

Dependent Care Allowance Funding Request Form – 2013-14

National University of Health Sciences Office of Student Financial Aid

Federal regulations permit a financial aid office to increase a full-time student's educational cost of education for reasonable expenses for documented day care for pre-school aged children or after-school care for school-aged children only, but not private school tuition for school-aged children. The reasonable cost basis for pre-school and toddler care is the College of DuPage, and after-school care cost basis is from the York Center Park District (both are referred to as the "community standard"). All requests, however, will be reviewed to determine reasonableness.

The Dependent Care Allowance is to enable the student to attend class or internship programs, have study time, or some other educational activity required by the program of study.

The Dependent Care Allowance will only be approved for the student actually paying the expense; both parents of a two-student household may NOT request the same allowance.

SECTION A: To be completed by student requesting a Dependent Care Allowance component in their aid package. A separate form is required if using a different child care provider for different children.

SECTION B: To be completed by the dependent care provider Care provided for each child above From To Weekly Rate Child's Name	What is your current marital status? () Single	() Ma	rried () Separated	/Divorced		
1. I/We have certify that I/wehavehave not applied for assistance from the Illinois Department of Human Services Child Care Assistance Program (CCAP) for the child(ren) listed above for the same period of time. 2. I/We certify that I/wewillwill not apply for assistance for the child(ren) listed above for the same period of time. 3. I/We understand that both parents cannot request a dependent care allowance for the same dependent(s). 4. I/We certify that all of the information on this form is true, complete and accurate. 5. I/We understand that this form is used in the process of establishing eligibility for federal student aid funds and that intentional submission of false statements or misrepresentation, or both, will result in a denial of this request and possible reporting to university and/or federal authorities. Student Signature	Name of Legal Dependent	Age	Fee per *) Beginni		
1. I/We have certify that I/wehavehave not applied for assistance from the Illinois Department of Human Services Child Care Assistance Program (CCAP) for the child(ren) listed above for the same period of time. 2. I/We certify that I/wewillwill not apply for assistance for the child(ren) listed above for the same period of time. 3. I/We understand that both parents cannot request a dependent care allowance for the same dependent(s). 4. I/We certify that all of the information on this form is true, complete and accurate. 5. I/We understand that this form is used in the process of establishing eligibility for federal student aid funds and that intentional submission of false statements or misrepresentation, or both, will result in a denial of this request and possible reporting to university and/or federal authorities. Student Signature							
1. I/We have certify that I/wehavehave not applied for assistance from the Illinois Department of Human Services Child Care Assistance Program (CCAP) for the child(ren) listed above for the same period of time. 2. I/We certify that I/wewillwill not apply for assistance for the child(ren) listed above for the same period of time. 3. I/We understand that both parents cannot request a dependent care allowance for the same dependent(s). 4. I/We certify that all of the information on this form is true, complete and accurate. 5. I/We understand that this form is used in the process of establishing eligibility for federal student aid funds and that intentional submission of false statements or misrepresentation, or both, will result in a denial of this request and possible reporting to university and/or federal authorities. Student Signature							
1. I/We have certify that I/wehavehave not applied for assistance from the Illinois Department of Human Services Child Care Assistance Program (CCAP) for the child(ren) listed above for the same period of time. 2. I/We certify that I/wewillwill not apply for assistance for the child(ren) listed above for the same period of time. 3. I/We understand that both parents cannot request a dependent care allowance for the same dependent(s). 4. I/We certify that all of the information on this form is true, complete and accurate. 5. I/We understand that this form is used in the process of establishing eligibility for federal student aid funds and that intentional submission of false statements or misrepresentation, or both, will result in a denial of this request and possible reporting to university and/or federal authorities. Student Signature							
