



Child Care Expense Verification Form

Office of Financial Aid and Veteran Services
7101 University Ave, Texarkana, TX, Telephone: 903.334.6601 Fax: 903.223.3140
FinAid@tamut.edu

Office Use Only
CHCE

STUDENT'S NAME: _____ CWID: _____

In order to make adjustments to your financial aid file concerning child care, you must complete the form and return back to the Office of Financial Aid & Veteran Services.

<p>To be completed by the facility or individual providing child care. This information MUST be completed.</p>	<p>Name: _____</p> <p>Telephone Number: _____ EIN: _____</p> <p>Signature: _____</p>
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Child Care provided during: **Fall** **Spring** **Summer**

Name of child	Age	Cost / month	OR	Cost / week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Signature _____ Date _____