Dependent Child Care Adjustment Form
2021-2022

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 2021/Spring 2022  _____ Summer 2022 (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’s/spouse’s name: ___________________________ Other parent/spouse resides with student:  ____yes  ____no
Other parent’s/spouse’s employment status:  ____Full time  ____Part-time  ____Not currently employed
Other parent’s/spouse’s college enrollment status:  ____Full time  ____Part-time  ____Not currently enrolled
Other parent’s/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>
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</tr>
</tbody>
</table>

I certify that the information submitted to support this request is true and complete to the best of my knowledge. I understand that I must adhere to the conditions articulated in the policy above and will not again be eligible to receive a budget increase for the care of my child while enrolled in classes.

Student’s Signature: ___________________________  Date: ___________________________
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>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Address/Phone Number:</td>
</tr>
<tr>
<td>Hours of care provided per week:</td>
</tr>
<tr>
<td>Cost per week:</td>
</tr>
</tbody>
</table>

Did the above-named child(ren) enroll in your daycare on or before August 24, 2021? Circle Answer: Yes or No If no, list date child(ren) enrolled:

Child-Care Provider’s relationship to student:

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: _______________________

Please indicate one of the following:

If approved, you will be awarded Federal Direct Student Loans up to your annual eligibility. If you are at your annual Federal Direct Student Loan max and want to use a Direct PLUS Loan (Parent PLUS for dependent undergraduates or Graduate PLUS for graduates/professional student) you must indicate so by checking here: ☐

If you intend to use an alternative (private) loan for these additional expenses, please check here: ☐

If your scholarships have been reduced, you must indicate so by checking here: ☐

FOR OFFICE USE ONLY (do not write below this line)

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 = __________________