

This form is used to report additional medical or dental expenses not covered by insurance which cannot be reported on the Free Application for Federal Student Aid (FAFSA). Once documentation has been reviewed, FAFSA information may need to be corrected.

One Stop Student Services
 105 Behmler Hall
 600 East 4th Street
 Morris MN 56267-2132

Complete this form using black or blue ink and return it to the One Stop with all required documentation. Include your name and student ID number on any additional documents.

320-589-6046
 Fax: 320-589-1673
ummonestop@morris.umn.edu

Student Information	
Preferred Name	Student ID Number
Primary/Legal Name (last, first, middle initial)	Phone Number
Parent Name (last, first, middle initial)	Parent Phone Number

Household Medical Care Expenses	
<p>Only unreimbursed medical or dental expenses not covered by insurance during 2019 and paid directly by your parent(s) are eligible.</p> <p>Note: Payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses or elective procedures (e.g. orthodontic braces) are not eligible.</p> <p>Enclose the following:</p> <p><input type="checkbox"/> paid medical or dental bills, receipts, cancelled checks, or statements after insurance has been applied and</p> <p><input type="checkbox"/> signed copy of your parent(s) 2019 federal tax return including Schedule A.</p>	<p>Amount Paid (must be at least \$3,000)</p> <p>\$ _____</p>

Certification	
By signing this form, I certify that all the information reported is complete and correct.	
Parent Signature (must be parent listed on the FAFSA)	Date

Office of Financial Aid Use Only	
<p><input type="checkbox"/> Eligible</p> <p>Current EFC _____ Revised EFC _____</p> <p><input type="checkbox"/> Updated award <input type="checkbox"/> Sent revised notice</p>	<p><input type="checkbox"/> Not Eligible</p> <p>Reason _____</p>