



2022-23 Change in Financial Circumstances- Medical/Dental Expenses

Student's Name: _____ Student ID: _____

Please use this form to notify our office your family has experienced major medical or dental expenses not accounted for on the **2022-23 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: Unreimbursed expenses incurred (not including insurance premiums)

Documentation Requirements:

- If you itemized your medical bills, submit a copy of page Schedule A from your **2021** federal 1040 tax return.
- If you did not file a 1040 Schedule A, actual medical expenses PAID in **2021** 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 **2021**. 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

(Original Signature Required)

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	\$19,630	\$16,270	---	---	---
3	\$24,440	\$21,100	\$17,740	---	---
4	\$30,190	\$26,830	\$23,490	\$20,130	---
5	\$35,620	\$32,260	\$28,920	\$25,560	\$22,220
6	\$41,670	\$38,310	\$34,970	\$31,610	\$28,270

Note: For each additional family member, add \$4700
For each additional college student (EXCEPT Parents), subtract \$3340

Notes: _____

Staff _____ Date _____