2015-2016 Request for Childcare Expense Adjustment
Parent of Dependent Student

**This form must be submitted by May 1, 2016 to be considered for the 2015-2016 academic year**

_________________________________________________ _______________________
Student’s Name (please print) UI ID Number

If your parent had childcare expenses in 2014, we can consider those childcare expenses that were paid in 2014 and will continue in 2015. Your parent and the childcare provider must complete and sign this form and return it to the Office of Student Financial Aid. Make a copy of this form if your parent has more than one childcare provider.

Section A
*****TO BE COMPLETED BY THE CHILDCARE PROVIDER*****

State the names and ages of the children for whom you provided childcare during the 2014 calendar year.

<table>
<thead>
<tr>
<th>Child's Name (first and last)</th>
<th>Child's Age</th>
<th>Cost of Childcare per Month in 2014</th>
<th>Number of Months in 2014 That Childcare Was Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>$</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td>$</td>
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</tr>
</tbody>
</table>

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 PARENT*****

Attach an end-of-the-year (2014 calendar year) receipt verifying payment to the provider.

Is the childcare provider related to your child?  
☐ Yes—specify relationship __________________________ 
☐ No

Was there any reimbursement for childcare expenses from any source and/or is someone else assisting with paying for 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 did 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 Parent __________________________ Date __________________

Office Use Section _____ record on spreadsheet 
_____ initial and date