

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.

Student Last Name	Student First Name	Student ID
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:		
Does the above named dependent live with you?		Yes No
Do you provide more than 50% of the listed dependent's financial support?		Yes No

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

Name of care provider:	Hourly rate:
Address of provider:	Hours per week:
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.**

FA CUSPG PJ Budget Increase

Student Signature

Date

