



DEPARTMENT OF THE AIR FORCE  
Air University (AETC)

FEB 25 2013

MEMORANDUM FOR ACTIVE DUTY AIR FORCE, AIR NATIONAL GUARD, AND AIR  
FORCE RESERVE PERSONNEL ASSIGNED TO OTS

FROM: HQ AU/FM

SUBJECT: Finance In-processing Package

1. Welcome to Officer Training School! Our goal is to provide world-class financial service so you can focus on your new job and not on your pay. To expedite in-processing and ensure your pay/entitlements are accurately updated, we need your help. Various forms will be collected during in-processing including your travel voucher, copies of your orders, and other documents. I highly encourage you to complete as much information as possible prior to the in-processing briefing due to the large number of attendees. The attached package was developed to assist you in filling out these forms. We will also have a finance team to answer questions and collect all required documents at the briefing.

2. As applicable, please bring the following to in-processing:

- a. Three copies of orders and amendments (front and back)
- b. One copy of certified marriage certificate
- c. FSM Form 2231, Faststart Direct Deposit or HQ AU EFT Memorandum
- d. DD Form 1351-2, Travel Voucher or Subvoucher
- e. PCS Arrival Checklist (AF prior-service only)
- f. AF Form 594, Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination
- g. DD Form 1561, Family Separation Allowance
- h. Financial Management Customer Service Survey

3. Again, welcome to OTS! If you have any questions, we can be reached at 493-8892 or [maxwell.finance-OTS@us.af.mil](mailto:maxwell.finance-OTS@us.af.mil).

  
TERRI A. JONES, Lt Col, USAF  
Director, Financial Management



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**TERRI A JONES, Lt Col, USAF**  
Director, Financial Management

# INSTRUCTIONS FOR COMPLETING:

## Direct Deposit (FSM Form 2231)

**PURPOSE:** You have the option of sending your travel payments to the same account as your military pay or to a different account. This form is used to designate where your travel payments are sent. Prior Service members do not need to fill out a new direct deposit form unless they want their pay to go to a new bank account.

1. **EMPLOYEE INFORMATION:** Fill in your SSN, Name, and Phone Number
2. **TYPE OF ACCOUNT:** Put an "X" in the appropriate space to indicate a checking or savings account.
3. **DIRECT DEPOSIT ACCOUNT INFORMATION**
  - a. **ROUTING TRANSIT NUMBER:** fill in your financial institution's 9-digit routing number
  - b. **ACCOUNT NUMBER:** your account number at your financial institution
  - c. **ACCOUNT TITLE:** the depositor's name on the account at the financial institution
  - d. **FINANCIAL INSTITUTION NAME:** the name of the financial institution

### •Where to find Account Title, Routing # and Account #

The diagram illustrates a check with callouts identifying key information. At the top, a box labeled "Account Holder Name" points to "Jane Q. Smith". Below, the "Bank Routing Number" is shown as "364002763" and the "Checking Account Number" as "14570720". Two callout boxes explain: "The Routing Number appears between these symbols." (pointing to the double vertical bars) and "The Account Number appears before this symbol." (pointing to the asterisk). A second check below shows the same information with a callout pointing to the asterisk. At the bottom, a box labeled "Don't Forget" contains the text: "Remember to check the routing number between the routing and account numbers." and "DON'T FORGET".

4. **ALLOTMENT INFORMATION:** Skip this portion
5. **AUTHORIZATION** (Sign and date the request form after you have carefully read the instructions and Privacy Act Statement)

# DIRECT DEPOSIT

## INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, retirement, and other payments - approved payment authorized with Federal employment (i.e. net) reimbursement against allowance, etc. Employee must complete Form 1, 2, 3 and 5. Complete item 4 only if you want to save money) or change the amount of a salary, or take voluntary allotment - see instructions on back of form

