DEPENDENCY

INFORMATION

DEPENDENCY INFORMATION

1. Issuance of a DD Form 1173, Uniformed Services Identification and Privilege Card, for your eligible family members may require a dependency determination. This packet contains information on the proper forms for Soldiers, DoD Civilian employees, and eligible DoD contractors to file for different family members. It is intended to help explain information found in AR 600-8-14 and AE Regulation 600-700.

2. Soldiers requests for dependency determinations are sent to:

Defense Finance Accounting Office Service-Indianapolis Center
(DFAS-IN)
Director of Military Personnel, Special Assistance Division,
Dependency/Garnishment
8899 East 56th Street,
Indianapolis, IN 46249-0855

The DFAS website at www.dod.mil/dfas contains additional information.

3. DoD civilian employee and DoD contractor requests for dependency determinations are sent to their sponsoring agencies.

4. Relatives who qualify as members of your household may be eligible to receive limited logistic support while in Germany as provided in AE Regulation 600-700, Chapter 8. This packet also contains information on that process.

5. The proponent for these programs is 1st PERSCOM. The ID card section at the One Stop Processing Center in the Heidelberg Shopping Center, DSN 370-7535 or commercial 06221-57-7535, can provide detailed advice and assistance.

EVERY SITUATION IS DIFFERENT SO DO NOT HESITATE TO SEEK ADVICE OR ASSISTANCE

DEPENDENCY STATEMENT - PARENT

CONTROL NUMBER	OMB No. 0730-0014 OMB approval expires Sep 30, 2007

The public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0730-0014). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397, November 1943; 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; and Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A, Military Pay Policy and Procedures - Active Duty and Reserve Duty.

PRINCIPAL PURPOSE(S): The information provided on this form will be used to determine the relationship and dependency of an individual on the military member, for entitlement of authorized benefits.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service (IRS) for tax purposes, and the Department of Veterans Affairs (DOVA) regarding DOVA compensation. Other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as ppublished in the Federal Register.

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

INSTRUCTIONS

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.

1. ENTITLEMENTS REQUESTED *(X and complete as applicable)*

a. TYPE	b. FIRST APPLICATION?	c. LAST APPLICATION WAS
☐ BAH ☐ USIP CARD ☐ TRAVEL ALLOWANCE	☐ YES *(If No, give date of last application)* ☐ NO *(YYYYMMDD)* _____	☐ APPROVED ☐ DISAPPROVED

2. MEMBER INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. RANK

d. STATUS *(X and complete as applicable)*

☐ ACTIVE DUTY ☐ NATIONAL GUARD ☐ ARMY ☐ NAVY ☐ DECEASED *(Date of death) (YYYYMMDD)* _____
☐ RETIRED ☐ RESERVE ☐ MARINE CORPS ☐ AIR FORCE ☐ OTHER *(Specify)*

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

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

g. TELEPHONE NUMBERS *(Include DSN or Area Code)*		h. E-MAIL ADDRESS	i. MARITAL STATUS *(X one)*
(1) WORK	(2) HOME		☐ SINGLE ☐ SEPARATED ☐ WIDOWED ☐ MARRIED ☐ DIVORCED

3. PARENT(S) INFORMATION

a.		b.	
(1) NAME *(Last, First, Middle Initial)*		(1) NAME *(Last, First, Middle Initial)*	
(2) SSN	(3) DATE OF BIRTH *(YYYYMMDD)*	(2) SSN	(3) DATE OF BIRTH *(YYYYMMDD)*
(4) RELATIONSHIP		(4) RELATIONSHIP	

