

BUDGET INCREASE FOR CHILD CARE EXPENSES FORM 2011-2012

Name:	Student ID:
Date:	Program/Year:
Phone:	Email:

The period for which dependent care is required includes, but is not limited to, class time, study time, field work, internships, and commuting time. A child care form must be submitted for each new academic year. A student should be registered for classes before submitting this form. All students requesting a Budget Increase for Child Care **will be selected for verification.**

- **You may request that Child Care expenses be added to your Cost of Attendance if:**
 - You are a single parent FAO will approve 100% of reasonable, documented expenses.
 - Your spouse/other parent residing in household is either a full-time student, or is employed outside of the home for a minimum of 30 hours per week, FAO will approve 50% of reasonable, documented expenses.
- **FAO will determine eligibility on a case-by-case basis.**
- **If you are using a non-licensed in-home provider, you MUST have this form notarized and attach receipts or canceled checks.**

SECTION I: TO BE COMPLETED BY CHILD CARE PROVIDER

Name:	Address:
Owner/Manager Name:	Phone:
License #:	Relationship To Student:
Cost Per Week:	Hours Per Week Care Provided:
Enrollment Date:	Discounts Given: ___ Yes ___ No Amount: _____

Name of child/dependent:	Weekly Cost, including any discounts for additional child(ren):
	\$
	\$
	\$
	\$

I hereby certify that I provide child care for the above named student and children listed. I also certify that the quoted cost of childcare is accurate as stated.

Provider's signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY STUDENT

Student marital status: ___Single ___Married ___Other

Complete if married, or if both parents reside in the same household:

Spouse/Other Parent Name:

Is Spouse/Other Parent employed for a minimum of 30 hours per week? ___Yes ___No

Does Spouse/Other Parent attend school? ___Yes ___No

If yes, answer the following questions: **(Attach a copy of their class schedule.)**

1. Name of institution where enrolled: _____
2. Specify if graduate or undergraduate student: _____
3. Expected number of credit hours for each term: ___Summer 2011 ___Fall 2011 ___Spring 2012

STATEMENT OF UNDERSTANDING: (READ AND INITIAL LINE.)

_____ I understand that changes in my enrollment status could result in a reduction or cancellation of my award.

_____ I am aware that I must report any changes in dependent care arrangements or enrollment status to FAO.

_____ I understand that FAO may request additional documentation before approving this request.

_____ I certify that all information reported on this form is true to the best of my knowledge.

_____ I give permission to the Child Care provider listed to release the information requested.

Dependent's Name	Relationship	Age

Total Child Care Expenses being requested as a 2011-2012 Cost of Attendance increase: \$_____

Spouse/Other Parent signature: _____ **Date:** _____

If approved, increased eligibility will be funded up to the maximum Federal Direct Loan eligibility. If you intend on using a Direct PLUS Loan (parent loan) or an alternative loan for these additional expenses, please check here.

STUDENT SIGNATURE: _____ **DATE:** _____