

MILITARY ON SOURCE

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Free Legal Support for Military Families With Special Needs

As a military family with special needs, you may face unique financial, medical and legal challenges caused, in part, by the demands of military service. Fortunately, you do not need to address these burdens alone; free, military department-provided support services exist to help overcome these challenges.

One powerful resource is free legal advice and educational materials provided by installation legal offices. The hours and policies for legal assistance vary by service and installation so you should contact your [local legal office](#) in advance.

Upon establishing contact, you will be able to use attorney support to help you navigate the range of legal issues that affect some military families with special needs, in particular families whose children have special education needs. Legal support can include:

- Educational law - for example, the federal rights to free, appropriate public education and free disability evaluation
- Advanced estate planning - for example, special needs trusts
- Guardianship proceedings
- Permanent change of station and deployment issues.

Moreover, [installation legal office](#) personnel stand ready to provide educational materials to aid you in your self-help and planning efforts.

Installation legal offices can also refer your military family, based upon financial need, for more advanced and in-depth specialist assistance through the [American Bar Association's Military Pro Bono Project](#). You may be eligible for this service if your legal issues are determined to exceed available local resources. You can be matched with a specialist volunteer attorney associated with the ABA to provide further assistance on even the most complex

As a military family with special needs, you have access to free and reliable legal assistance. Installation legal offices and legal assistance providers stand ready to support you in addressing these legal matters.

[EFMP & Me](#) is another source of information for military families with special needs. Review the Legal section for tips and resources and create customized checklists for your family.

PREPARING FOR GUARDIANSHIP

Not every child with a disability requires guardianship, but for any child who has a disability that results in the inability to make decisions concerning his or her own personal or financial care, parents should consider planning for full or partial guardianship for their child's adult life. Whether because the minor child reaches the age of majority – usually 18, though it varies by state – or the parents are unable to provide further care due to death or incapacity, guardianship issues will arise.



Guardianship and conservatorship

Once a child reaches the age of majority, parental rights are terminated. This means that unless the parents are appointed as the child's legal guardians they will no longer be able to manage their adult child's medical, educational or financial matters. Anyone seeking guardianship must petition a court to be appointed. The court will consider whether the adult with special needs can provide for his or her own personal or financial affairs. If the court finds the adult to be not competent to handle these needs and affairs, a guardian will be appointed. A guardian *ad litem* is someone, often a lawyer, appointed by a court during a legal matter to protect the rights of a minor child or person with a disability. A guardian *ad litem* will also be appointed by the court to represent the child or person with the disability's legal rights, during the process.

Once appointed, a guardian can assume powers and

duties related to both personal and financial matters, but sometimes a conservator is also appointed. A conservator is granted the power to make financial decisions, while the guardian retains decision-making powers related to the person.

Guardians and conservators (if necessary) of a minor can also be selected by a parent through a will or other formal writing. It is important for a parent to consider alternative guardians if their first choice is unavailable. A court will select a guardian or conservator if preparations have not been made by the parents.

The impact of an interstate move

An interstate move requires a guardian or conservator to obtain a court order from the current state of residence allowing the transfer of guardianship to another jurisdiction. Again, laws and procedures vary greatly by state and it is important to consult with local counsel.

Planning ahead for guardianship can help families avoid major problems when a child with special needs reaches the age of majority or in the event of an unexpected death of a parent. Your installation's Exceptional Family Member Program office and Office of the Judge Advocate General can provide additional information.



For additional assistance, including specialty consultations, planning tools, non-medical counseling and more, call or visit <https://www.militaryonesource.mil> | 800-342-9647



EFMP Exceptional Family Member Program



EFMP Exceptional Family Member Program

Fort Polk Legal

Legal Assistance

Legal assistance is available to you and your family. Below, you'll find information about claims and installation specific programs and services.

Legal Services

Legal assistance is available to all ID card holders. Available to discuss and/or provide assistance with:

- Powers-of-attorney (POAs)
- Wills
- Family support matters and issues
- Consumer issues
- Immigration
- Electronic tax filing

Clients to be seen by an attorney, will be seen **by appointment only**. For more information, contact the administration office, Monday - Friday, 8:30 a.m. - 4:00 p.m., **337-531-2580**.

Legal Assistance and Claims (Staff Judge Advocate Office)

7090 Alabama Ave.

Bldg. 1454

Fort Polk, LA 71459

[DFAS Home](#) | [Military Members](#) | [Pay & Allowances](#) | [Secondary Dependency](#)

DFAS Secondary Dependency Offices

Contact Information for Secondary Dependency Determinations

Need to submit a secondary dependency application or speak with someone about one you've already submitted? Find the right office below based on your branch of service:

Army

DFAS Indianapolis/Code JMTCB
8899 East 56th Street
Indianapolis, IN 46249-0885
Toll Free Phone: (888) 332-7411
Fax: (317) 275-0282
Email: DependencyDetermination@dfas.mil

Navy

For Incapacitated Child applications:

PERS 31-D
Benefits and Eligibility Section
5720 Integrity Drive
Millington, TN 38055-3120
Toll Free Number - 1-866-827-5672
DSN: 822-3360
Fax: 901-874-2766
Email: CSMailbox@navy.mil

For Full-time Student (Age 22-23) applications:

DEPENDENCY STATEMENT - INCAPACITATED CHILD OVER AGE 21

OMB No. 0730-0014
OMB approval expires
June 30, 2024

The public reporting burden for this collection of information, 0730-0014, is estimated to average 30-60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 37 U.S.C., Pay and Allowances of the Uniformed Services; DoD Directive 5154.29, DoD Pay and Allowances Policy and Procedures; DoD 7000.14-R, DoD Financial Management Manual, Volume 7A, Military Pay Policy and Procedures – Active Duty and Reserve Pay; and Joint Travel Regulations (JTR) current edition.

