



**Student Financial Aid**  
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 Edwardsville, IL 62026-1060  
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**2021-2022**

**Dependent Care  
Expense Form**

DCARE

Student's Name \_\_\_\_\_ Univ. ID # \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Spouse's name (if married) \_\_\_\_\_ Univ. ID # \_\_\_\_\_

Spouse's enrollment plans 2020-2021: (check one)  attend SIUE  attend another college/university  not in college

**I currently do not have any dependent care expenses.**

Federal regulations permit the addition of dependent care expenses to a student's cost of attendance for care expenses incurred while the student attends classes. This form enables you to report the expenses you actually pay for dependents included in your household size on the FAFSA who reside with you and require care while you attend class.

- In a household of two SIUE students who are married, the student actually paying the dependent care expenses should complete this form. This student's cost of attendance will be increased by the care amount and additional loan funds can be offered, if applicable. If you wish to have the care expense divided between you and your spouse, speak to a financial aid advisor before completing this form.
- Below, provide a statement of the actual dependent care you pay per week. You agree to provide acceptable documentation of the dependent care expense, such as a copy of your contract or a signed statement, preferably on letterhead, from the care provider. **If assistance is received from another agency for dependent care, report only the amount you pay, not the full expense.**

**I pay \$\_\_\_\_\_ per week for dependent care.** Additional information I want to provide about my dependent care costs:

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List dependents that are included in your above dependent care expense statement by name, relationship to you, and age.

- |                          |                          |
|--------------------------|--------------------------|
| 1. _____ / _____ / _____ | 4. _____ / _____ / _____ |
| 2. _____ / _____ / _____ | 5. _____ / _____ / _____ |
| 3. _____ / _____ / _____ | 6. _____ / _____ / _____ |

**Notice: It is important to provide accurate information. Providing false or misleading information to obtain financial aid could result in a fine or imprisonment, or both, under provisions of United States Criminal Code**

The signature below affirms information provided on this form is accurate.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

*If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.*

**Office Use Only**

Dep 1 _____ a week times 32 weeks = _____	Initials/date:  Comments:     <input type="checkbox"/> Coded RBAABUD for student and spouse.
Dep 2 _____ a week times 32 weeks = _____	
Dep 3 _____ a week times 32 weeks = _____	
Dep 4 _____ a week times 32 weeks = _____	
Dep 5 _____ a week times 32 weeks = _____	
Dep 6 _____ a week times 32 weeks = _____	
Total _____	

1/7400    2/14800    3/22200    4/29600    5/37000    6/44400    for additional dependents, add 231.25/week