



Health and Safety Training Funds

FY 24-25

These funds provide reimbursement for up to \$150 to eligible individuals who successfully complete qualified trainings between July 1, 2024 and June 30, 2025 in Humboldt County. Funds are limited! Reimbursement requests must be submitted with the required verification no later than July 5, 2025. See details below:

- Individuals eligible for reimbursement:
 - licensed center-based staff, licensed family child care providers, license-exempt child care providers, and in-home providers
- Qualified trainings provided by an approved Emergency Medical Services Authority (EMSA) training institution or trainer:
 - pediatric cardiopulmonary resuscitation (CPR)
 - pediatric first aid and/or (FA)
 - preventive health training
- If you meet the criteria listed above and wish to be reimbursed you must submit:
 - Completed Health and Safety Training Reimbursement for Child Care Providers Form (attached or on our agency website)
- Verification of payment and attendance at appropriate training must include the following:
 - Amount paid for each training
 - Name of training/course
 - Date and hours completed
 - Name of Health and Safety trainer and training institute

A typical way to obtain verification is by receipt, certificate of completion, and/or copy of sign in sheet with your name highlighted.

After you have completed the form and attached appropriate verification, please submit to:

Changing Tides Family Services
Resource and Referral
2379 Myrtle Avenue
Eureka, CA 95501

Please note that when all documentation has been submitted in its entirety:

- A reimbursement of up to \$150 may be issued
- Each participant must pay at least \$5 co-pay per training
- The reimbursement will only be issued to the eligible individual
- Funds are limited—reimbursements will be processed depending on funding availability
- Group receipts will not be accepted
- Group reimbursement forms will not be accepted

Health and Safety Training Reimbursement Form for Child Care Providers

Changing Tides Family Services may reimburse eligible individuals who complete the following Emergency Medical Services Authority (EMSA) certified trainings in Humboldt County between July 1, 2024 and June 30, 2025. Reimbursement requests must be submitted with the required verification no later than July 5, 2025.



- Pediatric CPR
- Pediatric First Aid
- Preventive Health Practices

In order **to be eligible**, you must work in one of the following child care settings:

- ☐ Licensed Center-Based
- ☐ License Exempt Center-Based
- ☐ Licensed Family Child Care
- ☐ License Exempt Family Child Care
- ☐ In-Home (providing care in child's own home)

Check a box as listed above, as appropriate, and provide the following information:

First name:	Last name:	Phone number:	
Your mailing address:		City:	ZIP:
Employer Name:		<input type="checkbox"/> Self	Your job position:
Work site address:		City:	ZIP code:
Certified course completed: <input type="checkbox"/> Pediatric CPR <input type="checkbox"/> Pediatric FA <input type="checkbox"/> Preventive Health Practices	Instructor's Name:	Institution: <input type="checkbox"/> EMSA <input type="checkbox"/> Red Cross <input type="checkbox"/> American Heart Association	

In order **to receive reimbursement**, you **must provide verification** of the following:

- ☐ Name and date of training
- ☐ Hours of training completed
- ☐ Amount paid for each training

After you have completed this form and attached appropriate verification, please submit to:

Changing Tides Family Services
Resource and Referral
2379 Myrtle Avenue
Eureka, CA 95501

Please note, when all documentation has been submitted in its entirety:

- A reimbursement of up to \$150 may be issued
- Each participant must pay at least \$5 co-pay per training
- Reimbursement will only be issued to the eligible individual
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Please call 707-444-8293 if you have any questions.

Administration use only

R&R Staff: _____ Date: _____

Total per course paid by participant: \$ _____

Pediatric First Aid
\$ _____

Pediatric CPR
\$ _____

Preventive Health Practices
\$ _____

Subtotal - \$5 copay per class: _____ Total reimbursement to participant: \$ _____