<b>1 EMPLOYEE INFORMATION</b> (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input type="text" value="123456789"/>		
EMPLOYEE NAME (as on payroll records) <input type="text" value="Doe John"/> (Last, First Initial)	TELEPHONE NUMBER (WORK) <input type="text" value=""/> (HOME) <input type="text" value=""/>	
<b>2 TYPE OF ACCOUNT</b> (Direct deposit account information - NET PAY/RAVELOTHEN Use Sec. 4 for allotments) A voided personal check/authorized may be attached in lieu of completing this action. See instructions on back of this form.		
ROUTING TRANSFER NUMBER <input type="text" value="12345678"/> Check Digit <input type="text" value="9"/>	ACCOUNT NUMBER <input type="text" value="229955"/>	
ACCOUNT TITLE <input type="text" value="Doe, John"/> (Account Holder's Name)		
FINANCIAL INSTITUTION NAME <input type="text" value="USAA"/>		
<b>3 DIRECT DEPOSIT ACCOUNT INFORMATION</b>		
TYPE OF PAYMENT: <ul style="list-style-type: none"> <li><input type="checkbox"/> Savings</li> <li><input checked="" type="checkbox"/> Checking</li> <li><input checked="" type="checkbox"/> Net Pay</li> <li><input checked="" type="checkbox"/> Travel</li> <li><input type="checkbox"/> Other Federal</li> <li><input type="checkbox"/> Employment related</li> </ul>		
<b>4 ALLIANCE INFORMATION</b> Complete this section only if you want to have a check or change the amount of a salary or allotment - see instructions on back of form.		
TYPE OF ALLIANCE (Check one) <input type="checkbox"/> Savings (Fixed dollar amount only) <input type="checkbox"/> Other (Specify amount)	TYPE OF ACCOUNT (Check one) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check one) <input type="checkbox"/> DEBIT (Increase pay) <input type="checkbox"/> CANCEL (Change now)
ALLIANCE MAKER (Personnel who will receive allotment)		ALLIANCE ROUTING NUMBER
<b>5 AUTHORIZATION</b> * EMPLOYEE'S SIGNATURE <input type="text" value="John Doe"/>		
DATE <input type="text" value="23 Mar 12"/>		
6 AGENCY USE		

# INSTRUCTIONS FOR COMPLETING:

## DD Form 1351-2, *Travel Voucher or Subvoucher*

**PURPOSE:** *Form is used to pay and document travel and travel related expenses. For prior service students this form will not be used to reimburse your travel to OTS*

1. **PAYMENT:** *payment method already indicated*  
**SPLIT DISBURSEMENT:** *already indicated*
2. **NAME:** *always complete this section*
3. **GRADE:** *OT*
4. **SSN:** *always complete this section*
5. **TYPE OF PAYMENT:** *already indicated.*
6. **ADDRESS:** *already indicated*
  - a. **NUMBER AND STREET:** *already indicated*
  - b. **CITY:** *already indicated*
  - c. **STATE:** *already indicated*
  - d. **ZIP CODE:** *already indicated*
  - e. **E-MAIL ADDRESS:** *always complete this section*
7. **DAYTIME TELEPHONE NUMBER AND AREA CODE:** *always complete this section*
8. **TRAVEL ORDER AUTHORIZATION NUMBER:** *found on block 29 of PCS orders*
9. **PREVIOUS GOVERNMENT PAYMENTS ADVANCES:** *enter the amount any travel advance payments, if not sure leave blank otherwise enter "NONE"*
10. **FOR D.O. USE ONLY:** *leave blank*
11. **ORGANIZATION AND STATION:** *enter OTS BOT Class # (your class number)*
12. **DEPENDENTS:** *select "UNACCOMPANIED", your dependants can not travel with you to OTS*

6. E-MAIL ADDRESS <i>Your email address here</i>			10. FOR D.O. USE ONLY		
7. DAYTIME TELEPHONE NUMBER & AREA CODE (334) 386-0001		8. TRAVEL ORDER/AUTHORIZATION NUMBER 100759/AE-1786		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
11. ORGANIZATION AND STATION BOT Class #			13. DEPENDENT'S ADDRESS OR RECEIPT OF ORDERS (include Z.C. Code)		
12. DEPENDENT(S) <i>(X and complete as applicable)</i>			10. FOR D.O. USE ONLY (continued)		
<input type="checkbox"/> ACCOMPANIED		<input checked="" type="checkbox"/> UNACCOMPANIED			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. PAID BY	
e. DATE OF BIRTH OR MARRIAGE		10. FOR D.O. USE ONLY (continued)			

