



Student Financial Aid

**PARENT MEDICAL COSTS  
 PAID IN 2015 or 2016  
 (for the 2017-2018 FAFSA)**

<b>Student Name:</b> _____ <b>Parent Name:</b> _____	<b>Student ID or SSN:</b> _____
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**Parent(s):**

use this document to describe a substantial amount of medical costs PAID by you, the parent(s), in calendar year 2015 (January 2015 – December 2015) or for calendar year 2016 (January 2016 – December 2016). Include only the expenses you paid. **Exclude all payments made by insurance or other sources.**

**Please note:**

- if the Expected Family Contribution (EFC) from the above student's 2017-2018 Free Application for Federal Student Aid (FAFSA) already is \$0, completing this form will *not* result in additional aid eligibility. Check the 2017-2018 FAFSA to confirm the calculated EFC. If the EFC is \$0, do not proceed.
- a special circumstance or request for adjustment for medical costs is viewed as a one-time occurrence when considering income information from the same period of time. *If a special circumstance request where medical costs from 2015 were taken into consideration with the 2016-2017 financial aid application, 2015 medical costs cannot be taken into consideration again for the 2017-2018 aid eligibility process - only 2016 medical costs may be reviewed.*
- if you used 2015 estimated income on the student's 2017-2018 FAFSA, this form will not be processed until you have updated the 2017-2018 FAFSA with complete/accurate 2015 income and tax information.

**A. Explain the reason(s) for these medical expenses:**


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**B. Attach documentation to this form:**

Did you file a 1040 Federal Income Tax Return and a **Schedule A** for Itemized Deductions for 2015 or for 2016?

- **If yes**, attach a copy of your 2015 or 2016 Schedule A.
- **If no**, attach documentation (payment receipts, statement of account, etc.) clearly demonstrating medical expenses that were paid by you in 2015 or 2016 – specify year.

**C. Attach a list of out-of-pocket medical expenses paid by you in 2015 or 2016 (indicate which year is being provided). Please total amounts.**

I certify that all information reported for the above student to qualify for federal student aid is complete and correct.

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**Parent Signature** (handwritten, not typed)
**Date**

Submit form with supporting documentation to:

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