



2020 – 2021 Dependent Care Worksheet

Office Use Only				
Date Received Stamp:	Quarters Applicable: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Summer: \$ Fall: \$ Winter: \$ Spring: \$	PF – Budget Adj.? <input type="checkbox"/> Yes <input type="checkbox"/> No	ID#:
	Household Size (Check in PF):		PF – Comment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Approved Amount: \$

Student to Complete:	
Name:	Student ID/SSN:
Address:	Phone:
City:	Email:
State/ZIP:	Degree Program:
Select all quarters that you plan on attending: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	
I receive funding from the following sources to assist with childcare expenses (DSHS, etc.):	
Funding Source:	Amount: \$
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Northwest Indian College may incorporate an allowance for dependent care expenses into a student's budget. Please note that this is not a request for funding, but for a request to increase a student's budget. The allowance will cover periods that include class time, study time, field work, internships, and commuting time for the student. The allowance must not exceed average rates in the area. Only dependents included in your household size on your FAFSA are permitted to be listed below. Please have your childcare provider complete the section below.

This section MUST be completed by your childcare provider only!			
Name/Organization:			
Address:			
Telephone #:		Email:	
I provide childcare at a... <input type="checkbox"/> Home Daycare <input type="checkbox"/> Child Care Center			
Name of Student's Dependents for Whom You Provide Care	Age	Fee Per Day	Number of Days Per Week
Certification Statement: Under penalty of perjury, I certify that the above is true and correct.			
Signature of Child Care Provider:			Date:

Student Certification Statement and Signature:	
Certification Statement: I certify that the information provided is true and correct to the best of my knowledge. I will inform the Financial Aid office of any changes in dependent care providers or expenses. I understand that any falsified or misrepresented information may be cause for repayment and termination of financial aid, a fine, and/or imprisonment.	
Student Signature:	Date: