

## 2017-2018 REVISION REQUEST REGARDING CHILD CARE EXPENSES

### CHILD CARE:

Child care costs that are incurred in order for you to prepare for and attend classes may be added to your budget. Complete the child care request section of the revision form. Be sure to respond to all appropriate questions. We are not able to accept blank as an answer. If the answer is zero or does not apply, please indicate this by entering either "0" or N/A. Incomplete forms will be returned to you for clarification. The standard average rate (see table below) will be used if you do not know how much your child care provider will be charging.

Age of Child	Average Monthly Costs
Infants 1 – 12 months	\$1260/month
Toddlers 13 months – 36 months	\$1125/month
Preschoolers 3 - 6 years	\$825/month
Before/After School Care for older children	\$400/month

\*If your costs exceed the averages in the table above, you must submit a signed statement from your child care provider (baby-sitter or child care center), showing the name and age of the child and the fees charged each week or month. If your costs are less than the averages in the table above, you will need to indicate the amount.

### DEPENDENT MAINTENANCE ALLOWANCE (DMA):

If your "Expected Family Contribution" (as determined by the federal processor and noted on your Student Aid Report) is "0" AND you have dependents, you may be eligible for a dependent maintenance allowance adjustment. A dependent maintenance allowance adjustment is an increase to your budget for the academic year and may increase your eligibility for additional aid. Please contact our office to verify your Expected Family Contribution and to see if you qualify to apply for this allowance.

Once your eligibility to apply for the DMA has been determined, you must document that your family's non-financial aid resources are insufficient to provide for the basic living costs for your family. You will be given the 2017-2018 Dependent Maintenance Allowance Worksheet to complete. On the worksheet, list all monthly expenses incurred by your family (food, rent, utilities, medical cost, dental costs, clothing, entertainment, etc.). If you incur any unusual costs you must include documentation and an explanation.

### DID YOU KNOW?

The UW Student Parent Resource Center has special grant funding that can assist UW Seattle students with child care costs. Generally, only licensed child care provided by non-relatives up to the monthly maximums established by the Student-Parent Resource Center are considered. However, if you feel you have special circumstances, you may appeal by providing a signed letter explaining your situation. For more information, please contact the Student Parent Resource Center in Schmitz Hall room 520, by phone 206.543.1041 or through email [stuparrc@uw.edu](mailto:stuparrc@uw.edu).

UW Bothell students, please contact the UW Bothell Office of Financial Aid and Scholarships for information regarding childcare assistance at that campus, by phone 425.352.5240 or through email [finaid@uwb.edu](mailto:finaid@uwb.edu).

UW Tacoma students, you will find childcare assistance information at UW Tacoma's Childcare Assistance Program website [http://www.tacoma.washington.edu/studentaffairs/SI/cap\\_about.cfm](http://www.tacoma.washington.edu/studentaffairs/SI/cap_about.cfm).

**2017-2018 REVISION REQUEST  
REGARDING CHILD CARE EXPENSES**

**Student Name:** \_\_\_\_\_  
(last) (first) (middle initial)

**Last Four Digits of Student SSN: XXX - XX -** \_\_\_\_\_ **UW Student ID #:** \_\_\_\_\_

- The average monthly costs indicated in the table (see instructions page) will be used. However:
  - If your costs are *less*, please indicate **TOTAL Monthly Amount: \$**\_\_\_\_\_ (no documentation is required).
  - If your costs are *more*, please indicate **TOTAL Monthly Amount: \$**\_\_\_\_\_ **and submit documentation from your child care provider (see instructions page\*)**.
- What date will your childcare costs begin for the 2017-2018 school year? \_\_\_\_/\_\_\_\_/\_\_\_\_
- Will your childcare costs end prior to Spring 2018? Yes\_\_\_\_ No\_\_\_\_  
If "Yes", when? \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name of other parent(s) \_\_\_\_\_  
Is other parent a UW student? Yes\_\_\_\_ No\_\_\_\_  
If yes, please provide UW ID# \_\_\_\_\_
- Did/will you seek other child care assistance? Yes\_\_\_\_ No\_\_\_\_  
If yes, from what agency/source? \_\_\_\_\_

6. I am requesting aid for the care of:		Amount / percentage of costs paid by someone other than the UW Student:	
Name of child/dependent	Age	Source/Agency	Amount / % Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I certify the information provided on this form and its attachments are true and complete to the best of my knowledge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Logged in: \_\_\_\_\_ Process Date: \_\_\_\_\_ Check for Prior Request:  Check 202 for edits:   
Action: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes: \_\_\_\_\_