2015-2016 Request for Childcare Expense Adjustment

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

If you will be paying for childcare during the 2015-2016 academic year and you are requesting a cost of attendance adjustment, you and your childcare provider must complete and sign this form. Return it to the Office of Student Financial Aid.

### Section A

*****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 2015-2016 academic year.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Child's Age</th>
<th>Cost of Childcare per Month</th>
<th>Number of Months Childcare Will Be Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>$</td>
<td></td>
</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 STUDENT*****

Attach a receipt verifying at least one monthly payment to the provider.

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 ____________