

## **DHS ENHANCED RATE PROGRAM**

### **Application Instructions**

1. You must complete and attach the Oregon Registry Enrollment Form  
Simply fill in your name, mailing address, and other requested information.
2. Complete the DHS Enhanced Rate Program Application Form
  - Item 1**  
Please list your name
  - Item 2**  
Please list the date you are completing the DHS Enhanced Rate Program Application Form
  - Item 3**  
It is optional to provide your social security number/tax ID number
  - Item 4**  
If you are Certified or Registered with the State of Oregon Child Care Division, then please list your CCD Registration/Certification number and expiration date here.
  - Item 5**  
This is where you show us the required training you have completed. Fill in the date that you completed each of the four training sessions and attach a copy of the certificate of completion for each session. You must complete each of these training sessions to be eligible for the DHS Enhanced Rate Program.
  - Item 6.**  
By applying for DHS Enhanced Rate Program eligibility, you agree to keep your Infant & Child First Aid, Infant and Child cardiopulmonary resuscitation (CPR), and Food Handler's Permit current. It is your responsibility to renew these trainings, as necessary, before they expire.  
  
Sign your name and enter the date in the space provided. Your DHS Enhanced Rate Program Application cannot be processed without your signature.
3. Send the Oregon Registry Enrollment Form, the DHS Enhanced Rate Program Application Form, and the copies of your training certificates to the address indicated on the Application Form.

**Thank you!**  
**Remember... The work you do is important!**



**ENROLLMENT FORM**

You **MUST** complete items #1 – 6 for all applications

1. Name: \_\_\_\_\_  
Last First Middle Former Name(s)

2. Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 3. Last **FIVE** digits of your Social Security #:  -

4. Mailing Address: \_\_\_\_\_  
Street or PO Box  
 \_\_\_\_\_  
City State ZIP County

5. Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

6. Check only **ONE** and follow the directions provided:  
 I have already completed items #7 – 15, and I have no changes to report. Go directly to items #16 & #17.  
 I have not filled out items #7 – 15, or I need to update some of the information in items #7 – 15. Please continue and complete items #7 – 17.

7. Email Address: \_\_\_\_\_

8. Place of Employment: \_\_\_\_\_  
If Self-employed, please provide business name

9. Position/Title: \_\_\_\_\_

10. What is your Child Care Division licensing status? (*Required: Check only ONE*):  
 Registered Family Child Care       Licensed Center-Based Child Care Program Staff  
 Certified Family Child Care       Exempt Center-Based Child Care or Preschool Staff  
 Exempt Family Child Care       None of the above

11. Of the following, which settings do you work in? What job(s) do you have? (*Required: Check all that apply*):

<input type="checkbox"/> Family Child Care	<input type="checkbox"/> In a Child's Home (i.e. Nanny)
<input type="checkbox"/> Center-Based Care	<input type="checkbox"/> Child Care Resource and Referral Program Staff
<input type="checkbox"/> School Age Care Program (before/after school) Staff	<input type="checkbox"/> State Agency Staff
<input type="checkbox"/> Head Start or Oregon Pre-K Head Start Program Staff	<input type="checkbox"/> Family Support Services
<input type="checkbox"/> High School Teen Parent & Child Development Program Staff	<input type="checkbox"/> 2 or 4 Year Higher Education Early Childhood Education Program Staff
<input type="checkbox"/> Early Intervention/Early Childhood Special Education Program Staff	<input type="checkbox"/> Trainer
<input type="checkbox"/> Elementary Grades K-4 Staff	<input type="checkbox"/> Private Consultant
<input type="checkbox"/> Family Member or Friend of Family Providing Care	<input type="checkbox"/> Other (e.g. Librarian, Mentor, etc.):

*The next three items #12 – 14 are optional. We use this information to track our success in being inclusive of all populations.*

12. What ONE racial/ethnic heritage BEST describes you? Please feel free to write in another word to describe your ethnic or cultural identity if your first choice is not listed.

<input type="checkbox"/> White/non-Hispanic/non-Latino	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> White/Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black/non-Hispanic/non-Latino	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Black/Hispanic/Latino	

13. What is your primary language? \_\_\_\_\_  
 Do you speak any other language(s) in addition to your primary language?  Yes  No  
 If "YES", what other language(s) do you speak? \_\_\_\_\_

14. Gender  Female  Male



**15. EDUCATIONAL BACKGROUND** *(Required: Please check all that apply):*

- Oregon Registry Step: \_\_\_\_\_
- Less than a high school diploma
- High school diploma Year: \_\_\_\_\_
- General Educational Development (GED) Year: \_\_\_\_\_
- Child Development Associate (CDA) Year: \_\_\_\_\_
- Certificate from college, school or professional association, in: \_\_\_\_\_ Year: \_\_\_\_\_
- AA, AS, AAS or other 2-year college degree in: \_\_\_\_\_ Year: \_\_\_\_\_
- BA, BS or other 4-year college degree in: \_\_\_\_\_ Year: \_\_\_\_\_
- MA, MS, Med or other Master's degree in: \_\_\_\_\_ Year: \_\_\_\_\_
- PhD, EdD or other doctoral degree in: \_\_\_\_\_ Year: \_\_\_\_\_
- Other – Please specify degree and field of study: \_\_\_\_\_ Year: \_\_\_\_\_