3. PARENT(S) INFORMATION *(Continued)*

a. (5) COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*	b. (5) COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*
(6) TELEPHONE NUMBER *(Include Area Code)*	(6) TELEPHONE NUMBER *(Include Area Code)*
(7) PRESENT OCCUPATION OR BUSINESS	(7) PRESENT OCCUPATION OR BUSINESS
(8) NAME AND ADDRESS OF EMPLOYER *(If unemployed, state reason, date unemployment began, and date employment is expected to resume.)*	(8) NAME AND ADDRESS OF EMPLOYER *(If unemployed, state reason, date unemployment began, and date employment is expected to resume.)*

c. MARITAL STATUS *(X one)*

- ☐ MARRIED
- ☐ SINGLE
- ☐ WIDOWED
- ☐ DIVORCED
- ☐ LIVING APART UNDER LEGAL SEPARATION

d. IF SPOUSE IS DECEASED OR LEGALLY SEPARATED FROM PARENT, GIVE DATE OF DEATH, DIVORCE, OR SEPARATION *(YYYYMMDD)*

e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT, GIVE REASON:

f. CHILDREN *(List all parent's living children regardless of age. Show the average monthly contribution to parent from each child. Continue in Remarks section if more space is needed.)*

(1) NAME *(Last, First, Middle Initial)*	(2) SSN *(Service Members Only)*	(3) BRANCH OF SERVICE *(If on Active Duty)*	(4) MONTHLY CONTRIBUTION TO PARENT

g. DOES ANY OTHER CHILD CLAIM PARENT FOR BAH, TRAVEL ALLOWANCE, OR USIP CARD? *(If Yes, give child's name, SSN, and branch of service.)*

- ☐ YES
- ☐ NO

4. PARENT'S RESIDENCE

a. TYPE OF RESIDENCE *(X and complete as applicable)*

- ☐ HOME OR APARTMENT OF PARENT
- ☐ HOME OR APARTMENT OF MEMBER
  (Date began residing with member) _____
- ☐ HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
- ☐ HOSPITAL OR INSTITUTION
- ☐ OTHER *(Explain)* _____

b. OWNER OF RESIDENCE

(1) NAME *(Last, First, Middle Initial)*	(2) ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

c. IS RESIDENCE SUBSIDIZED HOUSING?	d. DATE PARENT STARTED LIVING AT CURRENT ADDRESS *(YYYYMMDD)*	e. IS CURRENT ADDRESS PARENT'S PERMANENT ADDRESS?
☐ YES ☐ NO		☐ YES *(If No, explain where else parent lives and number of months there each year.)* ☐ NO

5. PERSONS LIVING IN HOUSEHOLD WITH PARENT

List all persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP TO PARENT	c. AGE	d. MARRIED *(X)*		e. EMPLOYED		f. MONTHLY CONTRIBUTION TO PARENT
			YES	NO	HOURS PER WEEK	NO *(X)*	

6. HOUSEHOLD EXPENSES

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If parent resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If parent does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section. However, if parent resides in and owns home mortgage free, enter "None" in mortgage/rent/FRV block.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the parent lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. *(X one)* ☐ RENT ☐ FRV ☐ MORTGAGE *(Specify amount of tax and insurance if applicable)* TAX INSURANCE			d. FURNITURE AND APPLIANCES		
b. FOOD			e. REPAIRS ON HOME		
c. UTILITIES *(Heat, power, water, and telephone)*			f. OTHER *(Itemize in Remarks section)*		

7. PARENT'S PERSONAL EXPENSES

List personal expenses for parent, parent's spouse, and their unmarried minor children who are not fully employed and who live in the same household. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the parent's personal expenses regardless of who is paying for them.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS *(If auto is registered in parent's name)*		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTATION PAYMENTS *(Include gas, oil, insurance, repairs, and public transportation)*		
c. MEDICAL *(Do not include expenses paid by insurance, welfare, or Medicare)*			i. SCHOOL EXPENSES *(Itemize)*		
d. VALUE OF USIP CARD *(Verification of amount is required)*					
e. PERSONAL INSURANCE *(Specify)*			j. OTHER EXPENSES *(Itemize)*		
f. PERSONAL TAXES *(Specify)*					

8. PARENT'S ASSETS

List all assets such as real estate (including home), personal property, farm and/or business equipment, automobiles, trucks, cash, savings of any type, stocks, bonds, etc., whether owned separately by parent, jointly with spouse, or jointly by parent or spouse with another person. Assets must be listed even though parent may not be using the income earned by these assets, but is allowing the interest of dividends to accrue.

