

<b>DEPENDENCY STATEMENT - WARD OF A COURT</b>	<b>CONTROL NUMBER</b>	OMB No. 0730-0014 OMB approval expires Nov 30, 2010
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The public reporting burden for this collection of information is estimated to average 1.25 hours 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0730-0014). 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.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** P.L. 93-64; 37 U.S.C., Chapter 7, Section 403; E.O. 9397 (SSN); and DoDFMR 7000.14-R, Vol. 7a, Chapter 26.

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

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices apply.

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

**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)*

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

**2. MEMBER INFORMATION**

<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SSN</b>	<b>c. RANK</b>
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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 <i>(Date of death) (YYYYMMDD)</i>
<input type="checkbox"/> RETIRED	<input type="checkbox"/> RESERVE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> OTHER <i>(Specify)</i>

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

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

<b>g. TELEPHONE NUMBERS</b> <i>(Include DSN or Area Code)</i>	<b>h. E-MAIL ADDRESS</b>	<b>i. MARITAL STATUS</b> <i>(X)</i>
<input type="checkbox"/> (1) WORK <input type="checkbox"/> (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**

<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SSN</b>	<b>c. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>
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**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