HELENA COLLEGE
University of Montana

CHILD/ELDER CARE REQUEST FOR PROFESSIONAL JUDGEMENT

Student Name: _____ ID: 770-_____

Permanent Street Address: _____

City/State/Zip: _____

Permanent Phone #: (_____) _____-_____

Academic Year: _____-_____

Type of Professional Judgment:

Budget Modification (Circle one of the following.)

- Child Care Expenses – include copy of bill
- Other Dependent Care Expenses – include copy of receipts and/or bill
- Other _____

Your request will need to include the following:

- **Child/Elder Care Form (see attached)**
- **Last 2 years of IRS Federal Tax Transcripts & W2's for student (spouse or parent(s) if applicable)**
- **Most recent pay stubs for student (spouse or parent(s) if applicable)**
- **Completed Household Verification Worksheet**
- **Completed Untaxed Income Form**
- **Completed Asset Information Form**
- **Signed & dated DETAILED (dates and amounts – a financial timeline) statement explaining current situation and the reason for requesting a Professional Judgment**

I am requesting that the Financial Aid Director at Helena College University of Montana consider my circumstances to determine if I may be eligible for a professional judgment according to the Department of Education Federal Regulations. This determination may allow my financial aid eligibility to change at the Helena College University of Montana only. I agree to provide any documentation requested by the Financial Aid Director if it can be obtained. I understand that this decision is made by the Financial Aid Director based upon documentation I supply and that any professional judgment decisions are final.

Student Signature _____ Date _____

This form and any required/requested documentation must be given to the Helena College Financial Aid Office prior to any professional judgment being granted.

FOR QUESTIONS CALL: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601
406-447-6916, www.helenacollege.edu
RETURN DOCUMENTATION TO: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601, or fax to: 406-447-6397.

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Child/Elder Care Expenses

Last Name	First	Middle Int.	Student ID/SS#

Spouse's Name (If Applicable)	Last	First	Student ID/SS#

You indicated that you will pay child/elder care expenses between (month/year) _____ and (month/year) _____.

Dependent Name	Age	Costs Per Month	Care Provider	Signature of Provider	Phone #

I certify that:

1. None of the expenses listed on this form will be covered by another agency, and I will be paying these expenses myself.
2. The information on this form is true and accurate to the best of my knowledge, and I will provide proof of payment, if required.
3. If married, my spouse has not, and will not, claim these expenses.

_____ _____

Student Signature Date

Warning: If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to $10,000 fine, or prison sentence, or both.