



Student Financial Aid

**STUDENT MEDICAL COSTS
PAID IN 2015 or 2016
(for the 2017-2018 FAFSA)**

Student Name: _____	Student ID or SSN: _____
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Student (and spouse):

use this document to describe a substantial amount of medical costs PAID by you, the student (and spouse), in calendar year 2015 (January 2015 – December 2015) **or** for calendar year 2016 (January 2016 – December 2016). Include only the expenses you paid. **Exclude all payments made by insurance or other sources.**

Please note:

- if the Expected Family Contribution (EFC) from your 2017-2018 Free Application for Federal Student Aid (FAFSA) already is \$0, completing this form will *not* result in additional aid eligibility. Check the 2017-2018 FAFSA to confirm the calculated EFC. If the EFC is \$0, do not proceed.
- a special circumstance or request for adjustment for medical costs is viewed as a one-time occurrence when considering income information from the same period of time. *If a special circumstance request where medical costs from 2015 were taken into consideration with the 2016-2017 financial aid application, 2015 medical costs cannot be taken into consideration again for the 2017-2018 aid eligibility process - only 2016 medical costs may be reviewed.*
- if you used 2015 estimated income on your 2017-2018 FAFSA, this form will not be processed until you have updated the 2017-2018 FAFSA with complete/accurate 2015 income and tax information.

A. Explain the reason(s) for these medical expenses:

B. Attach documentation to this form:

Did you file a 1040 Federal Income Tax Return and a **Schedule A** for Itemized Deductions for 2015 or for 2016?

- **If yes**, attach a copy of your 2015 or 2016 Schedule A.
- **If no**, attach documentation (payment receipts, statement of account, etc.) clearly demonstrating medical expenses that were paid by you in 2015 or 2016 – specify year.

C. Attach a list of out-of-pocket medical expenses paid by you in 2015 or 2016 (indicate which year is being provided). Please total amounts.

I certify that all information reported to qualify for federal student aid is complete and correct.

Student Signature (handwritten, not typed) **Date**

Submit form with supporting documentation to:

UW Colleges Student Financial Aid Office
 780 Regent St, Suite 130
 Madison, WI 53715-2635