PURPOSE(S): The information will be used to determine the relationship and dependency of the claimed dependents and determine the member's entitlement of authorized benefits.

ROUTINE USE(S): To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M01040-3, Marine Corps Manpower Management Information System Records, located at: <http://dpcl.dod.mil/Privacy/SORNsIndex/DOD-Component-Notices/>

DISCLOSURE: Voluntary: however, failure to provide this information will result in a suspension of the dependent entitlements until the member can provide the required certificate.

INSTRUCTIONS

The member must complete the form in its entirety, sign and date the form, and have it notarized. If the child resides alone or with someone other than the member, the member completes Items 1, 2, and 16, signs and dates the form, and the child or child's representative completes Items 3 through 15, signs and dates the form, and has it notarized. If the member is deceased, the child or child's representative completes the form in its entirety, signs and dates the form, and has it notarized. Information furnished must reflect the 12 months prior to member's death. Verification of income is required.

NOTES: Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application.

1. ENTITLEMENTS REQUESTED (X and complete as applicable)

a. TYPE		b. FIRST APPLICATION?	c. LAST APPLICATION WAS
<input type="checkbox"/> BAH	<input type="checkbox"/> USIP CARD	<input type="checkbox"/> YES (If No, give date of last application)	<input type="checkbox"/> APPROVED
<input type="checkbox"/> TRAVEL ALLOWANCE		<input type="checkbox"/> NO (YYYYMMDD)	<input type="checkbox"/> DISAPPROVED

2. MEMBER INFORMATION

a. NAME (Last, First, Middle Initial)		b. DoD ID NUMBER	c. RANK
d. STATUS (X and complete as applicable)			
<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY
<input type="checkbox"/> RETIRED	<input type="checkbox"/> RESERVE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> AIR FORCE
		<input type="checkbox"/> DECEASED (Date of death) (YYYYMMDD)	<input type="checkbox"/> OTHER (Specify)

e. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, ZIP Code)

f. COMPLETE MILITARY ADDRESS (Include assignment: squadron and base)

g. TELEPHONE NUMBERS (Include DSN or Area Code)		h. E-MAIL ADDRESS	i. MARITAL STATUS (X one)
(1) WORK	(2) HOME		<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED
			<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED

3. MEMBER'S CHILD

a. NAME (Last, First, Middle Initial)		b. DOD ID NUMBER	c. DATE OF BIRTH (YYYYMMDD)
d. RELATIONSHIP TO MEMBER (X one)			
<input type="checkbox"/> LEGITIMATE CHILD	<input type="checkbox"/> CHILD BORN OUT OF WEDLOCK	<input type="checkbox"/> ADOPTED CHILD	<input type="checkbox"/> STEPCHILD
e. COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)		f. HAS CHILD EVER BEEN MARRIED? (If Yes, attach a copy of annulment decree, final divorce decree, or death certificate of child's spouse.)	
		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	

CUI (when filled in)

4. CHILD'S OTHER PARENT(S)					
a. (1) NAME (Last, First, Middle Initial)			b. (1) NAME (Last, First, Middle Initial)		
(2) RELATIONSHIP TO CHILD			(2) RELATIONSHIP TO CHILD		
(3) COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)			(3) COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)		
c. IS/ARE OTHER PARENT(S) IN ANY BRANCH OF SERVICE, INCLUDING RESERVE OR NATIONAL GUARD (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, show rank, name, SSN, and military address.)</i>					
d. DOES OTHER PARENT CLAIM CHILD FOR BASIC ALLOWANCE FOR HOUSING (BAH), TRAVEL ALLOWANCE, OR USIP CARD (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, explain.)</i>					
5. CHILD'S RESIDENCE					
a. TYPE OF RESIDENCE (X and complete as applicable)					
<input type="checkbox"/> HOME OR APARTMENT OF OTHER PARENT		<input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship)			
<input type="checkbox"/> HOME OR APARTMENT OF MEMBER		<input type="checkbox"/> HOSPITAL OR INSTITUTION			
<input type="checkbox"/> HOME OR APARTMENT OF CHILD		<input type="checkbox"/> OTHER (Explain)			
<input type="checkbox"/> HOME OR APARTMENT OF FORMER SPOUSE OF MEMBER					
<input type="checkbox"/> STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY					
b. OWNER OF RESIDENCE					
(1) NAME (Last, First, Middle Initial)			(2) ADDRESS (Street, Apartment Number, City, State, ZIP Code)		
c. IS RESIDENCE SUBSIDIZED HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO			d. DATE CHILD STARTED LIVING AT CURRENT ADDRESS (YYYYMMDD)		
6. IF CHILD IS IN HOSPITAL OR INSTITUTION If child is in a hospital or institution, all of the following information must be furnished. Obtain this information from the hospital or institution.					
a. DATE CHILD ENTERED HOSPITAL/INSTITUTION (YYYYMMDD)			b. ANTICIPATED DATE OF DISCHARGE (If known) (YYYYMMDD)		
c. WILL CHILD RETURN TO MEMBER'S HOME AFTER DISCHARGE? (If "NO," explain where child will reside) <input type="checkbox"/> YES <input type="checkbox"/> NO					
d. CHILD'S EXPENSES IN HOSPITAL OR INSTITUTION					
ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
(1) ROOM			(8) EDUCATION		
(2) FOOD			(9) TRANSPORTATION		
(3) REHABILITATION CLASSES OR SERVICES			(10) PERSONAL INSURANCE (Specify)		
(4) SPECIALIZED EQUIPMENT			(11) OTHER (Specify)		
(5) MEDICAL CARE					
(6) CLOTHING					
(7) LAUNDRY/DRY CLEANING					