a. DESCRIPTION	b. PRESENT VALUE	c. PARENT'S EQUITY

d. IS PARENT LIQUIDATING ASSETS? *(For example, is parent withdrawing money from savings, or selling stocks and bonds?)*

☐ YES. IF YES, HOW MUCH OF PARENT'S CAPITAL IS USED MONTHLY? $_____

☐ NO EXPLAIN:

9. PARENT'S INCOME

All gross income received by parent and parent's spouse, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. If any income received includes funds for children, be sure to show the amount received for them. List income for parents and children separately. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PARENT/ CHILDREN	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			i. SCHOLARSHIPS OR EDUCATIONAL GRANTS	Parent		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				Children		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION *(Specify type)*			j. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR *(Specify type)*	Parent		
				Children		
d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND FARMING *(Specify type and explain in Remarks section)*			k. SUPPLEMENTAL SECURITY INCOME (SSI)	Parent		
				Children		
e. FOREIGN PENSION PAYMENTS *(Specify type and if received based on previous employment, parent's need, age, military service, etc., in Remarks section)*			l. VETERANS ADMINISTRATION PAYMENTS *(Specify type)*	Parent		
				Children		
f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			m. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN *(Include agency and address in Remarks section)*	Parent		
g. TAX REFUNDS *(Specify)*				Children		
h. OTHER *(Specify)*			n. PAYMENT OR ALIMONY FROM SEPARATED OR DIVORCED SPOUSE	Parent		
				Children		

o. HAS PARENT OR SPOUSE APPLIED FOR ANY TYPE OF PENSION, SOCIAL SECURITY, VA, DISABILITY, UNEMPLOYMENT, OR RETIREMENT PAYMENTS NOT YET RECEIVED? *(If Yes, explain.)*

☐ YES ☐ NO

IF PARENT OR SPOUSE HAS REACHED THE ELIGIBILITY AGE FOR SOCIAL SECURITY BENEFITS *(Unremarried widow or widower, 60 or older, retired, 62 or older)*, BUT DOES NOT RECEIVE THEM, FURNISH DISALLOWANCE LETTER FROM THE SOCIAL SECURITY ADMINISTRATION.

10. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER GAVE PARENT, OR PAID IN PARENT'S BEHALF 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

b. MEMBER PROVIDES SUPPORT BY *(X one)*
(Verification documentation is required for BAH claims)

☐ ALLOTMENT ☐ PERSONAL CHECK ☐ MONEY ORDER
☐ OTHER *(Explain)*

11. REMARKS *(Use back if necessary)*

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 trick, 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 18, 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 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

12. SIGNATURES

a. PARENT(S)

I, _____ *(print name)* and _____ *(print name)*

will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.

(1) PARENT'S SIGNATURE	(2) DATE SIGNED *(YYYYMMDD)*	(3) PARENT'S SIGNATURE	(4) DATE SIGNED *(YYYYMMDD)*

b. NOTARY PUBLIC

Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).

This _____ day of _____, _____, at city (or town) of _____, county of _____,

and state (or territory) of _____.

_____
(Notary)

(Official Seal)

_____
(Official Title)

c. MEMBER

(1) SIGNATURE	(2) DATE SIGNED *(YYYYMMDD)*

Please read Privacy Act Statement and Agency Disclosure Notice prior to completing this form.

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD
DEERS ENROLLMENT

OMB No. 0704-0020
OMB approval expires Sep 30, 2008

SECTION I SPONSOR INFORMATION

1. NAME *(Last, First, Middle)*				2. SEX	3. SSN *(or SN)*	4. STATUS	5. BR OF SERVICE
6. PAY GRADE	7. RANK	8. GEN. CAT	9. TYPE OF CARD ISSUED		10. ID NO.	11. LAST UPDATE *(YYYYMMMDD)*	12. V/I
13. CURRENT RESIDENCE ADDRESS				14. SUPPLEMENTAL ADDRESS INFORMATION			
15. CITY		16. STATE	17. ZIP CODE		18. COUNTRY	19. UIC	20. HOME TELEPHONE NO. *(Include Area Code)*
21. DATE OF BIRTH *(YYYYMMMDD)*	22. BLOOD TYPE	23. COLOR EYES	24. COLOR HAIR	25. HEIGHT	26. WEIGHT	27. MEDICARE	28. MARITAL STATUS
29. ELIG ST/MC EFF DATE *(YYYYMMMDD)*	30. CARD EX/ELIG END DATE *(YYYYMMMDD)*	31. PRIVILEGES AUTHORIZED *(Enter correct abbreviation AFTER privilege)* Medical Civilian; Medical Service; Commissary; Exchange Unlimited; Exchange Limited; Morale, Welfare & Recreation					32. END ELIG REASON