13. **ITINERARY** *(The next few scenarios will cover the different ways members traveled from MEPS or the members last duty station, pages 6-7 are for members coming from meps and pages 8-9 are for members who are prior service and coming from their last base)*

Next couple of examples are for NON PRIOR Driving the whole way and for flying

**DRIVING EXAMPLE:** Member starts at MEPS and finishes at Maxwell AFB, do not include any stops overnight.

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				d COMPUTATIONS				
YES				NO (Explain in Remarks)				
15. ITINERARY		b PLACE (Home Office Base Activity City and State, City and Country, etc.)		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES	<b>Note:</b> <b>PA - Personal Auto</b> <b>MC - Mission Complete</b>
20 Mar	DEP	Denver, CO MEPS		PA				
23 Mar	ARR	Maxwell AFB, AL 36112			MC			
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL		e SUMMARY OF PAYMENT		
<input checked="" type="checkbox"/> OWN/OPERATE				PASSENGER		(1) Per Diem		
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		(2) Actual Expense Allowance		
a DATE	b NATURE OF EXPENSE		c AMOUNT	d ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(3) Mileage		
					<input checked="" type="checkbox"/> MORE THAN 24 HOURS	(4) Dependent Travel		
						(5) DLA		
						(6) Reimbursable Expenses		
						(7) Total		0.00
						(8) Less Advance		
						(9) Amount Owed		0.00
						(10) Amount Due		
19. GOVERNMENT/DEDUCTIBLE MEALS				a DATE		b NO OF MEALS	a DATE	b NO OF MEALS

**FLYING EXAMPLE:** Member starts at MEPS and includes travel to first and last airport locations and then Maxwell AFB. If there were any delays in travel that resulted in a stay overnight make sure you ask the finance technician, otherwise follow the example.

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				d COMPUTATIONS				
YES				NO (Explain in Remarks)				
15. ITINERARY		b PLACE (Home Office Base Activity City and State, City and Country, etc.)		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES	<b>Note:</b> <b>CA - Commercial Auto</b> <b>TP - Commercial Plane (Gov't paid)</b> <b>AT - Awaiting Transportation</b> <b>MC - Mission Complete</b>
22 Mar	DEP	Denver, CO MEPS		CA				
22 Mar	ARR	Denver International Airport			AT			
22 Mar	DEP			TP				
22 Mar	ARR	Montgomery Airport			AT			
22 Mar	DEP			CA				
22 Mar	ARR	Maxwell AFB, AL 36112			MC			
	DEP							
	ARR							
	DEP							
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL		e SUMMARY OF PAYMENT		
<input checked="" type="checkbox"/> OWN/OPERATE				PASSENGER		(1) Per Diem		
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		(2) Actual Expense Allowance		
a DATE	b NATURE OF EXPENSE		c AMOUNT	d ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(3) Mileage		
22 Mar 12	Taxi		\$20.00		<input checked="" type="checkbox"/> MORE THAN 24 HOURS	(4) Dependent Travel		
						(5) DLA		
						(6) Reimbursable Expenses		
						(7) Total		0.00
						(8) Less Advance		
						(9) Amount Owed		0.00
						(10) Amount Due		
19. GOVERNMENT/DEDUCTIBLE MEALS				a DATE		b NO OF MEALS	a DATE	b NO OF MEALS

**SIGN AND DATE:** (Always remember to make sure the bottom of the form is signed and dated, sign in block 20a. and date in block 20b.

