### 2016-17 Dependent Care Expense Consideration

<table>
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<tr>
<th>Student’s First Name</th>
<th>9-digit WSU Student ID #</th>
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<tr>
<th>Student’s Last Name</th>
<th>Phone Number</th>
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Submitting a budget adjustment request does not guarantee additional financial aid funding. We will consider reasonable documented expenses on a case-by-case basis for care of the student’s dependents in the household:

- If you are a single parent not receiving child support from the other parent we will consider 100% of reasonable documented expenses.
- If you are married/living with the other parent in your household and he/she is a full-time student or employed outside the home for a minimum of 30 hours per week, we will consider 50% of reasonable documented expenses.

#### Part 1 – To be completed by the dependent care provider:

1. Name of dependent care facility, or provider:
   - License # of facility/provider*:
   - Phone number of facility/provider:

2. Name of dependent(s) in care: Age
   - Weekly cost, minus discounts, if any, for additional dependents:
     - $
     - $
     - $
     - $
   - TOTAL weekly cost $__________

   Signature of care provider ________________ Date ________________

*NOTE: If you are using a non-licensed in-home provider, you must have this form notarized.

#### Part 2 – To be completed by the student:

Do you receive other support to assist with dependent care costs? No _____ Yes____ Weekly amount: $__________

Is spouse/other parent in the household employed for a minimum of 30 hours per week? No _____ Yes____ NA _____

Does spouse/other parent in the household attend school? No_____ Yes_____ ATTACH a copy of his/her class schedule

I give permission to the dependent care provider listed to release information related to this form. I understand that additional documentation may be requested.

Student’s signature __________________ Date ________________

#### Optional Authorization to Increase Federal Direct Unsubsidized loans:

If a budget adjustment is approved, I authorize WSU to process additional loan funds to the fullest value possible. (Note: Request a Grad PLUS loan increase at studentloans.gov.)

Student’s signature __________________ Date ________________