



2012-2013 Dependent Support Form

Your status for financial aid as an Independent student is based solely upon your indication that you have children or other dependents who will receive more than half of their support from you from July 1, 2012 – June 30, 2013. Since you do not meet any of the other criteria to be considered Independent, you must complete this form to demonstrate how you will provide support for your children or other dependents. If you **cannot** demonstrate support you will be considered a dependent student and your parent will need to complete and a sign your FAFSA.

Please complete this form. **Do not leave any questions blank.** Return this form along with **all** requested supporting documentation to the Delaware State University's Office of Financial Aid. The Office of Financial Aid will review your information and decide if it is sufficient to demonstrate support of a child or other dependent.

Step 1-Student Information

Last Name	First Name	SS#	D ID#	Date of Birth
Permanent Mailing Address (include Apt #)		City	State	Zip
Home Phone (include area code)		Cell Phone (include area code)	E-mail Address	

Step 2-Dependent Information

<p>1 Do you have a child/dependent who will receive more than half of his/her support from you from July 1, 2012 – June 30, 2013?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you answered yes, please provide copies of the child's birth certificate or If you have dependents other than a child, provide the following information:</p> <p>Name of person(s): _____</p> <p>Relationship(s) to you: _____</p> <p>Age(s): _____</p>
<p>2 Are you living with your parent(s), family member, guardian or other person?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you answered yes, please provide the following information:</p> <p>Name of person(s): _____</p> <p>Relationship(s) to you: _____</p>
<p>3 Does your child/dependent live in the same household as you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you answered no, please provide the name and relationship of the person your child lives with:</p> <p>Name of person(s): _____</p> <p>Relationship to child/dependent: _____</p>
<p>4 Will the child/dependent live with you while you are attending school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you answered no, please provide the name and relationship of the person your child will live with when you are in school.</p> <p>Name of person(s): _____</p> <p>Relationship to child/dependent: _____</p>
<p>5 Are you paying for child/daycare for your child / dependent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you answered yes, please provide the following:</p> <ul style="list-style-type: none"> • Child/daycare receipts in your name or Statement of account with care provider in your name
<p>6 Are you providing medical coverage for your child / dependent?</p> <p><input type="checkbox"/> Yes (your child has Medicaid through you) <input type="checkbox"/> No</p>	<p>If you answered yes, you will need to provide the following:</p> <ul style="list-style-type: none"> • Copy of medical coverage card

