



**Office of Student Financial Aid**

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**\*\*2020-2021 Request for Childcare Expense Adjustment \*\***

**\*\*This form must be submitted by May 1, 2021 to be considered for the 2020-2021 academic year\*\***

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

If you will be paying for childcare during the 2020-2021 academic year and you are requesting a cost of attendance adjustment, **you and your childcare provider** must complete and sign this form. **Attach a receipt** verifying at least one monthly payment to the provider. Return this form to the Office of Student Financial Aid **after July 1, 2020**. If your academic year begins in May or June 2020, you may submit this form before July 1, 2020.

**Section A**

**\*\*\*\*\*TO BE COMPLETED BY THE CHILDCARE PROVIDER\*\*\*\*\***

State the names and ages of the children of the above-listed UI student for whom you will provide childcare during the 2020-2021 academic year.

Child's Name (first and last)	Child's Age	Cost of Childcare per Month	Number of Months That Childcare Was Provided
1.		\$	
2.		\$	
3.		\$	
4.		\$	
<b>Total Family Monthly Childcare</b>		\$	

\_\_\_\_\_  
 Name of Childcare Provider (PLEASE PRINT) ( )  
 Phone Number of Childcare Provider

\_\_\_\_\_  
 Address of Childcare Provider (PLEASE PRINT) City State ZIP

**I hereby verify that the above information is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
 Signature of Childcare Provider Date

**Section B**

**\*\*\*\*\*TO BE COMPLETED BY THE STUDENT\*\*\*\*\***

Is the childcare provider related to your child?  Yes—specify relationship \_\_\_\_\_  
 No

Is there any reimbursement for childcare expenses from any source and/or is someone else assisting with paying for the childcare?  
 Yes Name of agency/person providing assistance: \_\_\_\_\_  
 Amount paid (indicate if amount is paid each month, academic year, or annually): \$ \_\_\_\_\_  
 No

Are you a recipient of Aid to Families with Dependent Children (AFDC) or the Family Investment Program (FIP)?  
 Yes Include with this form a signed statement from your Income Maintenance worker or Promise Jobs worker verifying that you will not receive childcare assistance from their agency.  
 No

**My signature below verifies that the information provided in Sections A and B on this form is correct.**

\_\_\_\_\_  
 Signature of Student Date