



2020-21 CHILD CARE PROVIDER STATEMENT

Dependent care expenses may be taken into consideration as educational costs. If you are incurring these expenses, complete this form at any time during the academic year to request a financial aid review and possible budget increase for these costs. Increased funding will be offered as available based on individual student eligibility and in accordance with federal, state, and institutional regulations or policies. **Institutional policy does dictate maximum amounts for budget increases.** The maximum amounts allowed are included in the 'Student Financial Aid Explained' document on the www.ohsu.edu/finaid webpage. Please do not use this form to report your child support payments. We are unable to provide child care costs adjustments if the provider is the parent or legal guardian of the child.

Student Name _____ Student ID# _____

Child(ren) Receiving Child Care:

Name	Age	Total Monthly Cost of Care

For children ages 6 to 12, the current maximum monthly cost of care is \$526 per month from September through June. Due to Covid related issues causing limitations to children attending school in person, we may be able to increase your budget beyond the maximums listed above for the 6 to 12 years old on a case-by-case basis. **Check the box if the amount will exceed the current monthly maximum.** Please indicate below the school your child(ren) would normally be attending and complete the signatures required.

School _____

Student Signature _____ Provider Signature _____

****To be completed by the Provider****

Months child care will be provided during the school year: _____ through _____
(mm/yy) (mm/yy)

Name of child care provider (company or individual): _____

I certify that I, or my company, provide child care services for the child(ren) listed above for the academic year specified. I further certify that the information regarding hours of care and rate of charge provided above is accurate.

Provider Signature _____ Date _____

I, the student, parent of the above named child(ren), certify the information provided here is true and correct. I understand that I must notify the Financial Aid Office if my child care costs change during the school year.

- I have attached documentation of billing or payment for child care services specified. **This request will not be processed without documentation of billing or payment.**

Student Signature _____ Date _____

We are unable to accept typed signatures

Preferred Method - Email: finaid@ohsu.edu

APCCPS

For Office Use:
_____ HHS
_____ EFC Months
_____ ROAUSDF update for Covid