CUI (when filled in)

6. IF CHILD IS IN HOSPITAL OR INSTITUTION (Continued)					
e. CHILD'S EXPENSES IN HOSPITAL OR INSTITUTION ARE PAID BY:					
	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS		(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
USIP CARD	(a) CIVILIAN MEDICAL TREATMENT FACILITY (CHAMPUS)		(3) STATE OR LOCAL AGENCY <i>(Give name and address in Remarks section)</i>		
	(b) MILITARY MEDICAL TREATMENT FACILITY		(4) MEMBER		
(2) PRIVATE INSURANCE <i>(Give name and address in Remarks section)</i>			(5) OTHER <i>(Explain and give name and address in Remarks section)</i>		
7. PERSONS LIVING IN HOUSEHOLD WITH CHILD					
When child resides in a hospital or institution and Item 6 is completed, do not complete this item. List all persons who live in the household, including claimed child. If employed, show hours per week worked. Continue in Remarks if more space is needed.					
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP TO CHILD	c. AGE	d. MARRIED (X)		e. EMPLOYED
			YES	NO	HOURS PER WEEK
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. HOUSEHOLD EXPENSES					
When child resides in a hospital or institution and Item 6 is completed, do not complete this item. List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If child resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If child does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section. FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the child lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.					
	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS		(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. (X one) <input type="checkbox"/> RENT <input type="checkbox"/> FRV <input type="checkbox"/> MORTGAGE <i>(Specify amount of tax and insurance if applicable)</i> TAX INSURANCE			d. FURNITURE AND APPLIANCES		
b. FOOD			e. REPAIRS ON HOME		
c. UTILITIES <i>(Heat, power, water, and telephone)</i>			f. OTHER <i>(Itemize in Remarks section)</i>		
9. CHILD'S PERSONAL EXPENSES					
When child resides in a hospital or institution and Item 6 is completed, do not complete this item. List all of the child's personal expenses regardless of who is paying for them.					
	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS		(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS <i>(If auto is registered in child's name)</i>		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTA- TION PAYMENTS <i>(Specify type)</i>		
c. MEDICAL <i>(Do not include expenses paid by insurance, welfare, or Medicare)</i>			i. SCHOOL EXPENSES		
d. VALUE OF USIP CARD <i>(Verification of amount is required)</i>			j. OTHER <i>(Specify)</i>		
e. PERSONAL INSURANCE <i>(Specify)</i>					
f. PERSONAL TAXES <i>(Specify)</i>					

CUI (when filled in)

10. CHILD'S INCOME

All gross income received by or in behalf of the child, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income you receive as custodian or administrator for the child. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			g. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR (Specify)		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			h. SUPPLEMENTAL SECURITY INCOME (SSI)		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)			i. VETERANS ADMINISTRATION PAYMENTS (Specify type)		
d. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			j. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN (include agency and address in Remarks section)		
e. SCHOLARSHIPS OR EDUCATIONAL GRANTS			k. OTHER (Specify)		
f. TAX REFUNDS (Specify)					

11. CHILD'S EMPLOYMENT (Show additional periods of work in the Remarks section.)

HAS CHILD BEEN EMPLOYED DURING THE PAST 12 MONTHS? YES NO (If Yes, furnish the following:)

a.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		
b.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		
c.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		

d. IS OR WAS CHILD'S JOB CONSIDERED AS BEING A "SHELTERED WORKSHOP" - THAT IS, OPEN ONLY TO DISABLED OR HANDICAPPED PEOPLE?

YES NO (If Yes, and child is currently working, attach a statement from the employer verifying this information.)

12. CHILD'S SCHOOL ATTENDANCE

HAS CHILD ATTENDED COLLEGE SINCE AGE 21? YES NO (If Yes, furnish the following:)

a.	(1) NAME AND ADDRESS OF SCHOOL	(2) (X as applicable) <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> FOR RECEIVING DEGREE
	(3) DATES ATTENDED	(4) (X) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (5) CHILD'S MAJOR
b.	(1) NAME AND ADDRESS OF SCHOOL	(2) (X as applicable) <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> FOR RECEIVING DEGREE
	(3) DATES ATTENDED	(4) (X) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (5) CHILD'S MAJOR

CUI (when filled in)

13. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE CHILD'S SUPPORT FOR EACH OF THE PAST 12 MONTHS.

