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## Dependent Care Expense Form

*The Dependent Care Expense Form may be used for students who incur dependent care expenses.*

*Before a dependent care expense will be considered, the student's 2026-2027 Free Application for Federal Student Aid (FAFSA) must be on file with the Office of Financial Aid and the student must have received their official 2026-2027 Award Letter/Notification.*

Student Last Name	Student First Name	Student ID		
<b>Semester to re-calculate (choose only one)</b>		Fall 2026	Spring 2027	Summer 2027
<b>Will you receive dependent care expenses from a third party?</b>		Yes	No	
<b>If yes, list source (i.e., CCAP) and list monthly amount of support:</b>				
<b>Name of your dependent:</b>				<b>Age of your dependent:</b>
<b>Please list only one dependent per form.</b>				
<b>Does the above named dependent live with you?</b>		Yes	No	
<b>Do you provide more that 50% of the listed dependent's financial support?</b>		Yes	No	

### The following information must be completed by your dependent care provider:

Name of care provider:		Hourly rate:	
Address of provider:		Hours per week:	
List normal hours the above dependent is in your care:		License #: (if applicable)	
Provider signature:		Phone number of provider:	

**Submitting an increase may result in additional financial aid being offered to you.**

**Check your myUCCS Portal for any updates to your awards.**

Please do not email sensitive information such as tax returns listing social security numbers or other personally identifiable information. You should always redact social security numbers, but always list the UCCS student ID number and student name on all documents submitted. UCCS provides a secure file upload system to submit your information and safeguard your personal data. Visit <https://finaid.uccs.edu/upload> for more information.

Student Signature

Date