

Sept. 10, 2021, 1:18 p.m. | 2 minute read | 12,568 views

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 <u>local legal office</u> 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, <u>installation legal office</u> 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 <u>American Bar Association's</u>

<u>Military Pro Bono Project</u>. 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.

<u>EFMP & Me</u> 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 quardians they will no longer be able to manage their adult child's medical, educational or financial matters. Anyone seeking quardianship 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 quardian will be appointed. A quardian 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 quardian 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.







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: <u>DependencyDetermination@dfas.mil</u>

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 falling 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://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 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 Incomplete answers will delay		• • •	.ICABLE" or "N/A" in that b	lock. Use the Rei	marks section when required.
1. ENTITLEMENTS REQUES	TED (X and complete as ap	plicable)	VI - N		
a. TYPE	b. FIRST APPLICA	TION?	c. LA	ST APPLICATION V	WAS
BAH USIP	CARD YES (If I	No, give date of last applic	cation)	APPROVED	
TRAVEL ALLOWANCE	□ NO (Y)	(YYMMDD)		DISAPPROVED	
2. MEMBER INFORMATION					
a. NAME (Last, First, Middle Initia)		b. Do	D ID NUMBER	c. RANK
d. STATUS (X and complete as a	oplicable)		,1,7		
ACTIVE DUTY	ATIONAL GUARD A	RMY	NAVY DECI	EASED (Date of de	leath) (YYYMMDD)
RETIRED RI	ESERVE M	ARINE CORPS	AIR FORCE OTH	ER (Specify)	
	121			71.10	
f. COMPLETE MILITARY ADDRE	SS (Include assignment: squad	ron and base)			
g. TELEPHONE NUMBERS (Inc.	ude DSN or Area Code)	h. E-MAIL ADDRESS	3	I. MARITAL STATE	US (X one)
(1) WORK	(2) HOME			SINGLE	SEPARATED WIDOWED
	1870			MARRIED [DIVORCED
3. MEMBER'S CHILD		3-18-			
a. NAME (Last, First, Middle Initia	ŋ		b. DOD ID NUMBER	c.	DATE OF BIRTH (YYYYMMDD)
d. RELATIONSHIP TO MEMBER	(X one)		-A-		
LEGITIMATE CHILD	CHILD BORN	OUT OF WEDLOCK	ADOPTED CHILD		STEPCHILD
e. COMPLETE ADDRESS (Stree	t, Apartment Number, City, State	, ZIP Code)	f. HAS CHILD EVER BEEN divorce decree, or death of		attach e copy of annulment decree, final pouse.)
			YES		100
	444	- 2.7	NO	0.00	
DD FORM AND A MAR	20.40			A 4 11- 4	I hus DEAC Book 4 of E

DD FORM 137-5. MAR 2018

CUI (when filled in)

Category: PRVCY Distribution/DISTRO: FEDCON POC: (888) 332-7411

4. CHILD'S OTHER PARENT	r(S)	The state of the s			
a. (1) NAME (Last, First, Middle	le Initial)		b. (1) NAME (Last, First, Midd	le Initial)	
(2) RELATIONSHIP TO CHILD			(2) RELATIONSHIP TO CHILD		
(2) RELATIONSHIP TO GRIED			(2) RELATIONSHIP TO CHILD		
	·	E015:			
(3) COMPLETE ADDRESS (Stre	et, Apartment Number, City,	State, ZIP Code)	(3) COMPLETE ADDRESS (Stre	et, Apartment Number, City,	State, ZIP Code)
ł					
c. IS/ARE OTHER PARENT(S) IN	ANY BRANCH OF SERVICE	E, INCLUDING RESERVE O	OR NATIONAL GUARD (X one)		W. Carlon Communication Commun
(If Yes, show rank, name, SSN,	and military address.)		, ,	YES NO	
	97	in the second	1-1/7		
d. DOES OTHER PARENT CLAIF (if Yes, explain.)	M CHILD FOR BASIC ALLO	WANCE FOR HOUSING (BA	NH), TRAVEL ALLOWANCE, OR I	JSIP CARD (X one)	YES NO
(17 700, EXPICITE)					
5. CHILD'S RESIDENCE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	18115	16	**	
a. TYPE OF RESIDENCE (X and	complete as applicable)				- True
HOME OR APARTMENT OF	OTHER PARENT		HOME OR APARTMENT OF	FRIEND OR RELATIVE (S	ate relationship)
HOME OR APARTMENT OF	MEMBER				ñ
HOME OR APARTMENT OF	CHILD		HOSPITAL OR INSTITUTIO	N	
HOME OR APARTMENT OF	FORMER SPOUSE OF ME	MBER	OTHER (Explain)		
STUDENT DORMITORY OR	OTHER ON-CAMPUS FAC	ILITY			
b. OWNER OF RESIDENCE	3.17	****			
(1) NAME (Last, First, Middle Initia	el)	(2) ADDRESS (Street	, Apartment Number, City, State, Z	IP Code)	
	,	(2,710,011,000,000,011,000,000,011,0000	, , , , , , , , , , , , , , , , , , , ,	0020)	
c. IS RESIDENCE SUBSIDIZED I	HOUSING?	d. DATE CHILD STAI	RTED LIVING AT CURRENT ADD	RESS (YYYYMMDD)	***
YES NO					
6. IF CHILD IS IN HOSPITAL	OR INSTITUTION		-		
If child is in a hospital or ins	stitution, all of the followin	g information must be furn	nished. Obtain this information	from the hospital or instit	ution.
a. DATE CHILD ENTERED HOSE	PITAL/INSTITUTION (YYYY)	MMDD)	b. ANTICIPATED DATE OF DISC	CHARGE (If known) (YYYYM	MDD)
	2000 2011				
c. WILL CHILD RETURN TO ME	MBER'S HOME AFTER DISC	CHARGE? (If "NO," explain	where child will reside)	YES NO	
					1
d. CHILD'S EXPENSES IN HOSP			in		
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	2.0	İ	(8) EDUCATION		14.0
(2) FOOD			(9) TRANSPORTATION		7 .0
(3) REHABILITATION CLASSES			(10) PERSONAL INSURANCE		
OR SERVICES			(Specify)		
(4) SPECIALIZED EQUIPMENT			- 17		
(5) MEDICAL CARE			(11) OTHER (Specify)		
(6) CLOTHING					
(7) LAUNDRY/DRY CLEANING					

