



Office of Student Financial Aid
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Email: financial-aid@ouhsc.edu

Office Hours: M-F 8AM – 5PM

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

2020-2021 Dependent Care

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