



Dependent Care Expense Request Form

Student's Full Name

81

Student's UGA ID

Student's Email Address

Student's Telephone Number

In calculating a student's Cost of Attendance (COA), federal regulations permit the Office of Student Financial Aid (OSFA) to include an allowance based on expenses incurred for dependent care. The period of time for which the dependent care expenses are incurred must be directly related to the time needed for the student to pursue his/her education. The dependent must have been included in the student's number in household on the 2016-2017 Free Application for Federal Student Aid (FAFSA).

Due to federal student aid program limits, the addition of dependent care expenses to the COA may not result in the awarding of additional funds to the student. This form is used to document expenses relating to dependent care for a student attending the University of Georgia. OSFA may consider dependent care costs for the 2016-17 academic year.

You must submit a request to have dependent care expenses considered EACH YEAR when you reapply for student financial aid.

A) Complete both sides of this form and attach documentation supporting the amounts listed. This request will not be considered until OSFA receives all required information.

B) Check the semesters you will be enrolled and are requesting the dependent care COA adjustment.

Fall 2016  Spring 2017  Summer 2017

C) List any type of government or outside you assistance you receive (not including child-support) earmarked for dependent care.

Amount Received per Month

\$

\$

D) Please complete the section below listing each dependent for whom you paid or will pay dependent care expenses incurred in the 2015-16 academic year.

Name of Dependent	Age	Relationship	Expenses
John Smith	2	son	\$80 per week

## Documentation

In order to consider your request, **ONE** of the following documents must be attached to this form.

- 1) A signed letter or contact from the care provider reflecting the names of your dependents for whom they provide care, hours they care for each dependent per week, and the weekly charges.
- 2) Copies of canceled checks or receipts that clearly verify the amounts listed in Section D of this form (*see page 1 of 2*).
- 3) Print off of class schedule from Athena for term requested.

## Request for Additional Loans

Please check **one** of the following:

- Add the **maximum loan amounts** to my student financial aid award.
- Add \$ \_\_\_\_\_ in loans to my student financial aid award.
- Other. Please specify your request.

I certify that the information and documentation provided is true, complete, and accurate to the best of my knowledge, and understand that giving false or misleading information will be cause for prosecution which may result in a fine, prison sentence, or both. I will notify the Office of Student Financial Aid if the dependent care expenses are not incurred. I understand that these expenses for dependent(s) listed in Section D cannot be claimed for financial aid purposes by another student, either here at UGA or at another institution.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY** (do not write below this line)

Dependent care cost per week		_____
Weeks student is enrolled	x	_____
Total cost of dependent care	=	_____
Cost of Attendance	+	_____
Total amount of outside assistance ( <i>Section C</i> )	-	_____
Adjusted Cost of Attendance	=	_____

Adjusted by \_\_\_\_\_

Counselor

\_\_\_\_\_ Date

\_\_\_\_\_ RHACOMM

\_\_\_\_\_ YR