



Truckee Meadows Community College

Financial Aid, Scholarships and Student Employment

# CHILD CARE VERIFICATION FORM

You may be able to have your budget increased if you have dependent children ages 12 and under, for whom you provide at least 50% support and must pay child care costs while attending classes. Your budget will be increased by a flat amount, (please see a financial aid officer for the amount that would apply for you) or by the amount of your child care expenses, whichever is least. Please be sure to complete all four steps below.

**Step 1:** Fill in the information requested below.

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

Student e-mail: \_\_\_\_\_

Name of Child Care Provider: \_\_\_\_\_

Provider's SSN or Tax ID #: \_\_\_\_\_ Provider's Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name of dependent child	Age (years/months)
_____	____/____
_____	____/____
_____	____/____

I will pay or have paid the following amount for child care for the designated periods:

**Fall (September through December)**                      \$ \_\_\_\_\_

**Spring (February through May)**                                      \$ \_\_\_\_\_

Will another agency or resource (such as AFDC, Children's Cabinet, etc.) provide child care support?

Yes  No    If yes, source: \_\_\_\_\_ amount \$ \_\_\_\_\_

**Step 2:** Sign and date below.

I authorize TMCC Financial Aid to contact the provider listed above for verification purposes. I understand that if I receive duplicate federal funds for the same item, I will be expected to repay funds.

\_\_\_\_\_  
Student

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Step 3:** Have your child care provider sign and date.

\_\_\_\_\_  
Child Care Provider

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Step 4:** Fax this completed form to 775-674-7566 or mail to 7000 Dandini Blvd RDMT 315, Reno, NV 89512.