ARR						(3) Message	
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES				<input checked="" type="checkbox"/> 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		(5) DLA	
a DATE	b NATURE OF EXPENSE	c AMOUNT	d ALLOWED			(6) Reimbursable Expenses	
						(7) Total 0.00	
						(8) Loss Advance	
						(9) Amount Owed 0.00	
						(10) Amount Due	
19. GOVERNMENT/DEDUCTIBLE MEALS							
a DATE		b NO. OF MEALS		a DATE		b NO. OF MEALS	
20 a. CLAIMANT SIGNATURE <i>John Doe</i>						b DATE 23 Mar 12	
c REVIEWER'S PRINTED NAME			d SIGNATURE			e. TELEPHONE NUMBER	
						f DATE	
21 a. APPROVING OFFICIAL'S PRINTED NAME			b SIGNATURE			c. TELEPHONE NUMBER	
						d DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No)	
						28. AMOUNT PAID	

DD FORM 1351-2, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSA/IRMS 12-01  
Adobe Professional 8.0

**ITENERARY CONT.**

The next couple of examples are the itinerary for **PRIOR SERVICE**: This travel voucher will gain you to Maxwell but you will not be paid for your travel until you arrive at your next base.

The following examples will show how the itinerary should be filled out depending on your situation.

- Driving the whole way
- Flying
- Leave en route
- OCONUS





## INSTRUCTION FOR COMPLETING:

### PCS ARRIVAL WORKSHEET

**PURPOSE.** *Form is use to for NON PRIOR Members to verify correct travel information when coming from last base. This information is critical for ensuring your new duty location is updated accurately and to avoid over/under-payments from your last duty station.*

**SSN:** *(always complete this section)*

**Name:** *(always complete this section)*

**Grade:** *already indicated*

**Unit:** *already indicated*

**Office Symbol:** *already indicated*

**Duty/Home Phone:** *(always complete this section)*

**Date Final Out-Processed Last Base** *(always complete this section)*

**Date Departed Last Duty Station (DDLDS)** *(always complete this section)*

**Port Call Date** *(applicable only if previous assignment was overseas)*

**Date Arrived New Duty Station** *(always complete this section)*

**If applicable, explain delays between final-out and port call / DDLDS (e.g. mass out processing, leave taken prior to departure, holidays, etc.)** *(complete if applicable)*

#### **PART A. BAH/OHA/FSH CERTIFICATION STATEMENT**

**1. My dependents are residing in Gov Family Quarters:** *already indicated*

**My dependents were assigned to Gov Quarters on:** *already indicated*

**2. I have a unique situation not mentioned.....:** *if this question applies to member give explanation, if not just leave blank*

**3. I certify I currently reside in:** *Dorms are already prefilled and the effective date is the date you moved into the dorms.*

**4. I am an E4 or above w/at least.....:** *already indicated*

**5. The following information is true and correct:** *This is for your primary dependent, put their name, relationship and date of marriage or birth (if claiming child as primary dependent, otherwise put N/A if member is single*

#### **PART B: TRAVEL CERTIFICATION STATEMENTS**

**1. I received my overseas air ticket from an on-base CTO (NOTE: If not, need Non-Availability Statement)** *(enter initials if applicable, otherwise enter "N/A")*

**2. I used 2 privately owned/operated vehicles (POV) for all or a portion of this move.**

**\*Will be marked N/A because member is not allowed to travel with dependents and can only drive 1 vehicle to OTS**

# PART C. DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

1. Question 1-2 already indicated

## PART D: \*\*\*\*\*OCONUS ONLY\*\*\*\*\*

Because these are for overseas locations, do not fill in. LEAVE BLANK!

### SIGNATURE AND DATE: Member needs to sign and date.

Below are examples of how it should look:

Version 1 March 2012

#### PDT ARRIVAL WORKSHEET

ORG Code F8BG

Authority: 5 USC Section 5701, 37 USC Section 404 427, 5 USC Section 301, DoDFMR 7000 14-R, Vol. 9, and EO 9397  
 Routine Use: Disclosures are permitted under 5 USC 552(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the IRS for  
 travel allowances, which are subject to Federal income taxes, and for any DoD "Black or Routine Use" as published in the Federal Register.  
 Disclosure: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