SECTION II DEPENDENT INFORMATION

33. NAME *(Last, First, Middle)*				34. SEX	35. RELATIONSHIP	36. SSN	37. ID NO.
38. LAST UPDATE *(YYYYMMMDD)*	39. V/I	40. CURRENT RESIDENCE ADDRESS			41. SUPPLEMENTAL ADDRESS INFORMATION		
42. CITY		43. STATE	44. ZIP CODE		45. COUNTRY	46. HOME TELEPHONE NO. *(Include Area Code)*	47. DATE OF BIRTH *(YYYYMMMDD)*
48. MBI	49. STU	50. INCAP	51. MEDICARE	52. COLOR EYES	53. COLOR HAIR	54. HEIGHT	55. WEIGHT	56. MARITAL STATUS DATE *(YYYYMMMDD)*
57. ELIG ST/MC EFF DATE *(YYYYMMMDD)*	58. CARD EX/ELIG END DATE *(YYYYMMMDD)*	59. PRIVILEGES AUTHORIZED *(Enter correct abbreviation AFTER privilege)* Medical Civilian; Medical Service; Commissary; Exchange Unlimited; Exchange Limited; Morale, Welfare & Recreation					60. END ELIG REASON
61. NAME *(Last, First, Middle)*				62. SEX	63. RELATIONSHIP	64. SSN	65. ID NO.
66. LAST UPDATE *(YYYYMMMDD)*	67. V/I	68. CURRENT RESIDENCE ADDRESS			69. SUPPLEMENTAL ADDRESS INFORMATION		
70. CITY		71. STATE	72. ZIP CODE		73. COUNTRY	74. HOME TELEPHONE NO. *(Include Area Code)*	75. DATE OF BIRTH *(YYYYMMMDD)*
76. MBI	77. STU	78. INCAP	79. MEDICARE	80. COLOR EYES	81. COLOR HAIR	82. HEIGHT	83. WEIGHT	84. MARITAL STATUS DATE *(YYYYMMMDD)*
85. ELIG ST/MC EFF DATE *(YYYYMMMDD)*	86. CARD EX/ELIG END DATE *(YYYYMMMDD)*	87. PRIVILEGES AUTHORIZED *(Enter correct abbreviation AFTER privilege)* Medical Civilian; Medical Service; Commissary; Exchange Unlimited; Exchange Limited; Morale, Welfare & Recreation					88. END ELIG REASON

SECTION III SPONSOR DECLARATION AND REMARKS

89. REMARKS *(Cite legal documentation, as applicable.)*

NOTARY SIGNATURE AND SEAL

I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge.
(If not signed in the presence of the verifying official, the signature must be notarized.)

90. SIGNATURE	91. DATE SIGNED *(YYYYMMMDD)*

SECTION IV VERIFIED BY

92. TYPED NAME *(Last, First, Middle)*		93. PAY GRADE	94. UNIT/COMMAND NAME
95. TITLE	96. UIC	97. DUTY PHONE NO.	98. UNIT/COMMAND ADDRESS *(Street, City, State, ZIP Code)*
99. SIGNATURE		100. DATE VERIFIED *(YYYYMMMDD)*	

SECTION V ISSUED BY

101. TYPED NAME *(Last, First, Middle)*		102. PAY GRADE	103. UNIT/COMMAND NAME
104. TITLE	105. UIC	106. DUTY PHONE NO.	107. UNIT/COMMAND ADDRESS *(Street, City, State, ZIP Code)*
108. SIGNATURE		109. DATE ISSUED *(YYYYMMMDD)*	

SECTION VI RECEIPT

RECEIPT OF NEW CARD IS ACKNOWLEDGED

110. SIGNATURE	111. DATE ISSUED *(YYYYMMMDD)*

DD FORM 1172, SEP 2005

PREVIOUS EDITION MAY BE USED.
This form valid for issue of ID card 90 days from date of verification.

