



UA Life & Work Connections  
 1125 N. Vine Ave.  
 Tucson, AZ 85721-0155  
 Phone 520-621-4365  
 FAX 520-621-4474

## 2009/2010 Student Child Care & Housing Subsidy Program Application Form

(Please Print Legibly)

Student Identification Number (SID) (required) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Email Address \_\_\_\_\_

\* I give UA Life & Work Connections permission to contact me about its services and related information by using the provided email address (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I am a(n) Undergraduate \_\_\_\_\_ Graduate/Professional student \_\_\_\_\_ in the College of \_\_\_\_\_

I am a Teaching Assistant at The University of Arizona (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*My spouse/partner is a UA Student \_\_\_\_\_ UA Employee \_\_\_\_\_ and his/her name is \_\_\_\_\_

\*\*If not applicable, please check here \_\_\_\_\_

**List the full names and ages of children needing care in Arizona related to your academic schedule.**

Please note that the Student Child Care & Housing Subsidy Program does not cover work-related child care expenses.

I have used a second page or the back of this form to complete this section Yes \_\_\_\_\_ No \_\_\_\_\_

Name	Gender	Date of Birth	Age

By signing this form, I agree to the following:

- I give the UA Office of Student Financial Aid (OSFA) and UA Life & Work Connections' (LWC) Child Care and Family Resources (CCFR) permission to share my information between the two offices as necessary.
- I agree to abide by program guidelines and provide complete documentation verifying use of appropriate child care. I understand that it is my responsibility to report any change in my enrollment, address and child care arrangement to CCFR. Completed materials may be returned by mail or in person to 1125 N. Vine, Room 211, Tucson, AZ 85721 or by fax at (520) 621-4474. Additional student work/life information is available at <http://lifework.arizona.edu>.
- I understand that the selection of a child care provider is my exclusive responsibility. Except for verifying license or certification status at the time of application, the University does not screen or check the background or quality of the child care provider. This is my responsibility as the subsidy applicant. Subsidy applicants seeking information on available options are encouraged to schedule a personalized child care consultation appointment by calling (520) 621-9870.
- I understand that providing inaccurate information will result in my disqualification from the program.
- I understand that changes in the subsidy awards (amount, distribution method and/or frequency of payment) may be necessary due to limited funds and/or program enhancements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