SSN 123 - 45 - 6789 Name Doe, John Grade QT  
 Unit 24 TRS Office Symbol QTS Dnty Home Phone (334)767-0001

Final out date 22 Mar 12 Port call date \_\_\_\_\_ Date departed last duty station 22 Mar 12  
 Date I notified unit that I was available for duty 23 Mar 12 Was leave taken upon arrival?  Yes  No  
 If applicable, explain delays between final-out and port call: DDLBS (e.g. mass out processing, leave  
 taken prior to departure, holidays, etc.): \_\_\_\_\_

#### PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

I certify that (please initial beside the statement(s) that apply or put N/A):

- My dependent(s) is/are residing in Gov Family Quarters (NOTE: Privatized Housing is not Gov Quarters)..... N/A  
 My dependent(s) was/were assigned to quarters on..... N/A
- I have a unique situation not mentioned, e.g. dependents are in various locations, moved to unauthorized location at  
 personal expense, etc. Please explain unique situation here, if applicable:

- I certify I currently reside in:  Dorms  Gov't Base Housing  Privatized Base Housing  Off-base  
 Billeting/Temp Lodging Effective Date: 23 Mar 12  Government Leased Housing (Attaché Personnel)  
 NOTE: \* Billeting TLF is not classified as "Gov't Base Housing".
- I am E4-or-above w/at least 3 yrs service w/o dependents & do not/will not have Gov't quarters assigned N/A  
 (E4 & below with less than 3 yrs service & w/o dependents need Commander approval to reside off base & receive BAH)
- The following information is true and correct:

<u>Doe, Jane</u>	<u>Spouse</u>	<u>17 Feb '03</u>
Name of Primary Dependent	Relationship	Date of Marriage/Birth

\*\*\*If claiming ONLY a child as primary dependent who is not in your custody, with whom is the child residing (ex-  
 spouse, grandparent, etc)? \_\_\_\_\_  
 NOTE: \*If child resides with a Military member, please provide his/her Name, SSN, and duty location below.  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Duty Location: \_\_\_\_\_

#### PART B: TRAVEL CERTIFICATION STATEMENTS

#### PART B: TRAVEL CERTIFICATION STATEMENTS

I certify that (Please initial beside the applicable items or N/A)

- I received my overseas air ticket from an on-base CTO (NOTE: If not, need Non-Availability Statement)..... N/A
- I used 2 privately owned/operated vehicles (POV) for all or a portion of this move:  N/A  All  A Portion  
 If a portion: from \_\_\_\_\_ to \_\_\_\_\_

#### PART C: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

I certify that (Please initial beside the applicable items or N/A)

- I am married to another military member and we relocated at (Same time | Separate times)..... N/A
  - We lived in the (Same | Different) household at old PDS..... N/A
  - We live in the (Same | Different) household at new PDS..... N/A
  - We were stationed at different PDSs before relocating to new PDS..... N/A
  - We married en route to new PDS (not married at last PDS)..... N/A

\*Single or unaccompanied members with dependents must certify they will not be assigned permanent Gov quarters (owned or leased) to  
 receive Single DLA

- I am E4-or-above w/at least 3 yrs service w/o dependents & do not/will not have Gov quarters assigned..... N/A
  - If you are currently in Billeting TLF but WILL be assigned Dorms or Gov't Base Housing, please check here
- NOTE: \* E4-or-below w less than 3 yrs service w/o Dependents require a letter signed by the Commander Designee at new duty station  
 \* Members whose dependent(s) have will not relocate are "Single" for DLA purposes, until dependent(s) travel is completed  
 \* DLA is not payable to first duty assignment for single members and members whose dependents do not relocate

#### PART D: \*\*\*\*\*OCONUS ONLY\*\*\*\*\*

Date Arrived in Country: \_\_\_\_\_ JFTR Location: \_\_\_\_\_

I certify that (please initial beside the statement(s) that apply or put N/A):

- I travelled with \_\_\_\_\_ dependents
- I am currently serving an Accompanied Unaccompanied Tour \_\_\_\_\_

.....

