

ADDITIONAL REQUIRED DOCUMENTATION WHEN SUBMITTING THIS APPLICATION

IN LOCO PARENTIS

When filling out the above form, please include the following required documentation as required by regulations. Failure to do so will result in a rejected application and a delayed result of the approval/ denial process. **Note:** Only copies of the below documentation need to be submitted.

* Secondary dependents claimed in this category are **not** entitled to a Uniformed Services Identification and Privileges (USIP) card.*

1. Affidavit by Member attesting to the relationship.
2. Affidavit by claimed dependent attesting to the relationship.
3. Two (2) third-party affidavits NOT completed by relatives of the member or the claimed dependent attesting to the relationship.
4. For Reserve or National Guard: Copy of your orders.
5. AF Form 594: Parts A, B, and C must be complete and a requested start date identified.
6. Verification of Income: **Note: This is required each time you need to apply for Secondary Dependency (SDC) through DFAS.**

The service member must provide any proof of income. This includes: Pay stubs if working, state or federal aid (with documentation of the amount) and if dependent receives social security payments (Aged 60 years or older), a letter from social security administration no older than 90 days stating whether or not they are receiving benefits is required. If submitting a second application within 90 days of a disapproval determination, proof of income is not necessary if documentation was provided with the initial application.

Highlighted Information:

- **Help with completing DD Form 137 series (3, 5, 6 or 7):**
 - **Original documents are not required**; legible copies are sufficient.
 - **Only one form** is required when applying for both Basic Allowance for Housing (BAH) and Uniformed Services Identification and Privileges Card (USIP/ID) card entitlements at the same time.
 - **Include all supporting documents** listed under the BAH section and USIP/ID card section with the form.
 - **All forms must be filled out completely**; if a block does not apply, put “N/A” – failure to do so will result in the application being returned without action.

- **Mark “X”** for benefits you are claiming – BAH, USIP card or travel.
- **Mark “X”** (Yes or No) if **first application** – If no, give the date of last application (this can be estimated if the date is unknown).
- **Service Member’s address** – where you live. Also, provide a mailing address if different.
- **Phone** – identify as commercial or DSN.
- **Email address**, if available.
- **Claimed dependent’s name and address of employer** – Answer completely.
- **Claimed parent and his/her spouse live apart** – Provide complete reason and documentation that parent’s spouse does not support your claimed parent.
- **List both the name and address of** the owner of the dwelling where the claimed dependent resides.
- **Persons are living where claimed dependent lives** – List all residing in that household including the claimed dependent.
- **Household expenses** – All expenses for the entire household is a requirement for the claimed dependents’ residence, not just the claimed dependent’s share.
- **Personal expenses** – List all expenses for the claimed dependent only, regardless of who pays for them. (See expenses breakdown for information specific to each expense type.)
- **Income** – List all income and monetary support received by dependent from any source other than from yourself.
- **Remarks** – identify the block number from the form the comment relates to.
- **Signatures/Notaries** – make sure all signatures are completed. All forms with notary blocks **must** be notarized; failure to have the documents notarized will result in the return of the application without action. The notary signature relates to the name of the dependent or guardian.

Avoid common mistakes

- **An Illegible or incomplete application package**
 - Type or print, legibly, on all forms.
 - Ensure you read the printed instructions carefully and thoroughly.
 - All blocks on the various forms must be completed or marked “N/A” to ensure nothing is missed.
- **Missing forms/documentation**
 - **Proof of member’s support.** If dependent does not reside with the member, evidence of support is required. A dependent support allotment, canceled checks, money order receipts, electronic transfer receipts are acceptable proofs of support.
 - **Unacceptable documents:** For of support; ATM withdrawal receipts, bank statements showing withdrawals, bank statements showing a joint account between Soldier and dependent.
 - **Relationship documents** – The complete chain to prove relationship to the member (e.g., marriage certificate, birth certificate, etc.). Example for Parent in

law: Member would submit in Marriage certificate, then the birth certificate of spouse.

- **Medical statement** (incapacitated child, DD Form 137-5) must be signed by a licensed medical doctor. Not acceptable - psychologist, nurse, nurse practitioner, medical assistant, social worker, etc.
- **Guardianship** document (ward of the court) – Must be a court-ordered document in the US or US possessions only stating that the custody/guardianship. The Ward must live in the member’s household unless there are exigencies of service.

ALL DOCUMENTATION SUBMISSIONS:

All packages can be submitted only **two** ways. **Note: No fax or email is accepted.**

1. Online submission through the www.dfas.mil claims module. (Direct link to make a ticket is:
<https://corpweb1.dfas.mil/askDFAS/custMain.action?mid=5340>. This will require documents to be scanned onto the computer and then uploaded to the ticket online. After a ticket is created, you will be emailed your ticket number for reference and updates on your application.
2. By Mail: All packages may be sent via mail to the address below:
“Attention JMTCB DFAS INDIANAPOLIS
8899 E 56th Street Indianapolis, IN 46249.”