

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

The dependent care allowance is for the express purpose to enable the student to attend class, clerkship programs, or other educational activity required to complete the program of study. The amount of the allowance is based on the number and age of such dependents and should not exceed our community standard. The basis of the community standard is the childcare cost charged by Lawrence Armour Day School at RUMC. If approved, the dependent care allowance will be met with federal student loans that must be repaid.

The dependent care allowance is approved per household; only one parent of a two-student household may be entitled to the allowance.

My spouse/partner is also a Rush University student.  Yes  No

If yes, Spouse's/Partner's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**SECTION A: TO BE COMPLETED BY STUDENT.**

A separate form is required if using a different childcare provider for different child(ren). If you have more than three (3) dependents complete the following information on an additional piece of paper.

Name of Child	Age	Relationship to You

I confirm that all of the information on this form is complete and correct.

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

**SECTION B: TO BE COMPLETED BY CARE PROVIDER.**

If there are more than three (3) dependents complete the following information on an additional piece of paper.

Name of Dependent Care Agency: \_\_\_\_\_

Name/Title of Dependent Care Contact: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Name of Child	Dates of Attendance	***Non-reimbursed Weekly Cost Paid by the Student
	/ / - / /	
	/ / - / /	
	/ / - / /	

\*\*\*Non-reimbursed costs are those paid directly by the student to the provider. Do not include payments made to the provider by the Department of Human Services or any other sources.

I confirm that the expected dependent care expenses I have listed above are an accurate projection of expected dependent care expenses and are not being paid for by any source other than the student.

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date Received	Status		Total Amount Approved
		<input type="checkbox"/> DENIED	<input type="checkbox"/> APPROVED	\$
	Comments:			
	Reviewed By:			