Signature John Doe Date 23 Mar 12

## INSTRUCTION FOR COMPLETING:

### **AF Form 594, Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination**

**PURPOSE.** Form is use to certify BAH entitlement

#### **PART A – IDENTIFICATION & DUTY LOCATION**

1. **NAME** (always complete this section)
2. **SSN** (always complete this section)
3. **GRADE** (OT)
4. **PHONE** (enter duty phone)
5. **DUTY LOCATION** (24 TRS BOT CLASS #-insert bot class number)

#### **PART B- MARITAL/DEPENDENTS STATUS**

6. (select applicable item(s))
7. Complete if applicable
8. Complete if applicable, just list primary dependent (primary dependent is either spouse or youngest child)
9. Complete if applicable

#### **PART C- MARITAL/DEPENDENTS STATUS**

Complete if claiming dependents. Check the box and initial underneath.

**MEMBER'S SIGNATURE** (always complete this section)

**DATE** (always complete this section)

**EXAMPLE OF TOP HALF OF BAH FORM:**

APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION			
<b>AUTHORITY:</b> 37 USC 043, Public Law 96-343, EQ 9397 <b>PURPOSE:</b> To start, adjust or terminate military member's entitlement to BAQ <b>ROUTINE USE(S):</b> Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependants in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments. <b>DISCLOSURE:</b> Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ		<b>PRIVACY ACT STATEMENT</b>	
<b>PART A - IDENTIFICATION &amp; DUTY LOCATION</b>		<b>HOUSING OFFICE or BILLETING OFFICIAL</b>	
1. NAME (Last, First, MI) <div style="text-align: center; font-size: 1.2em;"><b>Doe, John</b></div>		<b>NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS</b> QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
2. SSN <div style="font-size: 1.2em;"><b>123-45-6789</b></div>	3. GRADE <div style="font-size: 1.2em;"><b>OT</b></div>	4. PHONE	ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____
5. DUTY LOCATION (Base, State, ZIP Code or Country) <div style="font-size: 1.2em;"><b>24 TRS BOT Class #</b></div>		INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____	
<b>PART B - MARITAL/DEPENDENT STATUS</b>		TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO _____	
6. <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		TITLE <div style="font-size: 1.2em;"><b>Mark applicable block</b></div> SIGNATURE  DATE	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPERATED _____ (Date)			

**BELOW ARE EXAMPLES OF DIFFERENT SCENARIOS: SINGLE NO DEPENDENTS, SINGLE CLAIMING, MARRIED TO A CIV, AND MARRIED MIL-TO-MIL.**

**SINGLE NO DEP EXAMPLE:**

<b>PART B - MARITAL/DEPENDENT STATUS</b> 6 <input checked="" type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____ <small>(Date) (Date)</small>		TRANSIENT QUARTERS OCCUPIED - UNIT # EFFECTIVE DATES FROM _____ TO _____ TITLE _____ SIGNATURE _____ DATE _____	
7 NON-CUSTODIAL PARENTS I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ _____ 00 PRE MONTH FOR DEPENDENT SUPPORT BASED ON: a <input type="checkbox"/> DIVORCE DECREE b <input type="checkbox"/> COURT ORDER c <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8 I <input type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date) _____ Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
9 IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING			
NAME	SSN	BRANCH OF SERVICE	STATION
<b>PART C - MEMBER'S CERTIFICATION (For members with dependents)</b> <input type="checkbox"/> I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport <b>CERTIFICATION FOR MEMBER'S RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)</b> I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed _____ I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.			
MEMBER'S SIGNATURE			DATE
SIGNATURE <i>John Doe</i>			23 Mar 12

