10-11

Indiana State University
More. From day one.

**Office of Student Financial Aid**
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**Web: www.indstate.edu/finaid**

# Care Expense Form

_____ _____ 991-_____
Student First Name M.I. Last Name ID Number

Child, dependent or elder care costs may be considered in the Cost of Attendance based on Federal guidelines. Please list the child, dependent or elder care expenses which can be documented and supported.

**Section I: Please list the dependents supported in your household.**

| Name | Relationship | Age |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Section II: Child, Dependent, Elder Care Expenses**

Please list the monthly cost that you will pay out of pocket during the period of enrollment. Exclude any assistance paid on your behalf.

| Type of Expense | Monthly Expense |
|---|---|
| **Daycare** | **$** |
| **Dependent Care** | **$** |
| **Elder Care** | **$** |

**Section III: Certification**

I certify that all the information submitted is correct and that the amounts paid are actual expenses incurred by my household.

_____ _____ _____ _____
Student Signature Date Parent Signature Date
*(required)* *(required if student is dependent)*