**2017-2018 Request for Childcare Expense Adjustment**

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

Student Name: _____________________________________  Student ID: _______________________

If you will be paying for childcare during the 2017-2018 academic year and you are requesting a cost of attendance adjustment, you and your childcare provider must complete and sign this form. **Attach a receipt** verifying at least one monthly payment to the provider. Return this form to the Office of Student Financial Aid after July 1, 2017. If your academic year begins in May or June 2017, you may submit this form before July 1, 2017.

---

**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 2017-2018 academic year.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Age</th>
<th>Cost of Childcare per Week</th>
<th>Number of Weeks 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>$</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>$</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****

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 ____________________________

---

Office of Student Financial Aid  
208 Calvin Hall  
Iowa City, Iowa 52242-1315  
319-335-1450  
Fax 319-335-3060  
financial-aid@uiowa.edu  
http://financialaid.uiowa.edu