**16. CONFIDENTIALITY**

- The Oregon Center for Career Development in Childhood Care and Education (OCCD) **will not**, under any circumstances, release the following individual information as public information: Ethnicity, Gender, Full Social Security Number.
- OCCD may share necessary individual information with the Department of Human Services (DHS) for the specific purpose of operating the Enhanced Rate Program (ERP).
- OCCD may grant access to individual directory information (i.e. name, address, county, phone, email) as public information to screened and appropriate professional partners in the field of childhood care and education.
- OCCD may grant access to individual program status information (i.e. Oregon Registry Program Step, pathway, degree, credential, certificate; and Oregon Registry Trainer Program Certification type, training counties, training languages, training sessions) as public information to screened and appropriate professional partners in the field of childhood care and education.
- If you DO NOT want to have your individual directory information or individual program status information release for these purposes, then you must notify OCCD in writing.
- You may request that OCCD grant additional access to your individual application or participation details for the Oregon Registry, Oregon Registry Trainer Program, or John and Betty Gray Scholarship Program. You may wish to grant this access for specific individuals such as your mentor, your supervisor, or others. You may wish them to have access to such things as the status of your application (i.e. reviewed, tabled, denied, approved), details regarding your training and education, steps you may need to take to receive approval, etc. If you wish others to have access to this individual application or participation status information, then you must notify OCCD in writing.

**17. ACCOUNTABILITY STATEMENT** *(Signature required)*

I have reviewed the information I have provided to the Oregon Center for Career Development in Childhood Care and Education (OCCD), and attest that, to the best of my knowledge, it is true and accurate. I agree to notify OCCD of any updates or changes to my information as they occur (e.g. change of address, name change, etc.).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Printed Name*

**Thank you.** Your enrollment form is now complete. Please send your completed form to:

**Portland State University – OCCD  
PO Box 751  
Portland OR 97207-0751**

...and you will be enrolled in the Oregon Registry as an active professional in the field of childhood care and education.

Visit our website ([www.centerline.pdx.edu](http://www.centerline.pdx.edu)), or call us toll free at 1-877-725-8535 for more information about the Oregon Registry, the Oregon Registry Trainer Program, Sponsoring organizations, or the Statewide John and Betty Gray Scholarship Program.



## DHS ENHANCED RATE PROGRAM APPLICATION

IMPORTANT: YOU **MUST** COMPLETE & ATTACH  
THE OREGON REGISTRY ENROLLMENT FORM.

1. Name: \_\_\_\_\_  
*Last* *First* *Middle*

2. Application Date: \_\_\_\_\_

3. *(Optional)* Social Security No. **OR** Tax ID No. (TIN): \_\_\_\_\_

*(Please note: Not providing this information may cause delays in processing your application and/or payments)*

4. Please complete the following if you are Registered or Certified with the State of Oregon Child Care Division:

CCD Registration/Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

5. **TRAINING AND EDUCATION:** All of the training sessions listed below are requirements for eligibility in the DHS Enhanced Rate Program. Please indicate, in the space provided, when you completed the following training sessions.

**Only attach PHOTOCOPIES of your certificates; Do not send originals.**

Training	Date Completed
Infant and Child First Aid	
Infant and Child CPR	
Recognizing and Reporting Child Abuse and Neglect	
Food Handlers Permit	

6. **TRAINING AGREEMENT:** I understand that to maintain my Enhanced Rate Program eligibility I must keep my Infant & Child First Aid, Infant and Child CPR , and Food Handler's card **current**.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***Please turn the page over to complete the DHS Enhanced Rate Program Application Form.***



**To complete your application, return:**

- the **OREGON REGISTRY ENROLLMENT FORM**; and
- the **DHS ENHANCED RATE PROGRAM APPLICATION FORM**

Now... You're Done! Mail your two forms and the photocopies of your training certificates to:

**Portland State University – OCCD**  
**Attn: ERP**  
**PO Box 751**  
**Portland OR 97207-0751**

**Questions?**

Contact OCCD by phone:  
Toll free - 1.877.725.8535; or  
503.725.8532;  
Or Email OCCD at:  
centerline@pdx.edu

**EXTRA!!! BONUS!!!**

**How the DHS Enhanced Rate Program connects to the Oregon Registry?**

The training requirements for the DHS Enhanced Rate Program are the same as the training requirements for the Step 1 in the Oregon Registry!

**What is the Oregon Registry?**

The **Oregon Registry** is a voluntary, statewide program to document and recognize the professional achievements of people who work in the childhood care and education profession.

**What does this mean for me?**

When your eligibility is approved for the DHS Enhanced Rate program, you will also automatically be approved at Step 1 of the Oregon Registry. To find out more about the Oregon Registry you can go to the OCCD website at [www.centerline.pdx.edu](http://www.centerline.pdx.edu), or you can call toll free to OCCD at 1.877.725.8535 and request that information about the Oregon Registry be mailed to you.

**What do I do if I have more training and education, and I want to be approved at a step higher than Step 1 in the Oregon Registry?**

If you have more training/education, apply for a higher Oregon Registry Step. Complete an Oregon Registry Application. To receive a copy of the **Oregon Registry Application Packet** with information, instructions and forms, you can go to the OCCD website at [www.centerline.pdx.edu](http://www.centerline.pdx.edu), or you can call toll free to OCCD at 1.877.725.8535 and request that the Oregon Registry Application packet be mailed to you.

