

## **Army Secondary Dependency:**

### **Ward of Court DD Form 137-7 Application Assistance**

This form will be used for incapacitated wards and college student wards as well. For every ward case, regardless of their situation the Ward DD Form 137-7 must be used. When filling out the DD Form 137-7 please include the following 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.**

**\*\*Please Note: If the service member is deceased, you will fill out expenses at the time of death. If approved, you will never have to reapply again.\*\***

- 1. Custody Order: (NOTE: This is required with every initial and recertification application submission to SDC and the child's full name must be listed in the order.)** A placement agreement or an order or other appropriate document from a court of competent jurisdiction in the United States (or U.S. territory or possession) that establishes legal custody of the child by the sponsor for no less than 12 consecutive months. Must be signed by a U.S. Judge. **The child must be in the legal and sole physical custody of the member.**
- 2. Child's Birth Certificate: (NOTE: This is required with every initial and recertification application submission for SDC).**
- 3. Proof of Support: (NOTE: If applicable, this is required with every initial and recertification application submission for SDC).** This applies if the dependent does NOT reside in the same household as the service member or if the home the dependent and member live in together is not owned or rented by the member. If the dependent resides with the service member or their spouse in a home owned or rented by the service member then you can skip this documentation. If they do not see the following list for acceptable proof of support: **(NOTE: Cash contributions or purchase receipts are NOT acceptable forms of proof of support)**
  - o AD (discretionary) allotment for the claimed dependent or claimed dependent's court-appointed custodian. A copy of your current LES includes this information.
  - o Canceled checks (front & back) to the claimed dependent or claimed dependent's court-appointed custodian.
  - o Money order receipts to the claimed dependent or claimed dependent's court- appointed custodian.
  - o Electronic transfers made out to claimed dependent or claimed dependent's court- appointed custodian.
  - o Copies of bills paid on behalf of the dependent may also be used along with proof of payment.
  - o If your dependent does not reside with you but lives in a home owned/rented by you, a copy of mortgage statement or rental agreement may also be used.

- o Joint accounts where the member is on the dependent's account that is receiving the funds is permitted but we must have both the account providing the funds and the account receiving the funds along with all names on both and be able to see all transactions from and to each account.
4. **Member's Unaccompanied Orders: (NOTE: If the member and child do not live together and the child is not a full time COLLEGE student then the member must be on unaccompanied orders and this must be provided with the proof of support. If the child is living with the member, this and proof of support are not required.)**
  5. **Verification of Income: If the dependent has income this is required with initial and recertification application submission to SDC. Income verification for the dependent is the ONLY income verification that is required.** The Service Member must provide any proof of income received by the dependent. The verification includes:
    - o The most current pay stub if they are currently employed.
    - o If the dependent just started their job we need a letter or statement from the employer stating their start date.
    - o If they stopped working within the last 12 months then a letter or statement from the employer stating when employment ended is required.
    - o If the letter or statement does not state how/why the employment ended then a letter from unemployment stating the weekly/monthly benefit amount or that they are not eligible is also required.
    - o If the dependent is employed then their most current tax return showing the amount refunded or owed must also be submitted.
    - o State or federal aid with current dated documentation of the benefit amount the dependent(s) receive.
    - o If applicable a current letter from the Social Security Administration (aged 60/62 years or older) stating the monthly benefit amount received for each month of the CURRENT year.
  6. **Ward in College:** Students who are not seniors and are not full time are not eligible. Only seniors in college can be part time students. Letter from the school stating the child's enrollment status (full/part time) and expected graduation date for all time frames being requested to be covered. A detailed billing statement for all semesters that the BAH is being requested for showing what was billed and who/what paid the bills is required. If there is a GI bill the GI bills are also required showing all funds paid.
  7. **Hospital or Institution: (NOTE: This is required with every initial and recertification application submission to SDC. A medical statement signed by a licensed medical doctor, psychologist, nurse practitioner, or physician's assistant only must also be submitted.)** If child is in a hospital, institution, or group home proof of support as well as a detailed billing statement with a date is required to support the claimed expenses and who paid what on the bill. A letter from the hospital, institution, or group home is also required stating when they started residing there as well as the duration of their stay.

8. **Incapacitated Ward: Medical Sufficiency Statement:** (Note: This is required with every initial and recertification application submission for SDC.) Medical statement signed by a Medical Doctor, Physician's Assistant, Nurse Practitioner, or psychiatrist stating Verbatim (1) that the claimed dependent is incapable of self-support due to his/her condition, (2) age at which condition was first diagnosed or began, (3) whether or not condition and incapability of self-support is permanent, and the Activities of Daily Living (ADLs) that the child requires assistance with or cannot do at all. **The ward's incapacitation had to have been diagnosed while they were in the legal and sole physical custody of the member.**

### Help with completing DD Form 137-7

- o **Include all supporting documents** listed that apply and are required.
- o **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. If there are more boxes in a section then information you have to provide the remaining boxes cannot be left empty. They must be filled with N/A or 0.00. (Example page 3 section 5: If only 2 people live in the home then all of the information blocks for them must be completed or filled with N/A and/or 0.00. The remaining blanks after the 2 people are listed must also be filled with N/A and/or 0.00.
- o **Mark "X"** for BAH, USIP, and/or Travel in section 1 on page 1 to identify what you are applying for.
- o **Mark "X"** (Yes or No) yes if **first application** – If no, give the date of last application (this can be estimated if the date is unknown).
- o **Status (Active Duty, Reserve, National Guard, Retired) AND branch of service** – both must be selected. **If the member is retired their dependents are only eligible for a Uniformed Services Identification and Privilege Card (USIP).**
- o **Service Member's Residence address** – where the service member lives. Also, provide a mailing address if different from the physical address.
- o **Service Member's Military address** – if they are still active this must be completed. Their military address cannot be the same as their mailing/residence. If the member is retired mark N/A.
- o **Phone** – identify as commercial or DSN.
- o **Email address**, if available.
- o **Claimed dependent's name and address** – Answer completely.
- o **List both the name and address of** the owner of the dwelling where the claimed dependent resides. If the home is rented the owner cannot be the member or the dependent, it must be the name of the person or company that owns the home they are renting and the address for that person or company.
- o **If the ward is a full time college student** – complete the information in the blocks as stated.