Adobe Professional 6.0

The public reporting burden for this collection of information is estimated to average 10 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0020). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.
RETURN COMPLETED FORM TO THE UNIFORMED SERVICE ID CARD ISSUING FACILITY.

SECTION VII - PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. sections 1061 - 1065, 1072 - 1074, 1074a - 1074c, 1076, 1076a, 1077, 1095(k)(2), E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for the Uniformed Services Identification Card and/or DEERS Enrollment.

ROUTINE USE(S): To appropriate business entities, individual providers of care, and others, on matters relating to claims adjudication, program abuse, utilization review, professional quality assurance, medical peer review, program integrity, third party liability, coordination of benefits, and civil and criminal litigation.

To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program.

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System. Failure to provide a beneficiary's Social Security Number renders that beneficiary ineligible for health care services in Military Treatment Facilities. However, emergency health care services will be provided to the extent furnished members of the general public.

SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT

I understand that the actions of the recipient(s) of the "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized; i.e., medical and dental care, exchange, commissary, and morale, welfare, and recreation programs. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical and dental care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Service Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, and certain disabled beneficiaries under 65, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS IN CONNECTION WITH CLAIMS: FINE OF UP TO $10,000 OR IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.

(ACT June 25, 1948, 18 U.S. Code 287, 1001)

Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

MARK HERE FOR CIVILIAN OR CONTRACTOR PRE-ELIGIBILITY →

APPLICATION FOR DEPARTMENT OF DEFENSE COMMON ACCESS CARD DEERS ENROLLMENT

OMB No. 0704-0415
OMB approval expires Apr 30, 2007

SECTION I EMPLOYEE INFORMATION

1. NAME *(Last, First, Middle)*				2. SEX	3. SSN	4. STATUS	5. ORGANIZATION
6. PAY GRADE	7. GEN. CAT	8. CITIZENSHIP	9. DATE OF BIRTH *(YYYYMMMDD)*		10. PLACE OF BIRTH	11. LAST UPDATE *(YYYYMMMDD)*	12. V/I
13. CURRENT RESIDENCE ADDRESS					14. SUPPLEMENTAL ADDRESS INFORMATION		
15. CITY		16. STATE	17. ZIP CODE		18. COUNTRY	19. OFFICE E-MAIL ADDRESS	
20. CITY OF DUTY LOCATION		21. STATE OF DUTY LOCATION		22. COUNTRY OF DUTY LOCATION		23. ALTERNATIVE E-MAIL ADDRESS	
24. SPONSORING OFFICE NAME						25. CONTRACT NUMBER	
26. SPONSORING OFFICE ADDRESS *(Street, City, State, ZIP Code)*						27. SPONSORING OFFICE TELEPHONE NUMBER	
28. SUPPLEMENTAL ADDRESS INFORMATION						29. OVERSEAS ASSIGNMENT *(Country)*	
30. OVERSEAS ASSIGNMENT BEGIN DATE *(YYYYMMMDD)*		31. OVERSEAS ASSIGNMENT END DATE *(YYYYMMMDD)*		32. TYPE OF CARD ISSUED			
33. ELIG ST/EFF DATE *(YYYYMMMDD)*		34. CARD EXPIRATION DATE *(YYYYMMMDD)*		35. SUPPLEMENTAL ASSIGNMENT INFORMATION			

SECTION II EMPLOYEE DECLARATION AND REMARKS

36. REMARKS *(Cite legal documentation, as applicable.)*

NOTARY SIGNATURE AND SEAL

I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. *(If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)*

37. SIGNATURE	38. DATE SIGNED *(YYYYMMMDD)*

SECTION III AUTHORIZED/VERIFIED BY

I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires a CAC in the performance of their duties with the Uniformed Services.

