2016-2017
Child Care Expense Form

Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street – MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Student Name:_____UIN:_____
Last *First* *MI* *(University Identification Number)*

Federal regulations permit the addition of child care expenses to a student's cost of attendance for care expenses incurred while the student attends classes. This form enables you to report the expenses you actually pay for dependents included in your household size on the FAFSA who reside with you and require care while you attend class.

If assistance is received from another agency for dependent care, report only the amount you pay, not the full expense.

I pay $_____ per hour / week / month (please circle one) for dependent care. Additional information I want to provide about my dependent care costs:

_____
_____
_____
_____

Students must submit a letter from the child care provider that states the child's name, age, the hours of care provided and the cost of their care. The letter must be on company letterhead or signed by the provider and must state what category they are (in-home, family, friend, etc.)

- Please note that the Office of Student Financial Aid will not increase your budget for hours out-side of your class schedule/study time.
- This budget increase may result in additional eligibility for loan funds only.

List dependents that are included in your household size on the FAFSA

Name	Relationship to you	Age
1.		
2.		
3.		
4.		
5.		
6.		

Please indicate which semester you require a budget increase from the list below. The time frame for processing the budget request is listed next to each semester. Return this form **each semester** along with a note from the child care provider to our office no later than the final date designated for each semester. This form and note will be required each semester you wish to increase your budget since class schedules and course loads can vary greatly from semester to semester.

☐ Fall 2016 June 16, 2016 – November 25, 2016
☐ Spring 2017 November 26, 2016 – April 28, 2017
☐ Summer 2017 April 29, 2017 – June 15, 2017

I certify that ALL the information on this form is complete and correct.

_____
Print Name

_____
Student Signature *Date*

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.