2022-2023 REQUEST FOR CHILDCARE EXPENSE ADJUSTMENT

This form must be submitted by May 1, 2023 to be considered for the 2022-2023 academic year.

Student Name: ________________________________________________________________  UI ID Number: ________________________________

If you will be paying for childcare during the 2022-2023 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 and return this form to the Office of Student Financial Aid after July 1, 2022. If your academic year begins in May or June, you may submit this form before July 1, 2022.

Section A – This section must be completed by the childcare provider
State the names and ages of the children of this UI student for whom you will provide childcare during the 2022-2023 academic year.

<table>
<thead>
<tr>
<th>Child’s Full Name</th>
<th>Child’s Age</th>
<th>Cost of Childcare per Month</th>
<th>Number of Months That Childcare was Provided</th>
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Total Family Monthly Childcare $ ____________________________

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 ____________________________
Date ____________________________

Section B – This section must 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 childcare?

□ Yes - Name of agency/person providing assistance: ____________________________  □ 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 did not receive childcare assistance from their agency.
□ No

My signature below verifies that the information on this form is complete and correct.

Student Signature: ____________________________  Date: ____________________________