



Office of Student Financial Aid  
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Office Hours: M-F 8AM – 5PM

Website: <http://www.ouhsc.edu/financialservices/SFA/>

## 2024-2025 Dependent Care Verification

Student name: \_\_\_\_\_

Student identification number: \_\_\_\_\_

You may be able to have your cost of attendance increased if you have dependent children (ages 12 and under, for whom you provide at least 50% support) and must pay child care costs while attending classes. **Please attach documentation (i.e. receipt, monthly statement, etc.) from the dependent care facility or individual for at least one month of service received recently during the current semester.**

I certify that I pay child care expenses for the following dependents:

**Name**

**Age**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of child care provider:** \_\_\_\_\_

Provider's SSN or Tax ID #: \_\_\_\_\_ Provider's Phone \_\_\_\_\_

My child/children will be in daycare for the following term(s):

Summer \_\_\_\_\_

Fall \_\_\_\_\_

Spring \_\_\_\_\_

**I hereby authorize the Office of Student Financial Aid to verify the above information:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date