

# 2018-2019 Child Care Expense Form

**ILLINOIS**  
**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:

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**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 2018      June 16, 2018 – November 23, 2018  
 Spring 2018    November 24, 2018 – April 26, 2019  
 Summer 2018    April 27, 2019 – June 14, 2019

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

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

[www.osfa.illinois.edu](http://www.osfa.illinois.edu)

Email: [finaid@illinois.edu](mailto:finaid@illinois.edu)

Fax: (217) 265-5516

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