6. F CHILD IS IN HOSPITAL	OR INSTITUTION (Conf	tinued)	_			_	_	_				-	
e. CHILD'S EXPENSES IN HOSP			-12		-		-				_		
SOURCE	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPEI PAST 12 MG		sou	RCE		PR		ENT	1) MO	NTHLY E	(2) TOTAL EXPI PAST 12 N	ENSE FOR
(1) (a) CIVILIAN MEDICAL TREATMENT FACILITY (CHAMPUS)				(3) STATE OR L (Give name a in Remarks s	and address								
C (b) MILITARY MEDICAL TREATMENT FACILITY	9.3777			(4) MEMBER									
(2) PRIVATE INSURANCE (Give name and address in Remarks section)				(5) OTHER (Exp. name and ad Remarks sec	dress in	9						4	
7. PERSONS LIVING IN HOL When child resides in a hos	pital or institution and item					ons w	ho liv	e in 1	the h	ouse	hold, incl	uding claimed ch	ild. If
employed, show hours per week v	worked. Continue in Remarks ast, First, Middle Initial)	s if more space is		ATIONSHIP	c. AGE	d.	MAR	RIE) (X)			e. EMPLOYED	-10 -01
&. NAME (L	ast, Prist, Milode Iniday		тс	CHILD	C. AGE	Y	ES NO				HOURS PER WEEK		NO (X)
										- 2.5	-0.2		
						[<u></u> _	L	므	4			
						Ļ		\vdash	片	+			무무
							┽	\vdash	片	+			+
8. HOUSEHOLD EXPENSES When child resides in a hospi was one-time only, such as purchs in a dwelling owned by the membe rent, or FRV if dwelling is mortgag; FAIR RENTAL VALUE (FRV): stranger to rent the dwelling. FRV	tal or Institution and Item 6 ase of a new chair, do not sho or, use Fair Rental Value (FR\ e-free. If FRV is used, give a FRV is a single monthly sum	ow this as a month V) for dwelling. If brief explanation for the entire dwe	nly expense; child does r of how Fair illing where	; list it as an exper not reside in memi Rental Value was the child lives. Th	nse for the p ber's housel s obtained u his sum is ar	est t hold d sing t	2 moi or in a the Re	nths. dwe emar	If cl elling tks se	hild n own ection	esides in t ed by mer n.	the member's ho mber, list actual i	usehold or nortgage,
ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPEN PAST 12 MC		ITE	EM .		(1) PRESENT MONTHLY EXPENSE				(2) TOTAL EXPE PAST 12 M	NSE FOR	
a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable)				d. FURNITURE APPLIANCE									
TAX INSURANCE		17-27		e. REPAIRS ON	HOME								
b. FOOD							\vdash						
c. UTILITIES (Heat, power, water, and telephone)				f. OTHER (Itemis section)	ze in Remai	rks							
9. CHILD'S PERSONAL EXP When child resides in a hosp them.		6 is completed, o	do not com	plete this item. I	List all of the	e chik	d's pe	rsona	al ex	pens	es regard	less of who is pe	ying for
ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPEN PAST 12 MC		ITE	M		Pf		ENT	1) MON ENSE	ITHLY	(2) TOTAL EXPE PAST 12 M	NSE FOR
a. CLOTHING b. LAUNDRY AND DRY				g. PRIVATE AUT		NTS							
CLEANING			-	child's name) h. MONTHLY TR	ANSPORT	Δ.	-	_					
c. MEDICAL (Do not include expenses paid by insurance, welfare, or Medicare)				TION PAYMEI									
d. VALUE OF USIP CARD (Verification of amount is required)				I. SCHOOL EXP	ENSES				115				-
e. PERSONAL INSURANCE (Specify)			1	j. OTHER (Speci	15V)								
f. PERSONAL TAXES (Specify)													

10	. CHILD'S INCOME								_	
	All gross income received by or cludes any income you receive yment, be sure to state this. V	as custodian or admin	istrator for the							
	SOURCE	(1) PRESENT MONTHLY INCOME	TOTAL III FOR PA MON	NCOME AST 12	so	OURCE		(1) PRESE MONTH INCOM	NT ILY	(2) TOTAL INCOME FOR PAST 12 MONTHS
	/AGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES				g. SOCIAL SEC DISABILITY (Specify)					
E	NTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				h. SUPPLEMEN SECURITY II		sen			
G P	ISURANCE OR PUBLIC! OVERNMENT PENSION AYMENTS, UNEMPLOYMENT R DISABILITY COMPENSATION Specify (ype)				I. VETERANS A PAYMENTS	DMINIST	RATION			
F	CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER				j. STATE OR LO INCLUDING A CHILDREN (A BOOMERS IN RE	AID TO D	EPENDENT ency and			
E	CHOLARSHIPS OR DUCATIONAL GRANTS AX REFUNDS (Specify)	-			k. OTHER (Spe	ecify)				
11.	CHILD'S EMPLOYMENT (SI	 now additional periods	of work in the	Remarks	section.)				-	
	HAS CHILD BEEN EMPLOYED	DURING THE PAST 12 M	IONTHS?	YES		[NO (If Yes	s, fumish the fol	lowing:}	
	(1) NAME OF EMPLOYER				EMPLOYMENT TED (YYYYMM)			PLOYMENT YYYYMMDD)		MONTHLY SALARY Gross)
a .	(5) TYPE OF WORK PERFORME	D		(6) REASO	ON EMPLOYME	NT END	ED	A-V		
b .	(1) NAME OF EMPLOYER				EMPLOYMENT TED (YYYYMMI			PLOYMENT YYYYMMDD)		ONTHLY SALARY Gross)
υ.	(5) TYPE OF WORK PERFORME	D		(6) REAS	ON EMPLOYME	NTEND	D	72 No		
	(1) NAME OF EMPLOYER				EMPLOYMENT TED (YYYYMM)			IPLOYMENT YYYYMMDD)		MONTHLY SALARY Gross)
C.	(6) TYPE OF WORK PERFORME	D		(6) REASO	ON EMPLOYME	NT END	D			
d. I	S OR WAS CHILD'S JOB CONSID	DERED AS BEING A "SH	ELTERED WO	RKSHOP" -	THAT IS, OPEN	ONLY T	O DISABLE	OR HANDICA	PPED PE	OPLE?
	YES NO (If Yes, and child	is currently working, atta	ch a statement i	from the emp	oloyer verifying ti	nis Inform	nation.)	7784		
12.	CHILD'S SCHOOL ATTENDA						_			
	HAS CHILD ATTENDED COLLE			YES			NO (If Yes, furnish th		
a.	(1) NAME AND ADDRESS OF SC	ROOL							() (X as app VOCATI FOR RE	-
	(3) DATES ATTENDED					(4) (X)	FULL-TIN) CHILD'S	MAJOR
b.	(1) NAME AND ADDRESS OF SO	CHOOL			300 3				X) (X as app VOCATI	•
	(3) DATES ATTENDED			71		(4) (X)	FULL-TIN		CHILD'S	MAJOR