Table with 6 columns: (1) MONTH AND YEAR, (2) AMOUNT, (1) MONTH AND YEAR, (2) AMOUNT, (1) MONTH AND YEAR, (2) AMOUNT.

b. MEMBER PROVIDES SUPPORT BY (X one)

ALLOTMENT

PERSONAL CHECK

MONEY ORDER

OTHER (Explain)

11. REMARKS (Use back if necessary)

READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM, AND HAVE IT NOTARIZED.

NOTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001).

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

15. SIGNATURES

a. CUSTODIAN

I/we _____ (print name(s)) will immediately notify the service concerned of any change in child's financial circumstances, marital status, physical custody, or change in dependency upon the service member as shown in this form.

(1) SIGNATURE OF PERSON WHO HAS PHYSICAL CUSTODY OF THE CHILD (Can be member or other than member)

(2) RELATIONSHIP TO CHILD

(3) DATE SIGNED (YYYYMMDD)

b. NOTARY PUBLIC

Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).

This _____ day of _____, at city (or town) of _____, county of _____

and state (or territory) of _____

(Notary)

(Official Seal)

(Official Title)

c. MEMBER

(1) SIGNATURE

(2) DATE SIGNED (YYYYMMDD)

DEPENDENCY STATEMENT - PARENT

OMB No. 0730-0014
OMB approval expires
June 30, 2024

The public reporting burden for this collection of information, 0730-0014, is estimated to average 30-60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 37 U.S.C., Pay and Allowances of the Uniformed Services; DoD Directive 5154.29, DoD Pay and Allowances Policy and Procedures; DoD 7000.14-R, DoD Financial Management Manual, Volume 7A, Military Pay Policy and Procedures - Active Duty and Reserve Pay; and Joint Travel Regulations (JTR) current edition.

PURPOSE(S): The information will be used to determine the relationship and dependency of the claimed dependents and determine the member's entitlement of authorized benefits.

ROUTINE USE(S): To the Treasury Department to provide information on check issues and electronic fund transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M01040-3, Marine Corps Manpower Management Information System Records, located at: <http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>

DISCLOSURE: Voluntary; however, failure to provide this information will result in a suspension of the dependent entitlements until the member can provide the required certification.

INSTRUCTIONS

The member must complete Items 1 and 2, and sign and date the form. Parent or parent(s) representative (if parent is unable to complete the form due to health or physical disability) must complete Items 3 through 12, sign and date the form, and have the form notarized. If a representative completes the form for the parent(s), include in the Remarks section the name of the individual, the relationship, and the reason the form was not completed by parent(s). If the member is deceased, information furnished must reflect the 12 months prior to member's death.

NOTES: Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application. Verification of all income is required. Proof of member's contribution is required when applying for Basic Allowance for Housing (BAH). Parent must be more than 50% dependent upon member.

1. ENTITLEMENTS REQUESTED (X and complete as applicable)

a. TYPE		b. FIRST APPLICATION?	c. LAST APPLICATION WAS
<input type="checkbox"/> BAH	<input type="checkbox"/> USIP CARD	<input type="checkbox"/> YES (If No, give date of last application)	<input type="checkbox"/> APPROVED
<input type="checkbox"/> TRAVEL ALLOWANCE		<input type="checkbox"/> NO (YYYYMMDD)	<input type="checkbox"/> DISAPPROVED

2. MEMBER INFORMATION

a. NAME (Last, First, Middle Initial)	b. DoD ID NUMBER	c. RANK
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d. STATUS (X and complete as applicable)

<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> DECEASED (Date of death) (YYYYMMDD)
<input type="checkbox"/> RETIRED	<input type="checkbox"/> RESERVE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> OTHER (Specify)

e. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, ZIP Code)

f. COMPLETE MILITARY ADDRESS (Include assignment: squadron and base)

g. TELEPHONE NUMBERS (Include DSN or Area Code)	h. E-MAIL ADDRESS	i. MARITAL STATUS (X one)
(1) WORK	(2) HOME	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED
		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED

3. PARENT(S) INFORMATION

a. (1) NAME (Last, First, Middle Initial)	b. (1) NAME (Last, First, Middle Initial)
(2) DOD ID NUMBER	(2) DOD ID NUMBER
(3) DATE OF BIRTH (YYYYMMDD)	(3) DATE OF BIRTH (YYYYMMDD)
(4) RELATIONSHIP	(4) RELATIONSHIP

