UNIVERSITY OF WISCONSIN Colleges
The freshman/sophomore UW campuses
Student Financial Aid Office

ZDEPCE

2017-2018 Dependent Care Expenses Form

Student Name: _____ **Student ID or SSN:** _____

If you will be paying for dependent care expenses during the 2017-18 academic year and you are requesting an adjustment to your cost of attendance, **you and your care provider must complete and sign this form.** If you use more than one care provider, please complete a form for each provider. If someone else is paying for your dependent care expenses or if you are fully reimbursed for expenses, you are not eligible for an adjustment and should not complete this form.

Do you receive public assistance for dependent care? ☐ YES ☐ NO
If yes, please include with this form a signed statement from your public assistance agent indicating the monthly amount you receive for dependent care.

Is your dependent care provider a family member or relative? ☐ YES ☐ NO
If yes, this form must be notarized below.

Dependent's Name	Dependent's Age	Cost of Dependent Care per month	Mark term(s) care will be provided for: Fall 2017	Spring 2018	Summer 2018
1.		$			
2.		$			
3.		$			
TOTAL Family Monthly Dependent Care Cost		$	Use additional sheet if needed.		

Care Provider Signature Section

_____ (_____)_____-_____
PRINTED NAME OF DEPENDENT CARE PROVIDER PROVIDER TELEPHONE NUMBER

I hereby verify that the costs and names of dependents listed on this form for which I / my center provides care are accurate and true to the best of my knowledge.

_____ _____
SIGNATURE OF DEPENDENT CARE PROVIDER **(handwritten, not typed)** DATE

Student Signature Section

By signing this form, I certify that all information is complete and correct.

_____ _____
STUDENT SIGNATURE **(handwritten, not typed)** DATE

Notary Signature Section

If your dependent care provider is a family member/relative, this form must be notarized.

_____ _____
NOTARY SIGNATURE (required if care provider is family/relative) **(handwritten, not typed)** DATE

Submit form to: UW Colleges Student Financial Aid Office
780 Regent St, Suite 130
Madison, WI 53715-2635