13. MEMBER'S CONTRIE	BUTION					
a. SHOW THE TOTAL AMO	OUNT THE MEMBER HAS CO	ONTRIBUTED TO THE CHILD'S SU	PPORT FOR EAC	H OF THE PAST 12 MG	ONTHS.	·
(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH	AND YEAR	(2) AMOUNT
			230-230			
		77.				
* 5-12**** ******						
152000			7000			
b. MEMBER PROVIDES	SUPPORT BY (X one)	ALLOTN	ENT	PERSONAL CI	IECK	MONEY ORDER
b. Member 1 Roysber	70011 OIL BT (X OILC)	OTHER				90
11. REMARKS (Use back	π necessary)					
any trick, scheme, or devic document knowing the sar years, or both (U.S. Code, I make the foregoing	natter within the jurisdiction on the ce, a material fact, or makes me to contain any false, fiction, title 18, section 1001). The claim with full knowledge	of any department or agency of any department or agency of any false, fictitious, or fraudulent statement of einformation provided in this for of the penalties involved for imprisonment for not more	of the United State the Statements of the or entry, shall be the orm may be refered the willfully making	res, knowingly and wi or representations, or fined as provided in red to the appropriate g a false claim. (U.S	Ilfully falsifies, of makes or uses Fitle 18, or impo Military Service Code, title 1	any false writing or isoned not more than 5 e investigative agency. 8, section 287,
15. SIGNATURES		. , , , , , , , , , , , , , , , , , , ,				
a. CUSTODIAN l/we					(print name(s	s)) will immediately notify
the service concerned of a	any change in child's financial ci	ircumstances, marital status, physic	al custody, or char	nge in dependency upon	the service mem	ber as shown in this form.
(1) SIGNATURE OF PERSON or other than member)	WHO HAS PHYSICAL CUSTO	ODY OF THE CHILD (Can be men	nber (2) RELATI	ONSHIP TO CHILD		(3) DATE SIGNED (YYYYMMDD)
	n (or affirmed) to before me acco	ording to law by the above named a	affiant(s).			
This day of		, at city (or town) of	8-0	, cou	nty of	*
and state (or territory) of (Official Seal)	- Atau			(No	ary)	
c. MEMBER	115.			, comment		
(1) SIGNATURE		#4.5 - 4x	100.		(2) DATE SIGN	ED (YYYYMMDD)

DEPENDENCY STATEMENT - PARENT

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

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

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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, civit 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 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.

				1277			
1. ENTITLEMENTS REQUE	STED (X and comp	olete as applicabl	le)	V= !!	57400	C-3/7	
a. TYPE	b. FIRST APPLICA	ATION?		c.	LAST APPLICA	TION WA	S
BAH USIP CAR	YES (If N	o, give date of last a	oplica	tion)	APPROVED		
TRAVEL ALLOWANCE	□ NO (YY	YYMMDD)			DISAPPROVE	D	
2. MEMBER INFORMATION	24		4-17		-200	_	
a. NAME (Last, First, Middle Initial)				b.	DoD ID NUMBE	R	c. RANK
61							
d. STATUS (X and complete as app	licable)			1	***		
ACTIVE DUTY NATION	AL GUARD AR	MY [NA\	γ □ DI	CEASED (Date	of death)	(YYYMMDD)
RETIRED RESER	FC	RINE CORPS	:	=	HER (Specify)	•	(· · · · · · · · · · · · · · · · · · ·
					TIER (Opeciny)		
e. COMPLETE RESIDENCE ADDR	ESS (Street, Apartment	i wumber, City, State	, ZIP	Code)			
4 COMPLETE MILITARY ADDRESS	0 (frankista a sim-manti	and the sale	-				***
f. COMPLETE MILITARY ADDRES	s (include assignment:	squadron and base)					
ii ii							
g. TELEPHONE NUMBERS (Include	la DSN or Ama Cada)	h. E-MAIL ADDRE			I. MARITAL S	TATUS /	Y one)
		II. E-MAIL ADDRE	33				· _
(1) WORK (2) H	OME	V.				_	_
	4 - 2				MARRIED		ORCED
3. PARENT(S) INFORMATION							
a. (1) NAME (Last, First, Middle i	nitial)		b.	(1) NAME (Last, I	First, Middle Initia	1/)	
(2) DOD ID NUMBER	(3) DATE OF BIR	TH (YYYYMMDD)	(2) [DOD ID NUMBER		(3) DAT	E OF BIRTH (YYYYMMDD)
(2) BOB IB NOMBER	(O) DATE OF BIR	iii (7777iiiiiiiiii)	'-' '	DOD ID NOMBER		(6,571	
(4) RELATIONSHIP			(4) [RELATIONSHIP			·