3. PARENT(S) INFORMATION (Continued)			
a. (5) COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i> 	b. (5) COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i> 		
(6) TELEPHONE NUMBER <i>(Include Area Code)</i> 	(6) TELEPHONE NUMBER <i>(Include Area Code)</i> 		
(7) PRESENT OCCUPATION OR BUSINESS 	(7) PRESENT OCCUPATION OR BUSINESS 		
(8) NAME AND ADDRESS OF EMPLOYER <i>(If unemployed, state reason, date unemployment began, and date unemployment is expected to resume.)</i> 	(8) NAME AND ADDRESS OF EMPLOYER <i>(If unemployed, state reason, date unemployment began, and date unemployment is expected to resume.)</i> 		
c. MARITAL STATUS <i>(X one)</i> <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> LIVING APART UNTIL LEGAL <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATION	d. IF SPOUSE IS DECEASED OR LEGALLY SEPARATED FROM PARENT, GIVE DATE OF DEATH, DIVORCE OR SEPARATION <i>(YYYYMMDD)</i> 		
e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT, GIVE REASON: 			
f. CHILDREN <i>(List all parent's living children regardless of age. Show the average monthly contribution to parent from each child. Continue in Remarks section if more space is needed.)</i>			
(1) NAME <i>(Last, First, Middle Initial)</i>	(2) DOD ID NUMBER <i>(Service Members Only)</i>	(3) BRANCH OF SERVICE <i>(If on Active Duty)</i>	(4) MONTHLY CONTRIBUTION TO PARENT
g. DOES ANY OTHER CHILD CLAIM PARENT FOR BAH, TRAVEL ALLOWANCE, OR USIP CARD? <i>(If Yes, give child's name, DoD ID Number, and branch of service.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. PARENT'S RESIDENCE			
a. TYPE OF RESIDENCE <i>(X and complete as applicable)</i> <input type="checkbox"/> HOME OR APARTMENT OF PARENT <input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE <i>(State relationship)</i> <input type="checkbox"/> HOME OR APARTMENT OF MEMBER <i>(Date began residing with member)</i> <input type="checkbox"/> HOSPITAL OR INSTITUTION <input type="checkbox"/> OTHER <i>(Explain)</i>			
b. OWNER OF RESIDENCE			
(1) NAME <i>(Last, First, Middle Initial)</i> 	(2) ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i> 		
c. IS RESIDENCE SUBSIDIZED HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO	d. DATE PARENT STARTED LIVING AT CURRENT ADDRESS <i>(YYYYMMDD)</i> 	e. IS CURRENT ADDRESS PARENT'S PERMANENT ADDRESS? <input type="checkbox"/> YES <i>(If No, explain where else parent lives and number of months there each year.)</i> <input type="checkbox"/> NO	

5. PERSONS LIVING IN HOUSEHOLD WITH PARENT

List all persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP TO PARENT	c. AGE	d. MARRIED (X)		e. EMPLOYED		f. MONTHLY CONTRIBUTION TO PARENT
			YES	NO	HOURS PER WEEK	NO (X)	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

6. HOUSEHOLD EXPENSES

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If parent resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section. However, if parent resides in and owns home mortgage free, enter "None" in mortgage/rent/FRV block.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the parent lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. (X one) <input type="checkbox"/> RENT <input type="checkbox"/> FRV MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE			d. FURNITURE AND APPLIANCES		
b. FOOD			e. REPAIRS ON HOME		
c. UTILITIES (Heat, power, water, and telephone)			f. OTHER (Itemize in Remarks section)		

7. PARENT'S PERSONAL EXPENSES

List personal expenses for parent, parent's spouse, and their unmarried minor children who are not fully employed and who live in the same household. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the parent's personal expenses regardless of who is paying for them.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS (If auto is registered in parent's name)		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTATION PAYMENTS (Include gas, oil, insurance, repairs, and public transportation)		
c. MEDICAL (Do not include expenses paid by insurance, welfare, or Medicare)			i. SCHOOL EXPENSES (Itemize)		
d. VALUE OF USIP CARD (Verification of amount is required)			j. OTHER EXPENSES (Itemize)		
e. PERSONAL INSURANCE (Specify)					
f. PERSONAL TAXES (Specify)					

8. PARENT'S ASSETS

List all assets such as real estate (including home), personal property, farm and/or business equipment, automobiles, trucks, cash, savings of any type, stocks, bonds, etc., whether owned separately by parent, jointly with spouse, or jointly by parent or spouse with another person. Assets must be listed even though parent may not be using the income earned by these assets, but is allowing the interest of dividends to accrue.

a. DESCRIPTION	b. PRESENT VALUE	c. PARENT'S EQUITY

d. IS PARENT LIQUIDATING ASSETS? (For example, is parent withdrawing money from savings, or selling stocks and bonds?)

YES IF YES, HOW MUCH OF PARENT'S CAPITAL IS USED MONTHLY? \$

NO EXPLAIN:

9. PARENT'S INCOME

All gross income received by parent and parent's spouse, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. If any income received includes funds for children, be sure to show the amount received for them. List income for parents and children separately. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PARENT/ CHILDREN	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			i. SCHOLARSHIPS OR EDUCATIONAL GRANTS	Parent		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				Child		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)			j. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR (Specify type)	Parent		
				Child		
d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND FARMING (Specify type and explain in Remarks section)			k. SUPPLEMENTAL SECURITY INCOME (SSI)	Parent		
				Child		
e. FOREIGN PENSION PAYMENTS (Specify type and if received based on previous employment, parent's need, age, military service, etc., in Remarks section)			l. VETERANS ADMINISTRATION PAYMENTS (Specify type)	Parent		
				Child		
f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			m. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN (Include agency in Remarks section)	Parent		
g. TAX REFUNDS (Specify)				Child		
h. OTHER (Specify)			n. PAYMENT OR ALIMONY FROM SEPARATED OR DIVORCED SPOUSE	Parent		
				Child		

o. HAS PARENT OR SPOUSE APPLIED FOR ANY TYPE OF PENSION, SOCIAL SECURITY, VA, DISABILITY, UNEMPLOYMENT, OR RETIREMENT PAYMENTS NOT YET RECEIVED? (If Yes, explain.)

