



HARDIN-SIMMONS UNIVERSITY

Verification of Child Care Expenses 2018-2019

**ONLY STUDENTS WHO HAVE CHILDREN LESS THAN 12 YEARS OF AGE AND WHO
PAY FOR CHILDCARE WHILE ATTENDING CLASSES SHOULD COMPLETE THIS FORM.**

THIS FORM IS ONLY USED TO HELP DETERMINE ELIGIBILITY FOR AID.

The information on this form is used to validate child care expenses for audit purposes. The name, address, telephone number and signature of the provider must be completed. **Attach a statement of charges or invoice.**

Student Section:

Student Name (Print)	Social Security Number	Phone Number
Do you receive any monetary benefits for your child care expenses? () YES () NO		
If yes, what was the total you received for 2017?		
List the source and benefits: _____		\$ _____

Child Care Provider Section:

Name and address of child care facility or individual providing care

Name	Address	City/State	Zip
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Signature of Provider	Date	Phone Number
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Child care provided for the children below: List *only* those children *less than 12 years of age*.

<u>Name</u>	<u>Age</u>	<u>Monthly Charges</u>

Total Monthly Charges \$ _____

CERTIFICATION: All of the above information on this form is true and complete to the best of my knowledge. If asked by an authorized individual I agree to give proof of all the information that I have provided on this form. I also understand that failure to provide such proof may result in the student not receiving aid. Any suspected fraud will be reported to the Office of Inspector General for investigation.

No student or prospective student will be excluded from participation in, or be denied the benefits of, financial aid at Hardin-Simmons University on the basis of race, color, age, national origin, religion, or sex.

Student Signature	Date	
<i>Office Use Only:</i> Action Taken: _____	Date: _____	OFA Initials: _____

**Office of Financial Aid
HSU Box 16050
Abilene, TX 79698
877-GOHSUTX (325)670-1217
FAX: (325)670-5822**