

<b>Student Name:</b> _____	<b>Student ID or SSN:</b> _____
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If you will be paying for dependent care expenses during the 2018-19 academic year and you are requesting an adjustment to your cost of attendance, **you and your care provider must complete and sign this form**. If you use more than one care provider, please complete a form for each provider. If someone else is paying for your dependent care expenses or if you are fully reimbursed for expenses, you are not eligible for an adjustment and should not complete this form.

Do you receive public assistance for dependent care?  YES  NO  
**If yes, please include with this form a signed statement from your public assistance agent indicating the monthly amount you receive for dependent care.**

Is your dependent care provider a family member or relative?  YES  NO  
**If yes, this form must be notarized below.**

Dependent's Name	Dependent's Age	Cost of Dependent Care per month	Mark term(s) care will be provided for:		
			Fall 2018	Spring 2019	Summer 2019
1.		\$			
2.		\$			
3.		\$			
<b>TOTAL Family Monthly Dependent Care Cost</b>		\$	Use additional sheet if needed.		

**Care Provider Signature Section**

\_\_\_\_\_  
 PRINTED NAME OF DEPENDENT CARE PROVIDER

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
 PROVIDER TELEPHONE NUMBER

**I hereby verify that the costs and names of dependents listed on this form for which I / my center provides care are accurate and true to the best of my knowledge.**

\_\_\_\_\_  
 SIGNATURE OF DEPENDENT CARE PROVIDER (handwritten, not typed)

\_\_\_\_\_  
 DATE

**Student Signature Section**

**By signing this form, I certify that all information is complete and correct.**

\_\_\_\_\_  
 STUDENT SIGNATURE (handwritten, not typed)

\_\_\_\_\_  
 DATE

**Notary Signature Section**

**If your dependent care provider is a family member/relative, this form must be notarized.**

\_\_\_\_\_  
 NOTARY SIGNATURE (required if care provider is family/relative) (handwritten, not typed)

\_\_\_\_\_  
 DATE

**Submit form to:** UW Colleges Student Financial Aid Office  
 780 Regent St, Suite 130  
 Madison, WI 53715-2635 or Fax (608) 265-9750

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**