- o **Persons are living where claimed dependent lives** – List all residing in that household including the claimed dependent.
- o **FRV (Fair Rental Value)** – If the incapacitated ward lives in the member's home that is owned by the member FRV must be used, even if there is a mortgage. Please refer to the instructions on page 3 section 6 of the 137. If FRV is used they must state where they obtained the FRV or provide the documents they used to get that amount. If FRV is used and the incapacitated ward and member live in someone else's home proof of no mortgage is required. If the incapacitated ward lives in their own home mortgage free proof of no mortgage is required and NONE is written in the amount box in section 6 letter A. If there is a mortgage and FRV is used due to the requirement the mortgage or deed are still required to show who is responsible for that mortgage/deed.
- o **Rent/Lease** – If the home is rented or leased a copy of the rental or lease agreement is required showing who signed as responsible paying parties, the monthly amount paid, and if the home is subsidized housing or not.
- o **Mortgage** – If the mortgage is claimed due to the requirement of it being the dependent's home or someone else's home a copy of the mortgage statement showing the monthly payment and escrow if paid in mortgage is required.
- o **Household expenses** – All expenses for the entire household is a requirement for the claimed dependents' residence, not just the claimed dependent's share regardless of who pays for the expenses. (See expenses breakdown for information specific to each expense type.)
- o **Utilities** – Always itemize the utilities by listing the utilities claimed and the monthly amount for each on page 5 of the DD Form 137-7 and for each utility that is over \$200 per month a current bill with dates supporting the expense is required.
- o **Household Other** – Always itemize household other expenses by listing the items claimed and the monthly amount for each on page 5 of the DD Form 137-7 and for each expense that is over \$200 per month a current bill or receipt with dates supporting the expense is required.
- o **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.)
- o **USIP (Uniformed Services Identification and Privilege Card)** – If there is a USIP expense claimed that must be supported by EOBs from Tricare, pharmacy statements showing what Tricare paid, a statement from the doctor(s) showing what was billed and what Tricare paid, and/or a statement from the military medical installation.
- o **Transportation** – Always itemize the transportation expense by listing the items claimed and the monthly amount for each on page 5 of the DD Form 137-7 and for each expense that is over \$200 per month a current bill or receipt with dates supporting the expense is required.
- o **Vehicle Payment** – If a vehicle payment is claimed proof of the vehicle payment through the most current loan statement for the car along with a copy of the vehicle's registration is required. If the dependent is not listed on the registration then the car payment cannot be claimed.

- o **School** – If there are any school expenses for the incapacitated child listed then a current dated bill or receipts are required to support those expenses. Loans due to a school bill cannot be used.
- o **Personal Other** – Always itemize personal other expenses by listing the items claimed and the monthly amount for each on page 5 of the DD Form 137-7 and for each expense that is over \$200 per month a current bill or receipt with dates supporting the expense is required.
- o **School Expenses** – If the ward is in college and living at college sections 7 and 8 will be filled with 0.00 or N/A and section 9 will be completed.
- o **Hospital or Institution** – If the child is in a hospital or institution all expenses will be listed here. Section 6 will list only the child. Sections 7 and 8 will be filled with 0.00 or N/A.
- o **Income** – List all income and monetary support received by dependent from any source other than from yourself.
- o **Remarks** – Identify the block number from the form that the comment relates to. If you are requesting BAH state the start date that you request in this block as well and be sure all supporting documents support this date also.
- o **Signatures/Notaries** – make sure all signatures are completed. All 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. The member must also sign and date at the bottom if they do not sign with a notary.
- o All foreign documents must be translated to English.

## **Avoid common mistakes**

- **Avoid an Illegible or incomplete application package**
  - o Type or print, legibly, on all forms.
  - o Ensure you read the printed instructions carefully and thoroughly.
  - o All blocks on the various forms must be completed or marked “N/A” to ensure nothing is missed.
  - o All foreign documents must be translated to English.
- **Missing forms/documentation**
  - o **Proof of member’s support** – If applicable to your situation then evidence of support is required. A dependent support allotment, canceled checks, money order receipts, electronic transfer receipts, etc. are acceptable proof of support. See above for full details.
  - o **Unacceptable documents** – For proof of support: ATM withdrawal receipts, bank statements showing withdrawals, or purchase receipts.
  - o **Relationship documents** – child’s birth certificate and court order placing child in member’s legal and sole physical custody.
  - o **Medical statement (if applicable)** – The statement must be signed by a licensed medical doctor, psychologist, nurse practitioner, or physician’s assistant only.
  - o **Guardianship Document** – Must be a court-ordered document in the US or US possessions only stating 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 via **two** ways. **Note: No fax or email is accepted.**

1. Online submission through the askDFAS 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. **This is the preferred method.**
2. By Mail: All packages may be sent via mail to the address below:

Attention ARMY SECONDARY DEPENDENCY TEAM DFAS  
8899 East 56<sup>th</sup> Street  
Indianapolis, IN 46249.