**SINGLE CLAIMING EXAMPLE:**

<b>PART B - MARITAL/DEPENDENT STATUS</b> 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____ <small>(Date) (Date)</small>		TRANSIENT QUARTERS OCCUPIED - UNIT # EFFECTIVE DATES FROM _____ TO _____ TITLE _____ SIGNATURE _____ DATE _____	
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8 I <input type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date) _____ Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
Doe, Jenny	1797 Fir Tree Blvd Prattville, AL 36066	Child	12 Jul '07
<b>NOTE: Please write down your youngest child's information</b>			
9 IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING			
NAME	SSN	BRANCH OF SERVICE	STATION
<b>PART C - MEMBER'S CERTIFICATION (For members with dependents)</b> <input checked="" type="checkbox"/> I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport <b>CERTIFICATION FOR MEMBER'S RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)</b> I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed _____ I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.			
MEMBER'S SIGNATURE			DATE
SIGNATURE <i>John Doe</i>			23 Mar 12

**MARRIED TO A CIVILIAN EXAMPLE:**

<b>PART B - MARITAL/DEPENDENT STATUS</b> 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSH, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____ <small>(Date) (Date)</small>		TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM _____ TO: _____ TITLE _____ SIGNATURE _____ DATE _____	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ _____ 00 PRE MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. I <input type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date): _____ Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
Doe, Jane	1797 Fir Tree Blvd Prattville, AL 36066	Spouse	17 Feb '03 → DOM
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING			
NAME	SSH	BRANCH OF SERVICE	STATION
<b>PART C. MEMBER'S CERTIFICATION (For members with dependents)</b> <input checked="" type="checkbox"/> I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport <b>CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)</b> I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.			
MEMBER'S SIGNATURE			DATE
SIGNATURE <i>John Doe</i>			23 Mar 12

**MARRIED MIL-TO-MIL, NO DEP:**

<b>PART B - MARITAL/DEPENDENT STATUS</b> 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSH, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: Doe, Jane; 012-34-5678; USAF; Patrick AFB; 17 Feb '03 <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____ <small>(Date) (Date)</small>		TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM _____ TO: _____ TITLE _____ SIGNATURE _____ DATE _____	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ _____ 00 PRE MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. I <input type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date) _____ Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
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MEMBER'S SIGNATURE			DATE
SIGNATURE <i>John Doe</i>			23 Mar 12

**MARRIED MIL-TO-MIL, WITH DEP:**

<p><b>PART B - MARITAL/DEPENDENT STATUS</b></p> <p>6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)</p> <p>MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY MEMBER</p> <p>IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:  <b>Doe, Jane; 012-34-5678; USAF; Patrick AFB; 17 Feb '03</b></p> <p><input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____                  (Date) (Date)</p>		<p>TRANSIENT QUARTERS OCCUPIED - UNIT # _____</p> <p>EFFECTIVE DATES FROM: _____ TO: _____</p> <p>TITLE _____</p> <p>SIGNATURE _____</p> <p>DATE _____</p>							
<p>7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ _____ 00 PRE MONTH FOR DEPENDENT SUPPORT</p> <p>BASED ON: a <input type="checkbox"/> DIVORCE DECREE b <input type="checkbox"/> COURT ORDER c <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN</p>									
<p>8. I <input type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date) _____</p> <p>Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)</p> <table border="1"> <thead> <tr> <th>(a) NAME (Last, First, MI)</th> <th>(b) ADDRESS, CITY, STATE, ZIP or COUNTRY</th> <th>(c) RELATIONSHIP</th> <th>(d) DOB</th> </tr> </thead> <tbody> <tr> <td><b>Doe, Jenny</b></td> <td><b>1797 Fir Tree Blvd Prattville, AL 36066</b></td> <td><b>Child</b></td> <td><b>12 Jul '07</b></td> </tr> </tbody> </table>		(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB	<b>Doe, Jenny</b>	<b>1797 Fir Tree Blvd Prattville, AL 36066</b>	<b>Child</b>	<b>12 Jul '07</b>
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB						
<b>Doe, Jenny</b>	<b>1797 Fir Tree Blvd Prattville, AL 36066</b>	<b>Child</b>	<b>12 Jul '07</b>						
<p><b>NOTE: Please write down your youngest child's information</b></p>									
<p>9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>SSN</th> <th>BRANCH OF SERVICE</th> <th>STATION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	SSN	BRANCH OF SERVICE	STATION				
NAME	SSN	BRANCH OF SERVICE	STATION						
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<p>MEMBER'S SIGNATURE</p> <p>SIGNATURE <i>John Doe</i></p>	<p>DATE</p> <p><b>23 Mar 12</b></p>								

