



## 2021-22 Change in Financial Circumstances— Medical/Dental Expenses

Student Name: \_\_\_\_\_ Student ID/SSN: \_\_\_\_\_

We were recently informed that your family has experienced major medical or dental expenses not accounted for on the **2021-22 Free Application for Federal Student Aid (FAFSA)**. To determine if any adjustments can be made to your financial aid file, please complete all information below **AND** submit all requested documentation.

- MEDICAL/DENTAL:** Inordinate expenses incurred (not including insurance premiums or bills you will be reimbursed for)

### Documentation Requirements:

- If you itemized your medical bills**, submit a copy of page **Schedule A** from your **2020** federal 1040 tax return.
- If you did not file a 1040 Schedule A**, actual medical expenses PAID in **2020** must be documented (canceled checks, billing invoices, insurance statements, receipts).
- Along with the above requested documentation**, attach a list indicating the following:
- Date(s) fees were incurred,
  - Which family member the service was for, and
  - How much your family paid for the service

**Please note:** The Office of Financial Aid can only consider medical bills your family actually paid for calendar year **2020**. We cannot consider any outstanding unpaid balances.

*I declare that the information reported on this form is true, correct, and complete. I agree to provide, if requested, any other official documentation necessary to verify information reported.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**For Office Use Only:**

11% x IPA \_\_\_\_\_ = Medical IPA \_\_\_\_\_  
 Medical Expense \_\_\_\_\_ - Medical IPA \_\_\_\_\_ = AGI Reduction \_\_\_\_\_

**Table A4: Income Protection Allowance**

Number in parents' household, including student (FAFSA/SAR #72)	Number of college students in household (FAFSA/SAR #73)				
	1	2	3	4	5
2 .....	\$19,440	\$16,110	---	---	---
3 .....	\$24,200	\$20,900	\$17,570	---	---
4 .....	\$29,890	\$26,570	\$23,260	\$19,930	---
5 .....	\$35,270	\$31,940	\$28,640	\$25,310	\$22,000
6 .....	\$41,250	\$37,930	\$34,620	\$31,300	\$27,990

Note: For each additional family member, add \$4660  
 For each additional college student (EXCEPT Parents), subtract \$3310

Notes: \_\_\_\_\_

\_\_\_\_\_

Counselor \_\_\_\_\_

Date \_\_\_\_\_