

RETURN TO:

Name of Financial Aid Applicant <i>(Please print)</i>		
Last	First	Middle
Student ID Number: _____		

## DEPENDENT CARE VERIFICATION FORM

I certify that I pay \$ \_\_\_\_\_ monthly/weekly (*circle one*) for \_\_\_\_\_ hours to \_\_\_\_\_ for dependent care  
*(name of dependent care facility/child care agency/babysitter)*

services rendered for the following \_\_\_\_\_ dependents \_\_\_\_\_  
*(number)* *(name of dependent 1)* *(age)*

\_\_\_\_\_ *(name of dependent 2)* *(age)*

\_\_\_\_\_ *(name of dependent 3)* *(age)*

*If you need more space, attach a separate page.*

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY DEPENDENT CARE FACILITY/CHILD CARE AGENCY/BABYSITTER

**I certify that the following dependent care costs are paid by the student and/or private or publicly funded dependent care services:**

Resource	Amount Subsidized by Resources	Amount Paid by Student
CalWORKs	\$ _____ per week/month ( <i>circle one</i> )	\$ _____ per week/month ( <i>circle one</i> )
Other (specify): _____	\$ _____ per week/month ( <i>circle one</i> )	\$ _____ per week/month ( <i>circle one</i> )

Agency/Babysitter (*type or print*) \_\_\_\_\_ Number and Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ( ) \_\_\_\_\_  
Area Code/Telephone Number

Signature: Agency Representative/Babysitter \_\_\_\_\_ Date \_\_\_\_\_

**Dependent Care Facility/Child Care Agency/Babysitter Comments:**

\_\_\_\_\_

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

#### California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.