**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**

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.

***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.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Child's Age</th>
<th>Cost of Childcare per Week</th>
<th>Number of Weeks Childcare Will Be Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>$</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

Total Family Monthly Childcare $________

Name of Childcare Provider (PLEASE PRINT) __________________________

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 __________________________

***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 __________________________