



Student Financial Aid

**PARENT MEDICAL COSTS
PAID IN 2016
(for the 2018-2019 FAFSA)**

Student Name: _____	Student ID or SSN: _____
Parent Name: _____	

Parent(s):

use this document to describe a substantial amount of medical costs PAID by you, the parent(s), in 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 the above student’s 2018-2019 Free Application for Federal Student Aid (FAFSA) already is \$0, completing this form will *not* result in additional aid eligibility. Check the 2018-2019 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 2016 were taken into consideration with the 2017-2018 financial aid application, 2016 medical costs cannot be taken into consideration again for the 2018-2019 aid eligibility process.*
- if you used 2016 estimated income on the student’s 2018-2019 FAFSA, this form will not be processed until you have updated the 2018-2019 FAFSA with complete/accurate 2016 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 2016?

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

C. Attach a list of out-of-pocket medical expenses paid by you in 2016. Please total amounts.

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

Parent Signature (handwritten, not typed)

Date

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

Submit form with supporting documentation to:

UW Colleges Student Financial Aid Office
780 Regent St, Suite 130
Madison, WI 53715-2635
or FAX (608) 265-9750