

This form is used to report child care expenses that cannot be reported on the Free Application for Federal Student Aid (FAFSA).

**DIRECTIONS:**

Submit this completed form and additional documentation using the electronic dropbox at [z.umn.edu/MorrisDocuments](https://z.umn.edu/MorrisDocuments).

**QUESTIONS:**

One Stop Student Services

105 Behmler Hall  
600 East 4<sup>th</sup> Street  
Morris MN 56267-2132

320-589-6046  
[ummonestop@morris.umn.edu](mailto:ummonestop@morris.umn.edu)

Student Information		
Primary/Legal Name (last, first, middle initial)	Preferred Name	Student ID Number
Address (street, city, state, zip code)	County of Residence	Phone Number

Other Parent (if attending Morris)	
Primary/Legal Name (last, first, middle initial)	Student ID Number

Dependent Care Information				
<p>Submit the following additional documentation:</p> <ul style="list-style-type: none"> <li>A statement, contract, or letter from a child care provider that includes: <ul style="list-style-type: none"> <li>name, address, phone number, federal tax identifier number, and signature of care provider;</li> <li>name(s) of dependent(s) in the provider's care;</li> <li>expected period of care for each dependent, including start and end dates during the 2023-2024 academic year; and</li> <li>number of hours and cost per week for each individual dependent in child care (40 weeks maximum allowance).</li> </ul> </li> <li>A written explanation of whether the cost is paid in part or in full by another person, agency, or the Postsecondary Child Care Grant.</li> <li>Cancelled checks or receipts as proof of payment for child care.</li> </ul> <p>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 with your name and student ID number at the top.</p>				
Child's Name	Age	Name(s) of Child Care Provider	Total Child Care Hours Per Week	Total Child Care Weekly Amount Expenses

**Certification**

I must notify the One Stop of any changes in information provided on this 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.

Student Signature

Date

**Human Services Office Use Only**

County \_\_\_\_\_

Check one:

☐ This student does not receive child care assistance.

☐ This student does receive child care assistance.

Student is approved for \_\_\_\_\_ hours per week with assistance of \$ \_\_\_\_\_ per hour.

Staff Name

Phone Number

Email

Staff Signature

Title

Date

**Office of Financial Aid Use Only**

☐ Eligible

☐ Not Eligible

Previous COA \_\_\_\_\_ Revised COA \_\_\_\_\_

Reason \_\_\_\_\_

☐ Updated award

☐ Sent revised notice