YES NO

IF PARENT OR SPOUSE HAS REACHED THE ELIGIBILITY AGE FOR SOCIAL SECURITY BENEFITS (Unremarried widow or widower, 60 or older, retired, 62 or older), BUT DOES NOT RECEIVE THEM, FURNISH DISALLOWANCE LETTER FROM THE SOCIAL SECURITY ADMINISTRATION.

10. MEMBER'S CONTRIBUTION					
a. SHOW THE TOTAL AMOUNT THE MEMBER GAVE PARENT, OR PAID IN PARENT'S BEHALF FOR EACH OF THE PAST 12 MONTHS.					
(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT
b. MEMBER PROVIDES SUPPORT BY (X one) (Verification documentation is required for BAH claims) <input type="checkbox"/> ALLOTMENT <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> OTHER (Explain)					
11. REMARKS (Use back if necessary)					
READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM, AND HAVE IT NOTARIZED.					
NOTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.					
I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80 provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)					
12. SIGNATURES					
a. PARENT(S)					
I, _____ (print name) and _____ (print name)					
will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.					
(1) PARENT'S SIGNATURE	(2) DATE SIGNED (YYYYMMDD)	(3) PARENT'S SIGNATURE	(4) DATE SIGNED (YYYYMMDD)		
b. NOTARY PUBLIC					
Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).					
This _____ day of _____, _____, at city (or town) of _____, county of _____,					
and state (or territory) of _____.					
			_____ (Notary)		
(Official Seal)			_____ (Official Title)		
c. MEMBER					
(1) SIGNATURE				(2) DATE SIGNED (YYYYMMDD)	

DEPENDENCY STATEMENT - WARD OF A COURT

OMB No. 0730-0014
OMB approval expires
June 30, 2024

The public reporting burden for this collection of information, 0730-0014, is estimated to average 30-60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx:dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 37 U.S.C., Pay and Allowances of the Uniformed Services; DoD Directive 5154.29, DoD Pay and Allowances Policy and Procedures; DoD 7000 14-R, DoD Financial Management Manual, Volume 7A, Military Pay Policy and Procedures – Active Duty and Reserve Pay; and Joint Travel Regulations (JTR) current edition.

PURPOSE(S): The information will be used to determine the relationship and dependency of the claimed dependents and determine the member's entitlement of authorized benefits.

ROUTINE USE(S): To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M01040-3, Marine Corps Manpower Management Information System Records, located at: <http://dpcid.defense.gov/Privacy/SORNSIndex/DOD-Component-Notices/>

DISCLOSURE: Voluntary however, failure to provide this information will result in a suspension of the dependent entitlements until the member can provide the required certificate.

INSTRUCTIONS: This form is used to determine Basic Allowance for Housing (BAH), travel allowances, and/or Uniformed Services Identification and Privilege (USIP) card benefits for wards of a court. The member must complete the form as stated in Item 3, sign and date the form, and have it notarized. Answer every question. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Report and verify any income in gross amounts. Verification of income, proof of support and a copy of guardianship documents are required. In the case of a ward who is a full-time student, supporting documentation must include a letter from the accredited college or university verifying the ward's full-time enrollment, documentation of expenses, and any educational assistance that ward may receive. If the ward is incapacitated and over the age of 21, a medical sufficiency statement from a military medical treatment facility is required.

1. ENTITLEMENTS REQUESTED (X and complete as applicable)

a. TYPE		b. FIRST APPLICATION?	c. LAST APPLICATION WAS
<input type="checkbox"/> BAH	<input type="checkbox"/> USIP CARD	<input type="checkbox"/> YES (If No, give date of last application)	<input type="checkbox"/> APPROVED
<input type="checkbox"/> TRAVEL ALLOWANCE		<input type="checkbox"/> NO (YYYYMMDD)	<input type="checkbox"/> DISAPPROVED

2. MEMBER INFORMATION

a. NAME (Last, First, Middle Initial)		b. DoD ID NUMBER	c. RANK
d. STATUS (X and complete as applicable)			
<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY
<input type="checkbox"/> RETIRED	<input type="checkbox"/> RESERVE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> AIR FORCE
		<input type="checkbox"/> DECEASED (Date of death) (YYYYMMDD)	<input type="checkbox"/> OTHER (Specify)

e. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, ZIP Code)

f. COMPLETE MILITARY ADDRESS (Include assignment: squadron and base)

g. TELEPHONE NUMBERS (Include DSN or Area Code)		h. E-MAIL ADDRESS	i. MARITAL STATUS (X one)
(1) WORK	(2) HOME		<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED
			<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED

3. WARD INFORMATION

a. NAME (Last, First, Middle Initial)	b. DOD ID NUMBER	c. DATE OF BIRTH (YYYYMMDD)
--	-------------------------	------------------------------------

d. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, ZIP Code)

e. STATUS (X and complete as applicable)

UNMARRIED UNDER 21 YEARS OF AGE (Complete Items 1 - 8 and 13 - 16.)

