

Office of Financial Aid & Scholarships

## 2022-2023 CHILDCARE EXPENSE BUDGET ADJUSTMENT

Student's Last Name

**Student's First Name** 

**UNI ID Number** 

If you will be paying for childcare during the 2022-2023 academic year (August 2022 – May 2023) 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.

## 1. List the names and ages of your children receiving childcare during the 2022-2023 academic year (Aug. 2022 – May 2023).

Child's Full Name	Child's Age	Cost of Childcare per Week
		\$
		\$
		\$
		\$
		\$
Total Cost of Childcare Per Week:		Ś

		Phone Number of Childcare Provider		
ddress of Childcare Provider	City	State	Zip Code	
2. Please complete one of the following:				
<ul> <li>Attach a receipt verifying at least one m</li> <li>Have your childcare provider sign and d</li> </ul>		re provider, <u>OR</u>		
By signing below, I hereby verify that the inforn	nation above is accurate and t	rue to the best of my know	vledge.	
Signature of Childcare Provider (signature must	be handwritten)	Dat	e	
3. The student must sign below.				
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Student Signature (signature must be handwritten)

Date