DD FORM 137-3, MAR 2018
PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

Controlled by: DFAS Page 1 of 5
Category: PRVCY

Distribution/DISTRO: FEDCON POC: (888) 332-7411

3. PARENT(S) INFORM	MATION (Continued)							
a. (5) COMPLETE ADDRE	ESS (Street, Apartment Number, Cit	ly. State, ZIP Code	e) b. (5) C	COMPLETE ADDRESS	(Street, Apartment N	lumber, City, State, ZIP Code)		
(6) TELEPHONE NUMBER (Include Area Code)	200	(6) TELE	PHONE NUMBER (Incit	ude Area Code)			
(7) PRESENT OCCUPATION	OR BUSINESS	-	(7) PRES	(7) PRESENT OCCUPATION OR BUSINESS				
	OF EMPLOYER (If unemployed, ate unemployment is expected t			E AND ADDRESS OF E		employed, state reason, date expected to resume.)		
c. MARITAL STATUS (X one	DIVORCED	T UNTIL LEGAL	GIVE D	USE IS DECEASED OF DATE OF DEATH, DIVO		ARATED FROM PARENT, ATION (YYYYMMDD)		
	E LIVE APART OR SPOUSE D							
f. CHILDREN (List all parent's more space is needed.)	s living children regardless of ag	ge. Show the ave	erage monthly	contribution to parent fro	om each child. Cor	ntinue in Remarks section if		
	NAME Middle Initial)	(2) DOD ID (Service Men		(3) BRANCH OF SE (If on Active Du		IONTHLY CONTRIBUTION TO PARENT		
				entre to				
			2.54			7		
	** \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			, D	1000			
	A De			1-1-1				
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				1872				
	4= 10				-			
	CLAIM PARENT FOR BAH, TRA	VEL ALLOWAN	ICE, OR USIP C	CARD? (If Yes, give child's	s name. DoD ID Nu	mber, and branch of service.)		
∐ YES □ NO								
4. PARENT'S RESIDE	NCE			We have	- 10	- Have		
a. TYPE OF RESIDENCE (X								
HOME OR APARTMENT HOME OR APARTMENT			[] HOMI	E OR APARTMENT UP	FRIEND OR REL	ATIVE (State relationship)		
(Date began residing with			П ноѕг	PITAL OR INSTITUTION	N			
AND AS DESIDENCE			OTHE	ER (Explain)	- 19			
b. OWNER OF RESIDENCE (1) NAME (Last, First, Middle	- Charles	(2) ADDRESS	/Street Apartm	nent Number, City, State	7IP Code)	100		
(1) NAME [LGSt, 1 119t, 17110010			(Oliest, Apartic	Chi Humber, Ony, Oleve	, Zir Code,			
	d. DATE PARENT STARTED CURRENT ADDRESS (YYYY			T ADDRESS PARENT'S o, explain where else parent				
☐ YES			□ NO			20		

 PERSONS LIVING IN List <u>all</u> persons who live space is needed. 				f employe	d, shov	v hours pe	week worked	d. Continu	ue in Remarks if more
a NAME (Last First Min	della Initiali b. REI	LATIONSHIP	c. AGE	d. MARI	RIED (X)		e. EMPLOYED		f. MONTHLY
a. NAME (Last, First, Mic	TO	PARENT	C. AGE	YES	NO	HOURS	PER WEEK	NO (X)	CONTRIBUTION TO PARENT
VI 341							- 11		
	***	10-00		H	一			H	
*				H	H			H	
		5 5.	<u> </u>			-			
				H	\vdash				
					لـــاـ		_		1000
6. HOUSEHOLD EXPE List the household expense expense; list it as an expense (FRV) for dwelling. If FRV is u owns home mortgage free, en FAIR RENTAL VALUE (FRV expect to receive from a stran	s for all persons living in to for the past 12 months. I used, give a brief explanal oter "None" in mortgage/re V): FRV is a single month	f parent resides tion of how Fair ent/FRV block. lly sum for the e	in the ments Rental Valentire dwell	mber's hou lue was ob ing where	sehold o tained u	or in a dwelli sing the Rei nt lives. This	ng owned by th marks section. I s sum is an amo	ne member However, in count the over	r, use Fair Rental Value if parent resides in and wner can reasonably
ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPE PAST 12 M			ITEM		(1) PRESENT MO EXPEN		(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable)				d. FURNI APPLI	TURE A	MD		/i	
TAX INSURANCE				e. REPAI	RS ON	HOME			
b. FOOD				f. OTHER	R (Itemize	in Remarks			
c. UTILITIES (Heat, power, water, and telephone)				section)					150
7. PARENT'S PERSON List personal expenses for not list personal expenses for paying for them.	parent, parent's spouse,								
ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPE PAST 12 M	NSE FOR		ITEM		(1) PRESENT MO EXPEN		(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING				(If auto i	s register	PAYMENTS ed in			
b. LAUNDRY AND DRY CLEANING				parent's h. MONTH	LY TRAN				
c. MEDICAL (Do not include expenses paid by insurance, welfare, or Medicare)				gas, oil,		S (Include e, repairs, ortation)			
d. VALUE OF USIP CARD (Verification of amount is required)				i. SCHOOL	EXPEN:	SES (Itemize)			
e. PERSONAL INSURANCE (Specify)				v 45%			a no pare		_
f. PERSONAL TAXES (Specify)	7/20			J. OTHER I	EXPENSE	S (Itemize)			

8. PARENT'S ASSETS		e				
List all assets such as real estate						
bonds, etc., whether owned separat parent may not be using the income					sets must be lis	sted even though
parent may not be using the moone	a. DESCRIP			, PRESENT VA	LUE c.	PARENT'S EQUITY
· · · · · · · · · · · · · · · · · · ·						
- 03						
		The Con-	Tun-1			
		- Steam	- 101 EVE			
	Value S.					
						·
d. IS PARENT LIQUIDATING ASSE	ETS? (For example	e, is parent withdrawin	g money from savings, or sellir	ng stocks and bo	nds?)	
YES IF YES, HOW MUCI	HOF PARENT'S	CAPITAL IS USED MO	ONTHLY? \$	•		
EVEL AIM	. O. PARENTO		•			
PARENT'S INCOME All gooss income received by pare any income received includes funds received during the past 12 months	for children, be su	ire to show the amount	t received for them. List income	for parents and	l children separ	
Total Carring the past in monate	(1) PRESENT	(2) TOTAL INCOME			(1) PRESENT	(2) TOTAL INCOME
SOURCE	MONTHLY INCOME	FOR PAST 12 MONTHS	SOURCE	PARENT/ CHILDREN	MONTHLY	FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			I. SCHOLARSHIPS OR	Parent		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			EDUCATIONAL GRANTS	Child		
C. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION	}		J. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR	Parent		
(Specify type)			(Specify type)	Child		
d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND			k. SUPPLEMENTAL	Parent		
FARMING (Specify type and explain in Remarks section)			SECURITY INCOME (SSI)	Child		
e. FOREIGN PENSION PAYMENTS (Specify type and if received based on previous employment.			I. VETERANS ADMINISTRATION PAYMENTS (Specify type)	Parent		
parent's need, age, military service, etc., in Remarks section)				Child		
f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			m. STATE OR LOCAL WELFARE AID, INCLUDING AID TO	Parent		
g. TAX REFUNDS (Specify)			DEPENDENT CHILDREN (Include agency in Remarks section)	Child		
h. OTHER (Specify)		11-11-1	n. PAYMENT OR ALIMONY	Parent		
			FROM SEPARATED OR DIVORCED SPOUSE	Child	A.	- No. 10 10 10 10 10 10 10 10 10 10 10 10 10
o. HAS PARENT OR SPOUSE APP	NIED EOD ANY 3	TYPE OF DENSION S	OCIAL SECUDITY VA DISA	BILITY LINEAR	OVMENT OF	DETIDEMENT
PAYMENTS NOT YET RECEIVE			COIAL SECURIT I, VA, DISA	DILIT, UNEMP	LOTMENT, UN	VE HVEWEAL
YES NO						
IF PARENT OR SPOUSE HAS REA						

