



Office of Student Financial Aid
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****2019-2020 Request for Childcare Expense Adjustment ****

****This form must be submitted by May 1, 2020 to be considered for the 2019-2020 academic year****

Student Name: _____

Student ID: _____

If you will be paying for childcare during the 2019-2020 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, 2019**. If your academic year begins in May or June 2019, you may submit this form before July 1, 2019.

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 2019-2020 academic year.

| Child's Name | Child's Age | Cost of Childcare per Week | Number of Weeks Childcare Will Be Provided |
|--------------|-------------|----------------------------|--------------------------------------------|
| 1. | | \$ | |
| 2. | | \$ | |
| 3. | | \$ | |
| 4. | | \$ | |

Total Family Monthly Childcare \$ _____

 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

Office Use Section _____ record on spreadsheet
 _____ verified subsidy or verified with Family Services
 _____ initial and date