

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

**\*\*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 you will be paying for childcare during the 2011-2012 academic year and you are requesting an adjustment to your cost of attendance, **you and your childcare provider must complete and sign this form and return it to the Office of Student Financial Aid.**

### **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 2011-2012 academic year.

Child's Name	Child's Age	Cost of Childcare per Month	Number of Months 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