1. I/We have certify that I/wehavehave not applied for assistance from the Illinois Department of Human Services Child Care Assistance Program (CCAP) for the child(ren) listed above for the same period of time. 2. I/We certify that I/wewillwill not apply for assistance for the child(ren) listed above for the same period of time. 3. I/We understand that both parents cannot request a dependent care allowance for the same dependent(s). 4. I/We certify that all of the information on this form is true, complete and accurate. 5. I/We understand that this form is used in the process of establishing eligibility for federal student aid funds and that intentional submission of false statements or misrepresentation, or both, will result in a denial of this request and possible reporting to university and/or federal authorities. Student Signature							
Care Assistance Program (CCAP) for the child(ren) listed above for the same period of time. 2. I/We certify that I/wewillwill not apply for assistance for the child(ren) listed above for the same period of time. 3. I/We understand that both parents cannot request a dependent care allowance for the same dependent(s). 4. I/We certify that all of the information on this form is true, complete and accurate. 5. I/We will submit copies of any requested documents (e.g. cancelled checks (front & back), receipts, court documents, etc.). 6. I/We understand that this form is used in the process of establishing eligibility for federal student aid funds and that intentional submission of false statements or misrepresentation, or both, will result in a denial of this request and possible reporting to university and/or federal authorities. Student Signature	*Indicate per hour, day, week or mon	th					
Spouse Signature	Care Assistance Program (CCAP) for 2. I/We certify that I/wewillwill r 3. I/We understand that both parents 4. I/We certify that all of the information 5. I/We will submit copies of any request. I/We understand that this form is unintentional submission of false statem	r the child not apply for cannot recon on this nested door sed in the nents or m	(ren) listed about a sistematic for assistance for assistance for a dependent form is true, or cuments (e.g. or process of estate in the sistematic form is true, or process of estate for a sistematic form is true.	ove for the same period of or the child(ren) listed about dent care allowance for the complete and accurate. It cancelled checks (front & tablishing eligibility for fectation.	f time. ove for the sam he same depen back), receipts, deral student aid	ne period of time. dent(s). court documents, etc.). d funds and that	
Spouse Signature	Student Signature				Doto		
SECTION B: To be completed by the dependent care provider Care provided for each child above From To Weekly Rate Child's Name	Student Signature				Date	 ,	
Care provided for each child above From To Weekly Rate Child's Name	Spouse Signature				Date		
Child's Name		•	•		Weekly Ra	te	
Child's Name	•	_					
Child's Name							
I confirm that the expected dependent care expenses I have listed above are an accurate projection of expected dependent care expenses and are not being paid for by any source other than the student. In addition, I confirm that these child(ren) will be in my care for the dates listed above. Attached is a copy of each child's billing statement. Are you a relative of the student? () No () Yes; relation: SignatureOrganization Printed NameDatePhone Number AddressDenied FAO Review DatePork Ctr After School K-5 th grade \$60/wk x15= \$900/tri COD PreSch&Toddler 11- 30 mos 320/wk x15 = \$4800/tri					-		
Signature Organization Printed Name Date Phone Number Address City State Approved \$	I confirm that the expected dependent care expenses and are	lent care	expenses I ha	ive listed above are an a	accurate proje le student. In a	ction of expected addition, I confirm that	
DatePhone Number	Are you a relative of the student? ()	No ()	Yes; relation: _				
Address City State Approved \$ Denied FAO Review Date York Ctr After School K-5 th grade \$60/wk x15=\$900/tri COD PreSch&Toddler 11- 30 mos 320/wk x15 = \$4800/tri	Signature		Organization				
Approved \$ Denied FAO Review	Printed Name			_ DatePhor	ne Number		
FAO Review	Address		City		State		
Date York Ctr After School K-5 grade \$60/wk x15 = \$900/tri COD PreSch&Toddler 11- 30 mos 320/wk x15 = \$4800/tri							
COD PreSch&Toddler				York Ctr After School	K-5 th grade	\$60/wk x15= \$900/tri	
	I:\FORMS\2013-14 Dependent Care Allowance form.docx 5.2013			COD PreSch&Toddler (year-round)	11- 30 mos 30 - 60 mos	320/wk x15 = \$4800/tri 294/wk x15 = \$4410/tri	