

## 2021-2022 REQUEST FOR CHILDCARE EXPENSE ADJUSTMENT

This form must be submitted by May 1, 2022 to be considered for the 2021-2022 academic year.

Student Name:	Student ID:		
We can only consider your parents' childcare expenses that were pair provider must complete and sign this form and return it to the Office monthly payment to the provider. Make a copy of this form if your passection A – This section must be completed by the childcare	of Student Financi rent has more that provider	al Aid. Attach a receipt ven none childcare provider.	
State the names and ages of the children for whom you provided childcare during the 2019 calendar year.			
Child's Full Name	Child's Age	Cost of Childcare per Month	Number of Months That Childcare was Provided
		\$	
		\$	
		\$	
		\$	
Total Family N	\$		
Name of Childcare Provider (please print)  Phone Number of Childcare Provider			
Address of Childcare Provider	City	State	Zip
I hereby verify that the above information is accurate and true to the best of my knowledge.			
Signature of Childcare Provider		D	ate
Section B – This section must be completed by the parent			
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 childcare?			
☐ Yes - Name of agency/person providing assistance: ☐ No			
Are you a recipient of Aid to Families with Dependent Children (AFDC	c) or the Family Inv	estment 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 on this form is con	nplete and correct.		
Parent Signature:	Signature: Date:		