**2011-2012 Request for Childcare Expense Adjustment **

Parent of Dependent Student

****This form must be submitted by May 1, 2012 to be considered for the 2011-2012 academic year****

The University of Iowa
Office of Student Financial Aid
208 Calvin Hall
Iowa City, Iowa 52242-1315
(319) 335-1450 (319) 800-553-4692
FAX (319) 335-3060

_____ _____

Student's Name (please print) UI ID Number

If your parent will be paying childcare expenses in **2010**, you can request an adjustment to your cost of attendance. We can only consider childcare expenses that were **paid** in 2010. **Your parent and the childcare provider must complete and sign this form and return it to the Office of Student Financial Aid**. Please make a copy of this form if your parent has more than one childcare provider.

Section A *******TO BE COMPLETED BY THE CHILDCARE PROVIDER*******

State the names and ages of the children for whom you provided childcare during the 2010 calendar year.

Child's Name (first and last)	Child's Age	Cost of Childcare per Month in 2010	Number of Months in 2010 That Childcare Was 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 PARENT*******

Is the childcare provider related to your child? ❑ Yes—specify relationship _____
❑ No

Was 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

Were 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 provided in Sections A and B on this form is correct.

_____ _____

Signature of Parent Date