21-22 YEARS OF AGE AND A FULL-TIME STUDENT (Complete Items 1 - 9 and 12 - 16.)

INCAPACITATED OVER AGE 21 (Complete Items 1 - 8 and 10 - 16.)

HAS WARD EVER BEEN MARRIED? (If "Yes," attach copy of annulment decree, final divorce decree, or death certificate of ward's spouse.)

YES NO

CUI (when filled in)

4. WARD'S RESIDENCE

a. TYPE OF RESIDENCE (*X and complete as applicable*)

- | | |
|---|--|
| <input type="checkbox"/> HOME OR APARTMENT OF MEMBER | <input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE (<i>State relationship</i>) |
| <input type="checkbox"/> HOME OR APARTMENT OF WARD | <input type="checkbox"/> STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY |
| <input type="checkbox"/> HOME OR APARTMENT OF FORMER SPOUSE OF MEMBER | <input type="checkbox"/> OTHER (<i>Explain</i>) _____ |
| <input type="checkbox"/> HOSPITAL OR INSTITUTION | |

b. OWNER OF RESIDENCE

(1) NAME (*Last, First, Middle Initial*)

(2) ADDRESS (*Street, Apartment Number, City, State, ZIP Code*)

c. IS RESIDENCE SUBSIDIZED HOUSING?

- YES
 NO

d. DATE WARD BEGAN LIVING AT CURRENT ADDRESS (YYYYMMDD)

e. DATE WARD BEGAN LIVING WITH PERSON WHO CURRENTLY HAS PHYSICAL CUSTODY (YYYYMMDD)

5. IF WARD IS A FULL-TIME STUDENT

a. ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (*Street, Apartment Number, City, State, ZIP Code*)

b. TYPE OF RESIDENCE (*X and complete as applicable*)

- | | |
|---|--|
| <input type="checkbox"/> WARD'S OWN HOME OR APARTMENT | <input type="checkbox"/> STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY |
| <input type="checkbox"/> MEMBER'S HOME OR APARTMENT | <input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE (<i>State relationship</i>) |
| <input type="checkbox"/> HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE | <input type="checkbox"/> OTHER (<i>Explain</i>) _____ |
| <input type="checkbox"/> HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER | |

c. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (*Longer than 90 days*) (*Street, Apartment Number, City, State, ZIP Code*)

d. TYPE OF RESIDENCE (*X and complete as applicable*)

- | | |
|---|--|
| <input type="checkbox"/> WARD'S OWN HOME OR APARTMENT | <input type="checkbox"/> STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY |
| <input type="checkbox"/> MEMBER'S HOME OR APARTMENT | <input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE (<i>State relationship</i>) |
| <input type="checkbox"/> HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE | <input type="checkbox"/> OTHER (<i>Explain</i>) _____ |
| <input type="checkbox"/> HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER | |

6. PERSONS LIVING IN HOUSEHOLD WITH WARD

a. NAME (<i>Last, First, Middle Initial</i>)	b. AGE	c. MARRIED (<i>X</i>)		d. EMPLOYED	
		YES	NO	HOURS PER WEEK	NO (<i>X</i>)
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

7. HOUSEHOLD EXPENSES

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If ward resides in the member's household or in a dwelling owned by member, use Fair Rental Value (FRV) for dwelling. If ward does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained in the Remarks section.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the ward lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. (<i>X one</i>) <input type="checkbox"/> RENT <input type="checkbox"/> FRV <input type="checkbox"/> MORTGAGE (<i>Specify amount of tax and insurance if applicable</i>) TAX INSURANCE			d. FURNITURE AND APPLIANCES		
			e. REPAIRS ON HOME		
			k. OTHER (<i>Specify</i>)		
b. FOOD					
c. UTILITIES (<i>Heat, power, water, and telephone</i>)					

CUI (when filled in)

8. WARD'S PERSONAL EXPENSES

List personal expenses for ward. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the ward's personal expenses regardless of who is paying for them.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS <i>(If auto is registered in child's name)</i>		
b. LAUNDRY AND DRY CLEANING					
c. MEDICAL <i>(Do not include expenses paid by insurance, welfare, or Medicare)</i>			h. MONTHLY TRANSPORTATION PAYMENTS <i>(Include gas, oil, insurance, repairs, and public transportation)</i>		
d. VALUE OF USIP CARD <i>(Verification of amount is required)</i>			i. SCHOOL EXPENSES <i>(Itemize)</i>		
e. PERSONAL INSURANCE <i>(Specify)</i>					
f. PERSONAL TAXES <i>(Specify)</i>				j. OTHER <i>(Specify)</i>	

9. WARD'S SCHOOL EXPENSES

List ward's school expenses even if covered by scholarship, grant, or other financial aid.

