Dependent Child Care Adjustment Form
2022-2023

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/](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):

<table>
<thead>
<tr>
<th>STUDENT LAST NAME</th>
<th>STUDENT FIRST NAME</th>
<th>OLE MISS STUDENT NUMBER</th>
</tr>
</thead>
</table>

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 2022/Spring 2023  
- Summer 2023 (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>

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: ___________________________

(actual wet signature, no digital signatures accepted)

Office of Financial Aid | 257 Martindale-Cole Student Service Center | P.O. Box 1848 | University, MS 38677
Phone: 1-800-891-4596 | Fax: 662-915-1164 | Email: finaid@olemiss.edu
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>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, 2022?</td>
<td>Circle Answer: Yes or No If no, list date child(ren) enrolled:</td>
</tr>
</tbody>
</table>

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 intend to borrow 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 borrow an alternative (private) loan for these additional expenses, please check here:  

  - [ ]

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

  - [ ]

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

**Child Care Adjustment Calculation:**

Dependent child cost per month/per child  

\[
\text{Dependent child cost per month/per child} \times \text{months or weeks enrolled}
\]

Total cost per month times months/weeks enrolled  

\[
\text{Total cost per month} \times \text{months or weeks enrolled}
\]

Divide by 2 parents  

\[
\frac{\text{Total cost per month times months or weeks enrolled}}{2}
\]

Divided by # of semesters  

\[
\frac{\text{Total cost per month times months or weeks enrolled}}{\text{# of semesters}}
\]

Adjusted Cost of Attendance  

\[
\text{Adjusted Cost of Attendance} = \text{Total Cost of Attendance}
\]