2018-2019 Request for Childcare Expense Adjustment

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

Student Name: ______________________________________  Student ID: _________________________

If you will be paying for childcare during the 2018-2019 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, 2018. If your academic year begins in May or June 2018, you may submit this form before July 1, 2018.

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 2018-2019 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 Use Section record on spreadsheet  verified subsidy or verified with Family Services initial and date