39. TYPED NAME *(Last, First, Middle)*		40. UNIT/ORGANIZATION NAME	
41. TITLE	42. PAY GRADE	43. DUTY PHONE NO.	44. UNIT/ORGANIZATION ADDRESS *(Street, City, State, ZIP Code)*
45. SIGNATURE		46. DATE VERIFIED *(YYYYMMMDD)*	

SECTION IV ISSUED BY

47. TYPED NAME *(Last, First, Middle)*		48. PAY GRADE	49. UNIT/COMMAND NAME
50. TITLE	51. UIC	52. DUTY PHONE NO.	53. UNIT/COMMAND ADDRESS *(Street, City, State, ZIP Code)*
54. SIGNATURE		55. DATE ISSUED *(YYYYMMMDD)*	

SECTION V RECEIPT

RECEIPT OF NEW CARD IS ACKNOWLEDGED

56. SIGNATURE	57. DATE ISSUED *(YYYYMMMDD)*

DD FORM 1172-2, MAY 2004

This form valid for issue of Common Access Card for 90 days from date of verification.

PREVIOUS EDITION IS OBSOLETE.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 20 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0415). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.
RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM WORK STATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; 10 U.S.C. Sections 1074(c)(1) and 1095(k)(2); 10 U.S.C. chapter 147; 50 U.S.C. chapter 23; E.O. 9397; E.O. 10450, as amended.

PRINCIPAL PURPOSE(S): To apply for the Common Access Card and/or DEERS Enrollment; control access to and movement in or on DoD installations, buildings, or facilities; regulate access to DoD computer systems and networks; and verify eligibility, if authorized, for DoD benefits or privileges. To authenticate the identity of the authorizing/ verifying official for security or auditing purposes.

ROUTINE USE(S): To Federal and State agencies and private entities, as necessary, on matters relating to utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government and contractor facilities, computer systems, networks, and controlled areas.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Common Access Card; non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits and privileges if otherwise authorized.
[For contractor personnel who are not required to have a National Agency Check only: Failure to provide a social security number will not result in denial of the Card, enrollment in DEERS, access to facilities or networks, or if eligible for, receipt of DoD benefits and privileges (other than non-emergency health care services), provided alternative means of identification (original birth certificate, passport, etc.) are voluntarily furnished upon request. However, submission of alternative identification may cause substantial delays; and if not provided, may result in denial of the Card, non-enrollment, refusal of access, and denial of benefits and privileges.]

INSTRUCTIONS

Instructions for the DD Form 1172-2 can be found at:
http://www.dmdc.osd.mil/smartcard/docs/1172-2_Instructions.pdf

ILS for persons who are issued ID cards.

1-11. CHANGES AND EXCEPTIONS

a. Recommendations for changes to this regulation and requests for exceptions to policy will be sent through command channels to the Commander, 1st PERSCOM (AEUPE-PSSD-PSD-PSB), for approval. One-time requests for support not listed in this regulation will—

(1) State the logistic-support privileges desired.

(2) List the persons, including family members (dependents), for whom the support is requested.

(3) Include completed DD Form 1172 or AE Form 600-700B for persons wanting support.

(4) Include the date of arrival in Germany, the purpose of the visit or assignment, and the expected length of stay.

b. The Commander, 1st PERSCOM, will send requests for exceptions to policy pertaining to customs and taxes to the OPM (NATO SOFA Office), Unit 29931, APO AE 09086-9931.

1-12. DEPENDENCY DETERMINATIONS FOR DOD CIVILIAN AND CONTRACTOR SPONSORS

a. General.

(1) DOD civilian and contractor sponsors issued ID cards according to AR 600-8-14 or this regulation may request determinations of their family-member dependency status from their sponsoring agencies (b below) for the types of family members listed in AR 600-8-14, paragraphs 19.21, 19.22, and 19.24. Family members not listed in AR 600-8-14, paragraphs 19.21, 19.22, and 19.24, are ineligible for dependency status. Family members who do not meet the eligibility requirements for dependency status and family members who meet the relationship requirements but not the support requirements stated in paragraphs (3) and (4) below may be eligible for member-of-household status according to chapter 8 of this regulation.

(2) Dependency implies an existing condition. Previous dependency or the possibility of future dependency does not determine current dependency.

