UNIVERSITY OF MINNESOTA CROOKSTON
Driven to Discover℠

Child Care Expense

Academic Year 2024-2025

This form is used to report child care expenses which cannot be reported on the Free Application for Federal Student Aid (FAFSA). Complete this form and return it to the Office of Financial Aid & Scholarships with all required documentation.

Return this completed form by:
Mail: Financial Aid & Scholarships
University of Minnesota Crookston
2900 University Ave
Crookston MN 56716
Email: umc-fa@umn.edu
Fax: 218-281-8579

Questions?
Ph: 218-281-8550
umc-fa@umn.edu

Student Information			
Full Name	Birthdate	Social Security Number	Student ID Number
Address (street or PO box, city, state, ZIP)			Contact Phone Number

Dependent Care Information

You must provide the following documentation:

1. A statement, contract, or letter from a child care provider that includes:
   - Name, address, phone number, federal tax identifier number, and signature of care provider;
   - Name(s) of dependent(s) in the provider's care;
   - Expected period of care for each dependent, including start and end dates during the 2023-2024 academic year; and
   - Number of hours and cost per week for each individual dependent in child care (40 weeks maximum allowance).
2. A written explanation of whether the cost is paid in part or in full by another person, agency, or the Postsecondary Child Care Grant.
3. Cancelled checks or receipts as proof of payment for child care.

List the name(s) of dependent(s), age 12 or younger, who will be in the care of a paid provider. If more space is needed, provide a separate page.

Child's Name	Age	Name(s) of Child Care Provider	Total hours per week	Total Child Care Weekly Expense Amount

Certification

I must notify the Office of Financial Aid & Scholarships of any changes in the information provided on the application within 10 days of the change. Changes may include, but are not limited to, my enrollment, hours of child care needed, and receipt of child care assistance.

I give permission to contact my child care provider(s) to verify child care service and my county's human services department to verify assistance

I give permission to the county human services department to tell the school the amount and terms of any child care assistance I am receiving.

I declare that the other parent or legal guardian of my child(ren) is not capable or available to care for my child(ren) during the hours for which I have provided on this form (if applicable).

By signing this form, I certify that all the information reported is complete and correct.

Signature	Date Signed

Human Services Office Use Only

Please complete this portion only if you receive state or county child care assistance.

County_____

Check one:

☐ The student does not receive child care assistance.

☐ The student does receive child care assistance.

Student is approved for_____ hours per week with the assistance of $_____ per hour.

Staff Name	Phone Number	Email
Staff Signature	**Title**	**Date**