

## 2024-2025 CHILDCARE EXPENSE BUDGET ADJUSTMENT

Student's Last Name

Student's First Name

UNI ID Number

If you will be paying for childcare during the 2024-2025 academic year (August 2024 – May 2025) and you are requesting a budget adjustment, please complete and sign this form. Please note, a budget increase will likely only allow additional funding in the form of a federal or private education loan. To explore options for childcare assistance, please visit [dhs.iowa.gov/child-care](https://dhs.iowa.gov/child-care).

1. List the names and ages of your children receiving childcare during the 2024-2025 academic year (Aug. 2024 – May 2025).

| Child's Full Name                        | Child's Age | Cost of Childcare per Week |
|--|-------------|----------------------------|
|  |             | \$                         |
|  |             | \$                         |
|  |             | \$                         |
|  |             | \$                         |
|  |             | \$                         |
| <b>Total Cost of Childcare Per Week:</b> |             | \$                         |

Name of Childcare Provider

Phone Number of Childcare Provider

Address of Childcare Provider

City

State

Zip Code

2. Please complete one of the following:

- Attach a receipt verifying at least one monthly payment to the childcare provider, **OR**
- Have your childcare provider sign and date this form below

*By signing below, I hereby verify that the information above is accurate and true to the best of my knowledge.*

Signature of Childcare Provider *(signature must be handwritten)*

Date

3. The student must sign below.

*My signature below verifies that the information on this form is complete and correct.*

Student Signature *(signature must be handwritten)*

Date