



2007-2008 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