10. MEMBER'S CONT	RIBUTION	-	9		
a. SHOW THE TOTAL AM	OUNT THE MEMBER	GAVE PARENT, OR PAID	IN PARENTS BEHALF F	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
	1111 111 111 111 111 111 111 111 111 1			***	
		4			- 110
		-			
		1			
b. MEMBER PROVIDESS (Verification documentate		oloima)	OTMENT HER (Explain)	PERSONAL CHECK	MONEY ORDER
11. REMARKS (Use back if	necessary)	VIII 1976			
any trick, scheme, or device,	ter within the jurisdiction a material fact, or make	es any false, fictitious, or fra	ncy of the United States, kn audulent statements or rep	D HAVE IT NOTARIZED. nowingly and willfully falsifies, or makes or used as provided in Title 18, or imp	s any fatse writing or
ears, or both (U.S. Code, tit I make the foregoing	le 18, section 1001). The claim with full knowle	e information provided in the dge of the penalties invol	is form may be referred to ved for willfully making	o the appropriate Military Service a false claim. (U.S. Code, title subject to a fine in the amou	e investigative agency.
12. SIGNATURES	oo a ponany ao ronon		ore trial tive yours and		The provided in this action
a. PARENT(S)	* 17=	20.		(9)/ *-	727685
1,		(print name	and		(print name
will immediately notify the	service concerned of a	any changes in residency fi	nancial circumstances or	dependency upon the member	
(1) PARENT'S SIGNATURE		(2) DATE SIGNED (YYYYMMDD)	(3) PARENTS SIGNAT		(4) DATE SIGNED (YYYYMMDD)
b. NOTARY PUBLIC					J
Subscribed and duly swor		e me according to law by th			
Thisday of		, at city (or to	wn) of	, county of	
and state (or territory) of					
		•		(Notary)	
(Official Seal)				(Official Title)	
c. MEMBER					
(1) SIGNATURE				(2) DATE SIG	GNED (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 30-80 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 requast 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.

