The University of Mississippi

Professional Judgment Review Committee
Office of Financial Aid
257 Martindale Center
P.O. Box 1848
University, MS 38677-1848

Dependent Child Care Adjustment Form
2020-21

This form is used to request an increase to your Cost of Attendance (COA) for child-care expenses paid for the student’s dependent child(ren). Please access the following link for more information about Cost of Attendance: http://finaid.olemiss.edu/cost-of-attendance/. Complete this form and return it to the Office of Financial Aid along with the birth certificate of each dependent listed and receipts from childcare provider. The period for which dependent care is required includes, but is not limited to class time, study time, field work, internships, and commuting time. A student should be registered for classes before submitting this form. Based on the local, community, prevailing rate, increases cannot exceed $650 per month per child. Child-care costs are assumed to be divided equally between the student and the other parent/spouse. Only independent students are eligible for this increase.

Section I, to be completed by student (please print):

STUDENT LAST NAME

STUDENT FIRST NAME

OLE MISS STUDENT NUMBER

Please indicate your student status:

_____ Undergraduate/Pharmacy (EE 1-3/PY1)  _____ Graduate/Law/Pharmacy (PY2-PY4)

Select the period of enrollment for which you are requesting this COA increase:

_____ Fall 2020/Spring 2021  _____ Summer 2021 (Summer is considered separate from Fall and/or Spring.)

Please complete the following items about the other parent (if unmarried), or spouse (if married):

Other parent/spouse’s name: ____________________________ Other parent/spouse resides with student: yes ___ no
Other parent/spouse’s employment status: __Full time  ___Part-time  ___Not currently employed
Other parent/spouse’s college enrollment status: __Full time  ___Part-time  ___Not currently enrolled
Other parent/spouse’s college (if a student): __________________________________________________

Please provide the following information about your dependent child(ren):

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Age</th>
<th>Relationship to Student</th>
<th>Is student Reimbursed for Childcare Expenses (Partial/All)? If yes, list source and amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student’s Signature: ____________________________ Date: ________________

If approved, increased eligibility will be funded up to the maximum Federal Direct Loan eligibility. If you intend on using a Direct PLUS Loan, Direct Graduate PLUS Loan or a private (alternative) loan for these additional expenses, please check here.  

If your scholarships have been reduced, please indicate so by checking here.
**Section II.** To be completed by **Child-Care Provider** *(Please attach child care invoice, receipts, cancelled checks, etc.):*

<table>
<thead>
<tr>
<th>Name of Child-Care Provider:</th>
<th>Provider’s Address/Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Address/Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Hours of care provided per week:</td>
<td></td>
</tr>
<tr>
<td>Cost per week:</td>
<td></td>
</tr>
<tr>
<td>Did the above-named child(ren) enroll in your daycare on or before August 24, 2020?</td>
<td>Circle Answer:</td>
</tr>
<tr>
<td></td>
<td>Yes or No</td>
</tr>
<tr>
<td>If no, list date child(ren) enrolled:</td>
<td></td>
</tr>
<tr>
<td>Child-Care Provider’s relationship to student:</td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that I provide child care services for the student and children listed above. I also certify that the quoted cost of child care is accurate as stated.

Provider’s Signature: ___________________________  Date: ___________________________

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**Child Care Adjustment Calculation:**

- Dependent child cost per month/per child  _______ x _______
- Total cost per month times months/weeks enrolled  _______ x _______
- Divide by 2 parents  _______ / 2
- Divided by # of semesters  _______ / _______
- Adjusted Cost of Attendance  = ________________