THE UNIVERSITY OF IOWA

Office of Student Financial Aid
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**2017-2018 Request for Childcare Expense Adjustment **

Parent of Dependent Student

****This form must be submitted by May 1, 2018 to be considered for the 2017-2018 academic year****

Student Name: _____ Student ID: _____

We can only consider your parents' childcare expenses that were **paid** in 2015 and continued in 2016. **Your parent and the childcare provider must complete and sign this form** and return it to the Office of Student Financial Aid. **Attach a receipt** verifying at least one monthly payment to the provider. 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 2015 calendar year.

Child's Name (first and last)	Child's Age	Cost of Childcare per Month in 2015	Number of Months in 2015 That Childcare Was 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 PARENT*****

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