

2020-2021 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:** _____