

FAO Action:	
By: _	
Date: _	

## Dependent Childcare Adjustment Form 2023-2024

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). 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's, prevailing rates, increases cannot exceed \$650 per month per child. Child-care costs are assumed to be <u>divided equally</u> between the student and the other parent/spouse. Only independent students are eligible for this increase. Increasing your COA to include costs for dependent childcare cost does not guarantee that you will have remaining eligibility available to increase the amount of financial aid offered to you for the academic year.

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

STUDENT LAST NAME	STUD	ENT FIRST NAME	OLE MISS STUDENT NUMBER
Please indicate your student status:	Unde	rgraduate/Pharmacy (EF	E 1-3/PY1) Graduate/Law/Pharmacy (PY2-PY4)
	24	Summer 2024 (S	ummer is considered <b>separate</b> from Fall and/or Spring.)
Other parent's/spouse's name: _Other parent's/spouse's employ Other parent's/spouse's college Other parent's/spouse's college	ment status: enrollment stati (if a student): _	Ot Ot Ot Ot	married), or spouse (if married): her parent/spouse resides with student:yesnoPart-timeNot currently employedPart-timeNot currently enrolled
Please provide the following inf Child's Name	Child's Age	your dependent child Relationship to Student	Is student reimbursed for Childcare Expenses (Partial/All)? If yes, list source and amount
I certify that the information sub- must adhere to the conditions are			complete to the best of my knowledge. I understand that I
Student's Signature:			Date:
(*actual v	wet signature,	not a digital one)	

Office of Financial Aid | 257 Martindale-Cole Student Services 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 Pr	<b>'ovider</b> (Please att	ach childcare invoice, receipts, cancelled checks, etc.):	
Name of Child-Care Provider:	Γ		
Provider's Address/Phone Number:			
Hours of care provided per week:			
Cost per week:			
	Cinala Amarram	If no list data shild(non) annullada	
Did the above-named child(ren) enroll in your daycare on or <i>before</i> August 24, 2021?	Circle Answer: Yes or No	If no, list date child(ren) enrolled:	
Child-Care Provider's relationship to student:	Tes of No		
Clind-Care i Tovider s relationship to student.			
I hereby certify that I provide childcare services of childcare is accurate as stated.	for the student an	d children listed above. I also certify that the quoted	cost
Provider's Signature:		Date:	
(*actual wet signature,	not a digital one	2)	
Please indicate one of the following:			
	o borrow a Direct	up to your annual eligibility. If you are at your annual PLUS Loan (Parent PLUS for dependent undergradual indicate so by checking here:	
If you intend to borrow an alternative (private	) loan for these add	ditional expenses, please check here:	
If your scholarships have been reduced, you n	nust indicate so by	checking here:	
FOR OFFICE	USE ONLY (do 1	not write below this line)	
Chi	ldcare Adjustme	nt 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