- \*NPS CLAIMING "MARRIED TO CIV SPOUSE OR MIL MEMBER" MUST PROVIDE COPY OF MARRIAGE CERT
- \*NPS CLAIMING "SINGLE, CLAMING" OR "MIL-MIL W/DEP" MUST PROVIDE COPY OF THEIR YOUNGEST CHILDS BIRTH CERTIFICATE
- \* DO NOT PROVIDE ANY SOCIAL SECURITY CARDS, YOUR BIRTH CERTIFICATE OR YOUR SPOUSES BIRTH CERTIFICATE.\*

# INSTRUCTIONS FOR COMPLETING:

## FAMILY SEPARATION ALLOWANCE (DD FORM 1561)

**Purpose:** This entitlement is only for members with dependents. In order to be authorized for this entitlement, you must meet the following requirements: **MUST** have dependents, your dependents must be more than 50 miles away from Maxwell AFB, you have to be away from your dependents for more than 30 days.

1. NAME OF MEMBER:
2. GRADE:
3. SOCIAL SECURITY NUMBER:
4. BRANCH AND ORGANIZATION: *also include BOT class number*
5. \*TYPE IS TEMPORARY\*
6. COMPLETE CURRENT ADDRESS OF DEPENDENTS:
7. DATE DEPARTED RESIDENCE TO UNIT HOME STATION: *date you left your dependants*
8. CERTIFY TO THE FOLLING FACTS A-G (X APPLICABLE BOXES)
9. SIGN AND DATE

### EXAMPLE OF FSA FORM:

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)			
PRIVACY ACT STATEMENT			
<b>AUTHORITY:</b> Title 37, U.S. Code, Section 427.		To evaluate member's application for FSA.	
<b>PRINCIPAL PURPOSE:</b>		a. Serves as substantiating document for FSA payments and input into the member's pay account	
<b>ROUTINE USE:</b>		b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.	
<b>DISCLOSURE:</b>		c. Provides a record in service member's pay account and for sickkeeping.	
Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.			
<b>1. NAME OF MEMBER (Last, First, Middle Initial)</b> Doe, John	<b>2. GRADE</b> OT	<b>3. SOCIAL SECURITY NUMBER</b> 123-45-6789	<b>4. BRANCH AND ORGANIZATION</b> USA/F/OTS/BOT 12-05
<b>PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA</b>			
<b>5. TYPE (if applicable)</b> <input checked="" type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Residual) <input type="checkbox"/> FSA-S (Ship)		<b>6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)</b> 597 Columbine Rd Jacksonville, FL 32218	
<b>7. DATE (DD/MY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members)</b> 22 Mar 12			
<b>8. CERTIFY TO THE FOLLOWING FACTS (if applicable for/act)</b>			
<input checked="" type="checkbox"/> a. I am not divorced or legally separated from my spouse. <input checked="" type="checkbox"/> b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders. <input checked="" type="checkbox"/> c. My dependent (other than my spouse; see line 1, below) is not a member of the military service on active duty. <input checked="" type="checkbox"/> d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year. <input type="checkbox"/> e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibility thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit. <input type="checkbox"/> f. I am married to another military member currently serving on active duty and my spouse <input type="checkbox"/> was <input type="checkbox"/> was not residing with me immediately before being separated by execution of my military orders. Spouse's SSN: _____ Branch and Component: _____ <input type="checkbox"/> g. My last TDY or deployment, if any, <input type="checkbox"/> was <input type="checkbox"/> was not within the last 30 days from this TDY or deployment.			
9. I understand that I must notify my commanding officer (immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.			
<b>9. DATE (DD/MY)</b> 23 Mar 12	<b>10. SIGNATURE OF MEMBER</b> <i>John Doe</i>		
<b>PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW</b>			

Mark  
Applicable  
blocks