ITEM	AVERAGE MONTHLY EXPENSE	ITEM	AVERAGE MONTHLY EXPENSE
a. TUITION		e. BOARD <i>(Food)</i>	
b. BOOKS		f. OTHER SCHOOL EXPENSES <i>(Specify)</i>	
c. SPECIAL FEES			
d. ROOM <i>(Rent)</i>			

10. IF WARD IS IN HOSPITAL OR INSTITUTION (INCAPACITATED)

If ward is in a hospital or institution, all of the following information must be furnished. Obtain this information from the hospital or institution.

a. DATE WARD ENTERED HOSPITAL/INSTITUTION <i>(YYYYMMDD)</i>	b. ANTICIPATED DATE OF DISCHARGE <i>(If known) (YYYYMMDD)</i>
---	---

c. WILL CHILD RETURN TO MEMBER'S HOME AFTER DISCHARGE? *(If "NO," explain where child will reside)*

YES

NO

d. WARD'S EXPENSES IN HOSPITAL OR INSTITUTION

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
(1) ROOM			(8) EDUCATION		
(2) FOOD			(9) TRANSPORTATION		
(3) REHABILITATION CLASSES OR SERVICES			(10) PERSONAL INSURANCE <i>(Specify)</i>		
(4) SPECIALIZED EQUIPMENT					
(5) MEDICAL CARE			(11) OTHER <i>(Specify)</i>		
(6) CLOTHING					
(7) LAUNDRY/DRY CLEANING					

CUI (when filled in)

10.e. WARD'S EXPENSE IN HOSPITAL OR INSTITUTION ARE PAID BY:					
SOURCE		PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	
U S P C A R D	(1) CIVILIAN MEDICAL TREATMENT FACILITY (CHAMPUS)			(4) STATE OR LOCAL AGENCY (Name and Address)	
	(2) MILITARY MEDICAL TREATMENT FACILITY				
	(3) PRIVATE INSURANCE (Name and Address)			(5) MEMBER	
				(6) OTHER (Explain and give name and address)	

11. WARD'S EMPLOYMENT				
Has ward been employed since age 21? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES," furnish the following information. Use the Remarks section to continue if necessary.				
a.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(6) TYPE OF WORK PERFORMED		(6) REASON EMPLOYMENT ENDED	
b.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(6) TYPE OF WORK PERFORMED		(6) REASON EMPLOYMENT ENDED	
c.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(6) TYPE OF WORK PERFORMED		(6) REASON EMPLOYMENT ENDED	
d. IS OR WAS WARD'S JOB CONSIDERED AS BEING A "SHELTERED WORKSHOP" - THAT IS, OPEN ONLY TO DISABLED OR HANDICAPPED PEOPLE?				
<input type="checkbox"/> YES (if "YES" and ward is currently working, attach a statement from the employer verifying this information.)				
<input type="checkbox"/> NO				

12. WARD'S SCHOOL ATTENDANCE				
Has ward attended college since age 21? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, furnish the following:)				
a.	(1) NAME AND ADDRESS OF SCHOOL			(2) (X as applicable) <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> FOR RECEIVING DEGREE
	(3) DATES ATTENDED		(4) (X) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	(5) WARD'S MAJOR
b.	(1) NAME AND ADDRESS OF SCHOOL			(2) (X as applicable) <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> FOR RECEIVING DEGREE
	(3) DATES ATTENDED		(4) (X) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	(5) WARD'S MAJOR

13. WARD'S INCOME					
All gross income received by or in behalf of the ward, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income received by persons in the capacity of custodian or administrator for the ward. If any income received during the past 12 months was a lumpsum (one-time) payment, be sure to state this. Verification documents are required.					
SOURCE		PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES				d. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR (Specify)	
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				e. SUPPLEMENTAL SECURITY INCOME (SSI)	
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)				f. VETERANS ADMINISTRATION PAYMENTS (Specify type)	

13. WARD'S INCOME (Continued)					
SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS
h. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			j. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN (Include agency and address in Remarks section)		
i. SCHOLARSHIPS OR EDUCATIONAL GRANTS					
j. TAX REFUNDS (Specify)			k. OTHER (Specify)		

14. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE WARD'S SUPPORT FOR EACH OF THE PAST 12 MONTHS.

MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT

b. MEMBER PROVIDES SUPPORT BY (X one) ALLOTMENT MONEY ORDER
 PERSONAL CHECK OTHER (Explain)

11. REMARKS (Use back if necessary)

16. SIGNATURES
 Read the penalty provisions, sign and date the form, and have it notarized.

NOTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

a. CUSTODIAN
 I/we _____ (print name(s)) will immediately notify the service concerned of any change in child's financial circumstances, marital status, physical custody, or change in dependency upon the service member as shown in this form.

(1) SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) _____ (2) DATE SIGNED (YYYYMMDD) _____

b. NOTARY PUBLIC
 Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).
 This _____ day of _____, at city (or town) of _____, county of _____ and state (or territory) of _____
 _____ (Notary)
 _____ (Official Title)

c. MEMBER
 (1) SIGNATURE _____ (2) DATE SIGNED (YYYYMMDD) _____