STUDENT FINANCIAL SERVICES

2024-2025 DEPENDENT CARE EXPENSE FORM

Student's Name _____ Student ID # (or Social Security #) _____

COMPLETE AND RETURN THIS FORM ONLY IF YOU PAY CHILD CARE OR DEPENDENT CARE EXPENSES. **Do not** complete this form if a public agency or other person pays your dependent care.

The information you provide will be used to determine your cost of education and may increase your overall financial aid eligibility. It will not be used to directly pay your dependent care expenses.

1. I certify that I will pay a child care agency, babysitter or dependent care facility while I am in class, studying, completing fieldwork or internships, or commuting to and from class for_____dependents.
   (# of dependents)
2. I will pay a total of $_____ per semester (16 weeks per semester).
3. I will pay dependent care expenses for the following semester(s). Check all that apply.

   ____ Fall 2024 ____ Spring 2025 ____ Summer 2025

I certify that the information provided on this form is true and complete. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be the cause for termination of aid and repayment of funds received. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

Student's Signature _____ Date _____

***If you are a recipient of TANF (Temporary Assistance for Needy Families) and need childcare assistance, you may contact the Columbia College CalWORKs office at (209) 588-5064.*