



# 2008-2009 Dependent Care Form

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Marital Status:  Married  Single      If married, is spouse enrolled?  yes  no

Number of Dependent Children: \_\_\_\_\_ Appeal is requested for:  Fall  Spring

Summer

I authorize the below named provider to furnish information to Casper College.

Name of Care Provider/Facility: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child or Adult Care Expenses – to be completed by dependent care provider

Dependent's Name	Age	Hours Per Week	Hourly, Daily, Weekly, or Monthly Care Fee Pd. by student (circle one)	Hourly, Daily, Weekly, or Monthly Care Fee Pd. by other source (circle one)	Date started at Facility

*\*\*If more room is needed, please continue on the back of this form.*

Name of other source paying: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All applicants will be considered equally without regard to race, color, national origin, sex, age, religion, political belief, handicap, or veteran status. If reasonable accommodations are necessary to help you complete this form, please contact the Office of Student Financial Assistance.*

Please return form to:  
Casper College  
Student Financial Assistance Office  
125 College Drive



Casper, WY 82601

Place Date Stamp Here