The purpose of this document is to notify the Office of Student Financial Aid of additional expenses that you, the student, are incurring for the reason listed below. An offer of additional aid is not guaranteed. Each adjustment is reviewed on a case-by-case basis.

You will be notified in writing (e-mail) of the outcome of your request.

Dependent Care Adjustment forms will be accepted until May 1, 2016. Please refer to the Budget Adjustments Policy for more information about budget adjustments for dependent care. [www.kumc.edu/financialaid](http://www.kumc.edu/financialaid)

Name_________________________________________ KU ID________________________

Last                      First                                     MI

**Dependent Care**

In order for the Office of Student Financial Aid to determine eligibility for a budget increase for a child care allowance, the following information must be completed by the student (Part 1) and the student's dependent care provider (Part 2). Signatures are required.

**Part I:  To be completed by Student**

Student Marital Status:  _____ Married    _____ Single     _____ Other

Complete the following if married or if both parents/guardians reside in same household:

Spouse/other parent/guardian name:_______________________________

Is spouse/other parent/guardian employed?    _____ Yes    _____ No

(If spouse is not employed, do not complete Part II)

Dependent care is needed for the following semesters during which I will be enrolled (mark all that apply):

_____ Summer 2015       _____ Fall 2015       _____ Spring 2016

**Dependent Information**

<table>
<thead>
<tr>
<th>Name of Dependent</th>
<th>Age</th>
<th>Relationship</th>
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<tbody>
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**Part II: To be completed by care provider**

Name of Child Care Facility or Provider: ________________________________________________

Child Care License # of Provider: ______________________ Phone # of Provider ______________________

**Child Care Costs:**

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Weekly Cost*</th>
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</table>

* Remember to account for any discounts for additional children. Please leave blank if you do not pay for childcare.

KUMC has a “no cash” policy, must attach a copy of a canceled check, money order or cashier's check as proof of payment for these services.

**Signature of Provider:**

_____________________________  __________________________
PROVIDER'S SIGNATURE      DATE

**Signature of Student:**
I attest to the accuracy of the information in this document.

_____________________________  __________________________
STUDENT'S SIGNATURE      DATE

---

For Department Use Only:

Budget Maint. ______
Award Entry ______
Comment ______
Email ______

Date completed __________
By ______