

Child Care Need Based Subsidy Analysis Form

Due by 5 p.m. on Friday, 04/15/05. Please return this form to the Student Involvement Information Desk in Snell Hall/MU East, first floor.

Questions may be addressed to **Matthew Petrosian at 737-8236 or asosu.external@oregonstate.edu**
 To allow ASOSU to determine your eligibility for the Child Care Subsidy program, you must fill in this form completely every term you seek assistance. **Failure to provide accurate or complete information will result in your disqualification from this program**

Application Check List (To improve chance of application approval):

-Remember all decisions are final-

- Copy of financial aid award letter (if receiving financial aid)
- Childcare center stamp
- Copy of monthly childcare bill
- Signed application
- Copy of pay check stub

*Documentation provided will be held as confidential and privileged information to be viewed only by the subsidy processing officials.

Name: _____

OSU ID #: _____

Address: _____

Home Phone: _____

Email Address: _____

Best way to contact you (circle one): E-Mail Regular Mail Phone

1) Applicant is: Resident Non-resident

2) _____ I do not receive financial aid.
 _____ I have enclosed a copy of my financial aid award letter.

3) Total **monthly household** income, including the following:

A. Employment Pay	\$
B. Teaching or Research Appointment Positions (TA or RA)	\$
C. Domestic Partner/Spouses Employment Pay	\$
D. Social Security/Veteran's Educational Benefits	\$
E. Cash Assets/Bank Accounts/Embassy Support/Spousal Support	\$
F. Other non-cash investments or loans (family or personal loans, dividends, trust funds, etc.)	\$
G. Aid to families with dependent children (AFS)	\$

HOUSEHOLD INCOME (Total 3A through 3G) \$ _____ **per month**

COST OF CHILDCARE \$ _____ **per month**

FINANCIAL AID \$ _____ **per term**

*Please include a copy of your last pay stub or any form indicating your monthly income. If your income is derived from a savings account please prorate this sum.

Name and Age Range of each dependent child (***only list children enrolled in daycare***):

Name: _____ Age: 0-2 3-5 6-12 12+ Hours in childcare per month: _____	Name: _____ Age: 0-2 3-5 6-12 12+ Hours in childcare per month: _____	Name: _____ Age: 0-2 3-5 6-12 12+ Hours in childcare per month: _____
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Child Care Provider Name: _____

Address: _____

Phone: _____

Second Child Care Provider Name (if applicable): _____

Address: _____

Phone: _____

Please have the child care(s) center stamp this document here:

Note: Your children must be in a state licensed facility in order to be eligible for the subsidy program.

***Please attach copy of monthly childcare bill.**

I have read the instructions for completing this form, and to the best of my knowledge, have answered truthfully with regards to my income and student status. I understand that I must provide adequate verification to support any of the above claims made on this application if requested by ASOSU. I give ASOSU my consent to verify any of the above information, including information which may be provided in my financial aid file. I also understand that it is my responsibility to notify ASOSU of any changes in the above information.

Signature of Applicant

Date

ASOSU Child Care Subsidy Program Parameters:

- ❖ Applicant must be a currently enrolled student at Oregon State University paying student fees.
- ❖ Applicant's children must be currently enrolled in a state licensed child-care facility.
- ❖ **Applicants reporting no income whatsoever will be disqualified.** Seasonal income should be prorated.