



**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

**\*\*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.

Child's Name	Child's Age	Cost of Childcare per Week	Number of Weeks Childcare Will Be Provided
1.		\$	
2.		\$	
3.		\$	
4.		\$	

**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