

2018-2019 Dependent Care Expenses

SECTION A: STUDENT INFORMATION

Name:	UN1 Assign	SSN (last 4 digits only):	
SECTION B: ANTICIPATED ATTEN	DANCE		
Please indicate the term(s) you will be ☐ Fall 2018/Spring 2019		•	ner 2019 Only
SECTION C: DEPENDENT INFORMATION			
Please list dependents age 12 and under for whom you, the student , will pay <u>dependent care expenses accrued</u> <u>while attending classes</u> for the 2018-2019 academic year. The dependents must have been included as part of your household on your 2018-2019 FAFSA.			
Full Name of Dependent	Age of Dependent	Relation to Student	Documentation (Required)
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SECTION D: DOCUMENTATION-REQUIRED			
Submit copies of receipts or a tuition agreement from your daycare provider. Handwritten receipts will not be accepted. Documentation must be provided on daycare letterhead, and include the name of each dependent, their age, cost per dependent, and dates verifying current enrollment.			
☐ If you have dependents age 12 or older that require special services, please provide a statement explaining required services. Please submit care plan on provider letterhead. Documentation must include the name of dependent, cost of care per dependent, and dates of care.			
SECTION D: CERTIFICATION			
By signing this form, I certify that t certify that the expenses reported ar	re for dependent contact that a request in the past.	equired documentation is complete an are expenses accrued while I am attents to may be denied or limited for any re	nding classes for the
Student Signature	-	Date	
X			