

**Division of Children and Family Services
 Child Care Subsidy Provider
 Pediatric CPR/First Aid Reimbursement Request**

Intended Audience: Child Care Subsidy Providers

Provider Name: _____ Phone Number: _____

Address: _____

Subsidy ID Number: _____ License ID Number: _____

Child Care Centers may be eligible for up to 50% reimbursement¹ of the total cost of pediatric CPR/First Aid training for all required staff, volunteers, and other individuals who work with children in the child care setting.

The request must include:

- Information for all individuals who attended the course(s),
- Certification cards or certificates for all individuals, and
- The invoice(s) indicating that the course has been paid in full.

Requests must be submitted within 90 days of completion of the course. Untimely requests or incomplete information may result in delayed processing or denied requests.

Reimbursement requests may be submitted to your assigned Resource Developer or:

By mail: Child Care Subsidy, PO Box 95026, Lincoln, NE 68509

By email: dhhs.ccsubsidy@nebraska.gov

Staff Name:	Position/Title:	CPR Completion Date:	Cost of Training:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

If more space is needed, attach an additional paper to this form.

Total Cost: \$ _____

Director Signature: _____ **Date:** _____

Director signature attests the above information is true and accurate.

¹While funding is available.