from a military medical treatment	racility is requi	red.									
1. ENTITLEMENTS REQUES	TED (X and	complet	e as appli	icable)							
a. TYPE	b	. FIRST A	PPLICATION	ON?	*			c. L	AST APPLICATION WAS	V	
BAH USIP	CARD	YES	(If No.	, give date of last	application)			APPROVED		
TRAVEL ALLOWANCE		NO	(YYY	YMMDD)					DISAPPROVED		
2. MEMBER INFORMATION	187 - 37						- 1000				
a. NAME (Last, First, Middle Initia	1)							b. C	OOD ID NUMBER	c. RANK	
d. STATUS (X and complete as a	pplicable)					1000			10.0		
ACTIVE DUTY N	ATIONAL GUA	ARD	ARM	AY.	☐ NA	Λ	П	DEC	CEASED (Date of death) (YYYMMDD)	
RETIRED RI	ESERVE		MAR	RINE CORPS	AIR	FORCE	=		IER (Specify)		
e. COMPLETE RESIDENCE ADD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Aportonia	71 11011100.,	, 010, 0100, 2							
f. COMPLETE MILITARY ADDRI	ESS (include a	issignmen.	t: squadron	n and base)							
									<u></u>	134 175	
g. TELEPHONE NUMBERS (Inc.	lude DSN or A	rea Code))	h. E-MAIL ADDI	RESS				i. MARITAL STATUS (X	one)	
g. TELEPHONE NUMBERS (Inc. (1) WORK	lude DSN or A	lrea Code))	h. E-MAIL ADDI	RESS				<u> </u>	one) PARATED WIDOWE	E D
	1	lrea Codej)	h. E-MAIL ADDI	RESS	100			SINGLE SE	<u> </u>	ED
	1	lree Code))	h. E-MAIL ADDI	RESS				SINGLE SE	PARATED WIDOW	ED
(1) WORK	(2) HOME	tree Code))	h. E-MAIL ADDI	RESS	b. Di	OD ID I	NUR	SINGLE SE	PARATED WIDOW	ED .
(1) WORK 3. WARD INFORMATION	(2) HOME					b. D	OD ID I	NUR	SINGLE SE	PARATED WIDOWI	ED
(1) WORK 3. WARD INFORMATION a. NAME (Last, First, Middle Initia	(2) HOME					b. D	OD ID I	NUR	SINGLE SE	PARATED WIDOWI	ED
(1) WORK 3. WARD INFORMATION a. NAME (Last, First, Middle Initial d. COMPLETE RESIDENCE ADD e. STATUS (X and complete as a	(2) HOME DRESS (Street applicable) ARS OF AGE	t, Apartme	ent Number, e items 1 - 6	; City, Stete, ZIP (Code)	b. Di	OD ID	NUN	SINGLE SE	PARATED WIDOWI	ED
a. WARD INFORMATION a. NAME (Last, First, Middle Initial d. COMPLETE RESIDENCE ADD e. STATUS (X and complete as a UNMARRIED UNDER 21 YEA 21-22 YEARS OF AGE AND	(2) HOME (2) HOME (3) (3) (4) (5) (5) (6) (7) (7) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9	t, Apartme (Complete	ent Number, e ilems 1 - 1	8 and 13 - 16.) te Items 1 - 9 and	Code)	b. D	OD ID I	NUR	SINGLE SE	PARATED WIDOWI	ED .
(1) WORK 3. WARD INFORMATION a. NAME (Last, First, Middle Initial d. COMPLETE RESIDENCE ADD e. STATUS (X and complete as a UNMARRIED UNDER 21 YEA 21-22 YEARS OF AGE AND INCAPACITATED OVER AGE	(2) HOME (2) HOME (3) DRESS (Street applicable) ARS OF AGE A FULL-TIME E 21 (Complete	(Complete STUDEN	ent Number, e ilems 1 - 1 IT (Complet - 8 and 10	8 and 13 - 16.) te Items 1 - 9 and	Code) 12 - 16.)				SINGLE SE	PARATED WIDOWI	ED
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4. WARD'S RESIDENCE									
77.4				- 15					
a. TYPE OF RESIDENCE (X and			_						
HOME OR APARTMENT OF			HOME OR	APARTMEI	NT OF FR	IEND OR RE	LATIVE (Sta	te relationship)	
HOME OR APARTMENT OF	F WARD F FORMER SPOUSE OF MEMB		C STUDENT		Y OR OT		TRUE FACIL	-	W
HOME OR APARTMENT OF		EK	OTHER (E)		YUKUI	HER ON-CAI	MPUS FACIL	.IT ¥	
		-							
b. OWNER OF RESIDENCE		1						181	- Art
(1) NAME (Last, First, Middle Initi	iel)	(2) ADDRESS (Stre	et, Apartment Numb	ber, City, St	ete, ZIP C	code)			
c. IS RESIDENCE SUBSIDIZED YES NO	HOUSING?	d. DATE WARD BE ADDRESS (YYY		URRENT				WITH PERSON V CUSTODY (YYY	
5. IF WARD IS A FULL-TIME	STUDENT	1		-					
a. ADDRESS WHERE WARD RE		PUCOL (Street Anartma	ent Number City Str	ote 7iP Co	dal			2000	
	672)	THOUS (CHOOL) THE STATE	nk munios, chy, c	310, En 33.	<i></i>		0.024	3,	
b. TYPE OF RESIDENCE (X and			C ATUDENT		··· OB OT		THE FACIL		
WARD'S OWN HOME OR A MEMBER'S HOME OR APA						HER ON-CAP		NTΥ te relationshiρ)	
	F MEMBER'S FORMER SPOUS	E		AFAILIIIL.	11011	IERD OIL IL	LA HTE (OIL	(O I GIGGOTISI RP)	
	F MEMBER'S WIDOW OR WIDO		OTHER (E)	kplain)		29/6		: -:::::	
c. ADDRESS WHERE WARD RE	ESIDES WHILE NOT ATTENDIN	G SCHOOL (Longer the	an 90 days) (Street,	Apertment	Number, (City, State, ZII	P Code)		
d. TYPE OF RESIDENCE (X and				10					
WARD'S OWN HOME OR A						HER ON-CAI			
MEMBER'S HOME OR APA	ARTMENT F MEMBER'S FORMER SPOUS	e	HOME OR	APARTMEI	NT OF FR	IEND OR RE	LATIVE (Sta	te relationship)	
	r member s former spous F MEMBER'S WIDOW OR WIDO		OTHER (E)	rolain)					
- %	5 1///	MER			-	100 11			
6. PERSONS LIVING IN HO	USEHOLD WITH WARD						10.00		545
	a. NAME (Last, First, Middle	Initial)		b. AGE	$\overline{}$	RRIED (X)		d. EMPLOYED	
	160 At	,			YES	NO	HOURS	PER WEEK	NO (X)
					$\vdash =$	+ +	400		
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		2)				+=			
expense; list it as an expense for dwelling. If ward does not FRV is used, give a brief expl	es for all persons living in the e for the past 12 months. If w t reside in member's househo lanation of how Fair Rental \ (FRV): FRV is a single month	vard resides in the me old or in a dwelling ow /alue was obtained in hly sum for the entire V will not include food	ember's household whed by member, the Remarks section dwelling where the	d or in a d list actual tion. ne ward liv	urchase welling of mortgag	of a new chowned by me je, rent, or F	ember, use RV if dwelli amount the	Fair Rental Va ng is mortgage owner can rea arately	monthly lue (FRV)
List the household expense expense; list it as an expense for dwelling. If ward does not FRV is used, give a brief expl FAIR RENTAL VALUE (es for all persons living in the e for the past 12 months. If w t reside in member's househo lanation of how Fair Rental \ (FRV): FRV is a single month	vard resides in the me old or in a dwelling ow /alue was obtained in hly sum for the entire	ember's household whed by member, the Remarks section dwelling where the	d or in a d list actual tion. ne ward liv e, and hor	urchase welling of mortgag	of a new chowned by me je, rent, or F	ember, use RV if dwelli amount the listed sepa	Fair Rental Vaing is mortgage owner can rea	monthly lue (FRV) e-free. If sonably
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8. WARD'S PERSONAL EXI List personal expenses for personal expenses regardles	r ward. Do not li	ist persona	al expenses for the men n.	nber, his or her immediate family,	, or any other p	erson. Lis	it all of the ward's	
ITEM	PRESENT MO	EOD DART 12		ITEM	PRESENT MONTHLY EXPENSE		TOTAL EXPENSE FOR PAST 12 MONTHS	
a. CLOTHING				g. PRIVATE AUTO PAYMENTS (If auto is registered in				
b. LAUNDRY AND DRY CLEANING				child's name) h. MONTHLY TRANSPORTA-			*****	
c. MEDICAL (Do not include expenses paid by insurance, welfare, or Medicare)	21 - 1 to			TION PAYMENTS (Include gas, oil, insurance, repairs, and public transportation)				
d. VALUE OF USIP CARD (Verification of amount is required)			100	I. SCHOOL EXPENSES (Itemize)				
e. PERSONAL INSURANCE (Specify)	2,00			j. OTHER (Specify)	511			
f. PERSONAL TAXES (Specify)	61,0	9		- I. OTHER (Specify)				
9. WARD'S SCHOOL EXPERIENT List ward's school expense			plarship, grant, or other f	1		l AV	ERAGE MONTHLY	
ITEM		EXPENSE		ITEM		EXPENSE		
a. TUITION				e. BOARD (Food)			145	
b. BOOKS				f. OTHER SCHOOL EXPENSES (Specify)			
c. SPECIAL FEES]				
d. ROOM (Rent)			***					
10. IF WARD IS IN HOSPITA If ward is in a hospital or in	L OR INSTITUT	FION (INC.) the following	APACITATED) ng information must be	furnished. Obtain this information	n from the hosp	oital or insti	itution.	
a. DATE WARD ENTERED HOSP	PITAL/INSTITUTIO	N (YYYYM	IMDD)	b. ANTICIPATED DATE OF DISCI	HARGE (If known	1) (YYYYMA	ADD)	
c. WILL CHILD RETURN TO MEI YES NO	MBER'S HOME AI	FTER DISC	HARGE? (If "NO," explain	where child will reside)				
d. WARD'S EXPENSES IN HOSP	ITAL OR INSTITU	JTION						
ITEM	PRESENT MO EXPENS		TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE		TOTAL EXPENSE FOR PAST 12 MONTHS	
(1) ROOM		- Versagalle		(8) EDUCATION		5-900-		
(2) FOOD			GANANII.	(9) TRANSPORTATION				
(3) REHABILITATION CLASSES OR SERVICES				(10) PERSONAL INSURANCE (Specify)				
(4) SPECIALIZED EQUIPMENT				(4) OTHER (Consider	i.			
(5) MEDICAL CARE				(11) OTHER (Specify)				
(6) CLOTHING			100000	1				
(7) LAUNDRY/DRY CLEANING		i		1				

