SPECIAL CIRCUMSTANCE
SPECIAL DEPENDENT CARE EXPENSES (FASPD) 2015/2016

Complete this application for extended elderly care, or special disabled/handicapped care expenses incurred for family members.

<table>
<thead>
<tr>
<th>Name of family member</th>
<th>Age</th>
<th>Relationship</th>
<th>Does the member live in their own home, your household or an assisted living facility</th>
<th>Total 2014 Expense</th>
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TOTAL FAMILY MEMBERS LISTED _____ TOTAL ANNUAL EXPENSE $__________

Do the family members receive any other type of financial funds (social security, pension, and/or other family members contributing)? No ____ Yes ___
If so, amount per month $________ from ____________ $________ from ____________ $________ from ____________ $________ from ____________

Required documentation to be attached to this application when submitted for consideration.

- Statement from student or parent
- Billing Statement (rent, utilities, phone, etc.)
- Proof of Member Registered at Facility
- Paid Receipts or statements from Facility

I/We certify that the information listed above is correct to the best of my/our knowledge.

_________________________  ______________________
Student Signature             Date

_________________________  ______________________
Parent Signature              Date