

Provider's Phone Number: _____ Application Date ____/____/____

Application requirements, please check all that you have completed:

- I'm submitting this application to my local Care About Childcare agency (CAC) no later than **June 1st**.
- I've completed a Red Cross, American Heart, or equivalent First Aid course. I've included a **copy** of my current First Aid certification with this application. *Retain your original certificate; submit copies only.*
- I've completed a Red Cross, American Heart, or equivalent Infant and Child CPR course with hands-on testing. I've included a **copy** of my current Infant and Child CPR certification with this application. *Retain your original certificate; submit copies only.*
- I've included a **copy** of my receipts for the First Aid and CPR courses that I've completed. *Retain your original receipts; submit copies only.*

Allowable Expense	Dollar Amount on Receipt	Receipt Enclosed (Receipts must be enclosed or you cannot be reimbursed.)
A. First Aid training	\$ _____	____ Yes ____ No
B. CPR training	\$ _____	____ Yes ____ No
Total Amount of Reimbursement You are Requesting	\$ _____	*Reimbursement is for half of the cost of your First Aid/CPR training, up to \$50 dollars. Please retain your original receipts.

I am in the process of becoming a DWS FFN approved provider. I verify that the information I have given on this application is true and correct to the best of my knowledge.

Signature: _____ Date ____/____/____

Please submit this reimbursement application, copies of receipts and copies of CPR & First Aid certifications no later than **June 1st** to your local CAC agency or FAX to 801-355-7453

Do not write below this line. For CAC use only.

Date check was issued: ____/____/____ Check Amount: \$ _____ **Include a copy of receipts in file.**

Date information was entered into the FFN database: ____/____/____

CAC Staff Signature: _____ Date: _____

All Care About Childcare programs are funded by the Federal Child Care Development Fund, the Department of Workforce Services and the Office of Child Care.