10.e. WARD'S EXPENSE IN HOSPITAL OR INSTITUTION ARE PAID BY:										
	SOURCE	PRESENT MONTHLY TOTAL IN FOR PAS MONTH		ST 12	SOURCE		PRESENT MONTHLY INCOME		Y	TOTAL INCOME FOR PAST 12 MONTHS
USI-P	(1) CIVILIAN MEDICAL TREATMENT FACILITY (CHAMPUS)				(4) STATE OR LOCAL AGENCY (Name and Address)					
Ç R D	(2) MILITARY MEDICAL TREATMENT FACILITY									<u>~</u>
13	PRIVATE INSURANCE		7777		(6) MEMBER					
(3)	(Name and Address)				(6) OTHER (Explain a	and give			\dashv	
					name and addres					
11	. WARD'S EMPLOYMENT	865			d.				_	
-	Has ward been employed since	ane 212	YES		l NO			7		
lf "	YES," furnish the following inform	•		if necessar						
a.	(1) NAME OF EMPLOYER			(2) DATE	EMPLOYMENT TED (YYYYMMDD)		EMPLOYMENT O (YYYYMMOD)			ONTHLY SALARY Gross)
a.	(5) TYPE OF WORK PERFORM	MED		(6) REASO	ON EMPLOYMENT EN	IDED				
	(1) NAME OF EMPLOYER				ATE EMPLOYMENT STARTED (YYYYMMDD) (3) DATE EMPLOYMENT ENDED (YYYYMMDD)					
b. (5) TYPE OF WORK PERFORMED				(6) REASON EMPLOYMENT ENDED					700	
(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 WARD'S JOB CON	SIDERED AS BEING A "SI	IELTERED WO	RKSHOP" -	THAT IS, OPEN ONL	Y TO DISAB	LED OR HAND	CAPPE	D PEC	OPLE?
1	YES (If "YES" and ward is curred	ntly working, attach a staten	nent from the em	iployer verifj	ring this information.)					980 380 380 380 380 380 380 380 380 380 3
12.	WARD'S SCHOOL ATTEN	DANCE	S.I.							
匚	Has ward attended college sinc			YES		NO	(If Yes, furnist			
	(1) NAME AND ADDRESS OF	SCHOOL						(2) (X a		
								므		ONAL
a				140 00 00 00			FOR RECEIVING DEC			
(3) DATES ATTENDED					(4) (X) FULL-TIME PART-TIME			(5) WARD'S MAJOR		
Г	(1) NAME AND ADDRESS OF	SCHOOL			· · · · · · · · · · · · · · · · · · ·			(2) (X a	s appl	licable)
									CATI	ONAL
b								R RE	RECEIVING DEGREE	
	(3) DATES ATTENDED				(4) (2)	FULL-		(5) WAF	RD'S I	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 FOR PAST 12 SOURCE PRESENT MONTHLY INCOME FOR PAST 12 MONTHS										
	VAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES				d. SOCIAL SECURITY DISABILITY OR RE		•			
b. ((b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC. (Specify)									
C. INSURANCE OR PUBLIC/ GOVERNMENT PENSION				e. SUPPLEMENTAL SECURITY INCOME (SSI)						
PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)				f. VETERANS ADMINISTRATION PAYMENTS (Specify type)						

