



2024-25 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.

The **maximum amounts allowed** are included in the 'Student Financial Aid Explained' document on the www.ohsu.edu/finaid webpage. **Note:** If you are experiencing costs that exceed the maximum childcare costs, you can appeal by providing an explanation about the additional costs and why they will be higher. Please do not use this form to report your child support payments.

If you live in Multnomah County and have preschool aged children, you may be eligible for the Preschool for All program. Find more information at [Preschool for All](#).

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: If you additional space, please attach additional list to this form.

Name	Age	Total Monthly Cost of Care

****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

Please print and return the form to:

Preferred Method - Email: finaid@ohsu.edu
OHSU Financial Aid Office
3181 SW Sam Jackson Park Road, Mail Code L109
Portland, OR 97239-3098
Fax: 503.494.4629

For Office Use:	
_____	Has Dependents
_____	No. of Months
_____	Max \$ for Age

APCCPS