Dependent Care Expense Form

The Dependent Care Expense Form may be used for students who incur dependent care expenses. Before a dependent care expense will be considered, the student’s 2015-2016 Free Application for Federal Student Aid (FAFSA) must be on file with the Office of Financial Aid and the student must have received their official 2015-2016 Award Letter/Notification.

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>Student ID</th>
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Semester to re-calculate (choose only one)

- Fall 2015
- Spring 2016
- Summer 2016

Will you receive dependent care expenses from a third party?

- Yes
- No

If yes, list source (i.e., CCAP) and list monthly amount of support:

Name of your dependent:

Age of your dependent:

Please list only one dependent per form.

List the total number of Dependent Care Expense Forms to be submitted this enrollment term:

Yes

No

Does the above named dependent live with you?

Yes

No

Do you provide more that 50% of the listed dependent’s financial support?

Yes

No

The following information must be completed by your dependent care provider:

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<th>Name of care provider:</th>
<th>Hourly rate:</th>
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<th>Address of provider:</th>
<th>Hours per week:</th>
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List normal hours the above dependent is in your care:

License #:

(if applicable)

Provider signature:

Phone number of provider:

Submitting an increase may result in additional financial aid being offered to you.
Check your myUCCS Portal for any updates to your awards.

Student Signature

Date