

## Request for Infant Care Adjustment to Postsecondary Child Care Grant

### STUDENT SECTION

I am hereby requesting that the financial aid office review my Postsecondary Child Care Grant to determine if I am eligible for an adjustment because my provider charges me higher rates for infant care than for children in other age classifications. I give my provider permission to release the rate information requested in the provider section.

Student Name	Social Security Number	Date (month, day, year)
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Student Signature

### PROVIDER SECTION

This form is to serve as documentation that the above named student is receiving child care services from \_\_\_\_\_ for an infant child and is being charged a higher day care rate for infant care than rates charged to children in other age classifications. In accordance with the state law governing the Postsecondary Child Care Grant program, I hereby confirm this day care service does not charge Postsecondary Child Care Grant recipients higher rates than those charged to clients who are not recipients of the Postsecondary Child Care Grants.

The rates charged by the provider for the various age classifications are as follows: (provider may attach pre-printed pricing structure material in lieu of completing this chart.)

Age Classification	Age Range for Classification	Hourly Rate	Daily Rate	Weekly Rate
<b>Infant</b>				
<b>Toddler</b>				
<b>Pre-School</b>				
<b>School Age</b>				

Student is being billed by the:     hour     day     week

Date the student's child will no longer be classified as an infant: (month/day/year)

Provider is a:     home day care service     day care center

County in which provider is located:

Signature of Day Care Provider	Date Signed (month/day/year)
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**Note: Student must submit form to the Financial Aid Office to request an adjustment to the Postsecondary Child Care Grant Award.**