

## 2019-2020 Child Care/Dependent Care Allowance Certification Form

If you pay for child care or dependent care, you may request an increase to your cost of attendance (COA). If funds are available to help meet your increased expenses, your award may be increased to help cover these costs. **Please note that additional expenses are usually funded with “self-help” aid in the form of loans. If you are at your yearly federal maximums, your request for increased aid cannot be funded.**

Student’s Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

LIST THE DEPENDENTS FOR WHICH YOU PAY DEPENDENT CARE (attach additional sheet if necessary):

Full Name	Age	Relationship

**CHECK THE STATEMENT THAT APPLIES TO YOU:**

I receive **full reimbursement** (from DSHS, employer, etc.) in the following amount:

\$\_\_\_\_\_ per week/month (please circle one)

I receive **partial reimbursement** (from DSHS, employer, etc.) in the following amount:

\$\_\_\_\_\_ per week/month (please circle one)

I receive **no reimbursement** (from DSHS, employer, etc.) to cover my child care.

**DEPENDENT CARE PROVIDER CERTIFICATION:**

Weekly cost of dependent care: \_\_\_\_\_ hours a week = \$\_\_\_\_\_

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**STUDENT CERTIFICATION:**

I certify that this information is true and complete to the best of my knowledge.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submitting this application via email constitutes your electronic signature. This application shall be deemed to have been “signed” and will constitute an “original” when printed from electronic records established and maintained by The Office of Financial Aid & Scholarships, if an electronic signature is contained