### 2019-20 Dependent Care Expense Consideration

<table>
<thead>
<tr>
<th>Student’s First Name</th>
<th>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**

9/2018