PRESENT MONTHLY PRESENT MONTHLY PRESENT MONTHLY PRESENT MONTHLY		DESCRIPTION OF	TOTAL INCOME		T	TOTAL INCOME
PERSONS OTHER THAN MEMBERS	SOURCE	PRESENT MONTHLY INCOME	FOR PAST 12	SOURCE		FOR PAST 12
16. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 17. REMARKS (Use back if necessary) 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 19. MEMBER PROVIDES SUPPORT BY (X one) PERSONAL CHECK OTHER (Explain) 19. MEMBER PROVIDES SUPPORT BY (X one) PERSONAL CHECK OTHER (Explain) 10. MEMBER PROVIDES SUPPORT BY (X one) PERSONAL CHECK OTHER (Explain) 11. REMARKS (Use back if necessary) 12. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 13. SIGNATURES Read the penalty provisions of the penalty of the United States, knowingly and willfully failables, concess, or covers up by any scheme, or device, a material fact, or makes any fails and the penalty provisions of the United States, through and willfully failables, concess, or covers up by any scheme, or device, a material fact, or makes any fails and the penalty of the United States, because of the selection for the United States, and the United State	PERSONS OTHER THAN		į.	INCLUDING AID TO DEPENDENT		
14. MEMBER'S CONTRIBUTION 8. 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 15. MEMBER PROVIDES SUPPORT BY (X one) ALLOTMENT MONEY ORDER PERSONAL CHECK OTHER (Explain) 16. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. OTHER (Explain) 17. REMARKS (Use back if necessary) 18. SIGNATURES Read the penalty provisions, align and date the form, and have it notarized. OTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully failutiles, concessis, or covers up by any witchmen, or devote, a material state, or makes are uses any false. Inclinious, or fraudulent statements or representations, or makes or uses any false writing or document incoving it states that inclining the provision of the penalties involved or willfully making a false using or colored in the covers of the penalties involved or willfully making a false using or colored in the state of the penalties involved or willfully making a false using or document from your department for not more than they years and subject to a fine in the amount provided in this title.) 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 19. The involved in the penalties involved or willfully making a false using the continue than of the penalties involved or willfully making a false using the content of the internet of the penalties involved or willfully making a false using the false using the penalties involved or willfully making a false using the false using the penalties involved or the penalties involved or other then members or other then members of fine in the amount provided in this title.) 19. SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other then members) 10. SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other then members) 10. GRIGGI Falsy) 10			-	address in Remarks section)		
16. MEMBER'S CONTRIBUTION a. SHOW THE YOTAL 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) 16. SIGNATURES Road the ponalty provisions, sign and date the form, and have it notarized. 17. REMARKS (Use back if necessary) 18. REMARKS (Use back if necessary) 19. THE MARKS (Use			· · · · · · · · · · · · · · · · · · ·	k. OTHER (Specify)	-	·
a. SHOWTHE 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 MONTH AND YEAR AMOUNT MONTH AND YEAR AMOUNT MONTH AND YEAR AMOUNT MONTH AND YEAR AMOUNT b. MEMBER PROVIDES SUPPORT BY (X one) ALLOTMENT OTHER (Explain) 11. REMARKS (Use back if necessary) 16. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, aign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, aign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, aign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, aign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, aign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, aign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, aign and date the form, and have it notarized. 16. SIGNATURES Read the penalty provisions, aign and date the form, and have it notarized. 16. SIGNATURES Read the penalty falled, fictions, or fraudient alternance or entry, shall be finded as provided in Tide 18, or implicance or uses any false, fictions, or covers up by any beam to contain any false, fictions, or fraudient alternance or entry, shall be finded as provided in Tide 18, or implicance or uses any false writing or document browling the amount provided in the 18 thus provided in the form and the form of the penalties involved for writifully making a false claim. (U.S. Code, title action 287, formerly section 1901), provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this titum. 16. SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) 17. SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than memb	. TAX REPORDS (Specify)					
MONTH AND YEAR AMOUNT MONTH AND YEAR AMOUNT MONTH AND YEAR AMOUNT AND YEAR AMOUNT MONTH AND YEAR AMOUNT MONTH AND YEAR AMOUNT MONTH AND YEAR AMOUNT	14. MEMBER'S CONTRIB	UTION	4	· ·	V ,	
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. 17. REMARKS (Use back if necessary) 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 18. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 19. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 19. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 19. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 19. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 19. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. 19. SIGNATURES of PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) 19. SIGNATURES of PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) 10. DATE SIGNED (YYYYMMOD) 10. NOTARY PUBLIC 10. SIGNATURES of PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) 10. DATE SIGNED (YYYYMMOD) 10. MOTARY PUBLIC 10. SIGNATURES of PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) 10. SIGNATURES of PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) 10. SIGNATURES of PERSON WHO HAS CUSTODY OF	a. SHOW THE TOTAL AMO	UNT THE MEMBER HAS CON	TRIBUTED TO THE WARD'S	S SUPPORT FOR EACH OF THE PA	AST 12 MONTHS.	
PERSONAL CHECK OTHER (Explain)	MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT
6. SIGNATURES Read the penalty provisions, sign and date the form, and have it notarized. IOTE: 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 the cheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or facultient statement or entry sorted in Title 18, or imprisonder on thore than 5 years, robin (U.S. Code, title ection 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 will a false claim. (U.S. Code, title 18, section 287, formerly section, 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 Inve (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 for 1) SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other then member) (2) DATE SIGNED (YYYYMM/DD) NOTARY PUBLIC Subscribed and duty swom (or affirmed) to before me according to law by the above named affiant(s). Initial day of						
PERSONAL CHECK OTHER (Explain)			110		out pr	
PERSONAL CHECK OTHER (Explain)						
PERSONAL CHECK OTHER (Explain)						70
18. 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 scheme, or device, a material fact, or makes any false, fictibious, or fraudulent statements or representations, or makes or uses any false writing or document knowing it same to contain any false, fictibious, or fraudulent statements or representations, or mission of more than 5 years, or both (U.S. Code, title 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, 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 [Whe	b. MEMBER PROVIDES	SUPPORT BY (X one)				
I6. 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 known, or indicate the provision of the provision of the United States, knowingly and willfully falsifies, conceals, or covers up by any known, or indicate the provision of the provision o		464	PERSONAL CHECK	OTHER (Explain)		
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 techeme, 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 thame 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 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, 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 New	16. SIGNATURES			, <u></u>	¥	- 15-
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 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, 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 New	Read the penalty pro-	visions, sign and date the	form, and have it notari	z e d.		
a. CUSTODIAN Notary	scheme, or device, a materia same to contain any false, fic section 1001). The informati I make the foregoing cl	il fact, or makes any false, fict stitious, or fraudulent statement on provided in this form may be aim with full knowledge of the	itious, or fraudulent statement or entry, shall be fined as se referred to the appropriat the penalties involved for a	ents or representations, or makes of provided in Title 18, or imprisoned to Military Service investigative ago willfully making a false claim. (L.	or uses any false writing I not more than 5 years, ency. J.S. Code, title 18, sect	or document knowing the or both (U.S. Code, title to 287, formerly section
(print name(s)) will immediately notificated 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 for (1) SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) DATE SIGNED (YYYYMMDD)	- 10 pc	ollows: Imprisonment for no	ot more than five years an	nd subject to a fine in the amoun	t provided in this title.)	
(1) SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member) D. NOTARY PUBLIC Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s). This day of				**	(print name	(s)) will immediately notify
b. NOTARY PUBLIC Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s). This day of						100
Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s). This day of	(1) SIGNATURE OF PERSON	WHO HAS CUSTODY OF THE	WARD (Can be member or	other than member)	(2) DATE SIG	NED (YYYYMMDD)
(Notary) (Official Seal) (Official Title)		(or affirmed) to before me acco	rding to law by the above nan	ned affiant(s).	<u>.</u>	
(Notary) (Official Seal) (Official Title)	This day of		, at city (or town) of	, county of	
(Official Seal) (Official Title)	and state (or territory) of					
(Official Title)					(Notary)	
: MEMBER	(Official Seal)				(Official Title)	-
(1) SIGNATURE (2) DATE SIGNED (YYYYMMDD)	. MEMBER				• • • • • • • • • • • • • • • • • • • •	
	1) SIGNATURE			- 13 A74 0 W	(2) DATE SIG	NED (YYYYMMDD)