**2018-2019 Request for Childcare Expense Adjustment**

**Parent of Dependent Student**

**This form must be submitted by May 1, 2019 to be considered for the 2018-2019 academic year**

Student Name: ___________________________ Student ID: ___________________________

We can only consider your parents’ childcare expenses that were paid in 2016 and continued in 2017. **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 2016 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 2016</th>
<th>Number of Months in 2016 That Childcare Was Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>$</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
<td>$</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*****

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