

Dependent Care Allowance Funding Request Form

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.*

What is your current marital status? () Single () Married () Separated/Divorced

Name of Legal Dependent	Age	Fee per *	Total Amount (\$) Each Month	Beginning and End Dates of Care

*Indicate per hour, day, week or month

- I/We have certify that I/we ___ have ___ have 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.
- I/We certify that I/we ___ will ___ will not apply for assistance for the child(ren) listed above for the same period of time.
- I/We understand that both parents cannot request a dependent care allowance for the same dependent(s).
- I/We certify that all of the information on this form is true, complete and accurate.
- I/We will submit copies of any requested documents (e.g. cancelled checks (front & back), receipts, court documents, etc.).
- 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 _____ (print last name) _____ Date _____

Spouse Signature _____ Date _____

SECTION B: *To be completed by the dependent care provider*

Care provided for each child above	From	To	Weekly Rate
Child's Name _____	___/___/___	___/___/___	\$ _____
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: _____

Signature _____ Organization _____

Printed Name _____ Date _____ Phone Number _____

Address _____ City _____ State _____

Approved \$ _____ Denied _____
FAO Review _____
Date _____

York Ctr After School	K-5 th grade	\$60/wk x15= \$900/tri
COD PreSch&Toddler (all day,year-round)	15 - 30 mos 30 - 60 mos	340/wk x15 = \$5100/tri 314/wk x15 = \$4710/tri