

Child Care Cost Verification

If you have not yet made arrangements for your child care needs, please retain this form until you have finalized your child care arrangements. Once you have finalized your arrangements, please complete the form and submit to the office of Student Financial Services for review and processing. Upon receipt of the completed and certified child care form, we will review your account, adjust your Cost of Attendance/budget, and award additional federal loans **if you have remaining loan eligibility** to assist with covering your child care expenses.

Please submit only **one form** per family for children 12 years old and younger. Only child care costs incurred during periods of class time, study time, field work, internships, and commute travel time can be considered for this adjustment. Thank you.

Student Information

Student Name _____

WSU ID: _____

Married _____

Single _____

If you are married, is your spouse enrolled at WSU? _____

If yes, spouse's name and WSU ID: _____

If you are married, is your spouse employed? _____

Names and Ages of Dependent Children (12 years old and younger)

Name	Age

I understand the above information is subject to verification. If circumstances change and result in a decrease in costs reported below, I agree to immediately inform Student Financial Services. Changes could result in a subsequent Cost of Attendance and financial aid award adjustment.

Student Signature _____ Date _____

Verification of Costs (to be completed and signed by the WSU Student's Child Care Provider)

Please enter the actual or estimated costs for child care services for the above named student's children.

Cost per week \$ _____ Cost per month \$ _____

Number of weeks provided for fall 2020 _____ Number of weeks provided for spring 2021 _____

Number of weeks provided for summer 2021 _____

Department of Social and Health Services (DSHS) child care income subsidy:

Requested \$ _____ Receiving \$ _____

Name of Child Care Provider _____

Phone Number of Child Care Provider _____

Address of Child Care Provider _____

Provider Signature _____ Date _____