(3) The family member's (dependent's) monetary income from all sources other than the sponsor must be less than 50 percent of the family member's (dependent's) monthly expenses.

(4) The sponsor must be responsible either by cash contribution or by value of services provided (such as room and board) for at least 50 percent of the family member's (dependent's) support.

b. Procedures.

(1) The civilian sponsor will submit a written request to the sponsoring agency for determination of family member dependency status. The request must be sworn to by both the sponsor and the family member and be notarized. Requests will include the documentation listed in AR 600-8-14, attachment 5, and—

(a) A statement as to whether or not the family member was claimed as an exemption on the sponsor's last income-tax return. The statement will provide the name of the internal revenue district to which the return was sent or the reason why the family member was not claimed.

(b) A statement as to whether or not the family member is living in the sponsor's household and, if so, for what periods.

(c) Statements and documents providing evidence of the family member's total monthly income and personal living expenses and the sponsor's total contributions toward the family member's total monthly personal living expenses when the family member is—

1. A child over 21 years old and incapable of self-support because of a mental or physical incapacity that existed before age 21.

2. A child under 21 years old who is illegitimate and whose paternity has not been judicially decreed.

3. A parent.

4. An adoptive parent.

5. An adoptive parent-in-law.

6. A stepparent.

7. A stepparent-in-law.

(2) Sponsoring agencies will determine eligible family members. Written approvals or disapprovals ((a) and (b) below) will be prepared and provided to sponsors. Questionable requests will be coordinated with the local staff judge advocate office. As a minimum—

(a) Approvals will include guidance on when and where to report for issue of the family member's (dependent's) ID card, advice on the documentation required by the ID card-issuing agency, a statement explaining the procedures for renewal or advising the sponsor and family member (dependent) that authorization cannot be renewed and why, and a statement informing the sponsor that he or she must immediately return the family member's (dependent's) ID card to the sponsoring agency if the family member's dependent status ends before the ID card expires.

(b) Disapprovals will include reasons why the family member is ineligible for dependent or member-of-household status and advice on alien registration, control rules, or the agency to contact for this information (for example, the embassy or consulate of the family member's home country).

(3) ID card-issuing authorities will issue DD Form 1173 to family members with approved dependency determinations.

c. Identity Document. Family members with approved dependency status will receive DD Form 1173.

d. Expiration Date. The expiration date on ID cards issued to family members granted dependency status under this paragraph will be the sponsor's current tour-completion or contract-expiration date, or the date the family member's dependency ends, whichever is earliest.

e. Authorized Support. Family members granted dependency status under this paragraph are authorized the same ILS as their sponsor.

f. Special Instructions.

(1) Sponsors will send requests for renewal of the family member's dependency status to the sponsoring agency 30 days before the expiration date on the family member's ID card. Requests will include a complete copy of the previous approval, a copy of the approved extension of the sponsor's tour-completion or contract-expiration date, and documented evidence of continued support.

(2) Requests for renewal of dependency status for some family members cannot be granted. Examples of family members for whom requests cannot be granted include children who—

(a) Marry, regardless of their age.

(b) Turn 21 years old and are not enrolled full-time in an institution of higher learning or mentally or physically incapacitated. Children of APF and NAF civilian employees who traveled to the European theater as family members (dependents) at Government expense and became 21 years old during the sponsor's overseas tour may qualify for member-of-household status according to paragraph 8-1.

(c) Turn 23 years old and were not mentally or physically incapacitated before age 21.

(3) Temporary ID cards will not be issued pending approval of the sponsor's tour-completion or contract-expiration date, request for dependency determination, or renewal of the dependent status.

1-13. DEPENDENCY DETERMINATIONS FOR SOLDIERS

Soldiers will send requests for determination of their family members' dependency status to the Defense Finance and Accounting Service-Indianapolis Center (DFAS-IN) (Director of Military Personnel, Special Assistance Division, Dependency/ Garnishment), 8899 East 56th Street, Indianapolis, IN 46249-0855, following the procedures in AR 600-8-14, paragraphs 19.21, 19.22, and 19.24. Family members who do not meet the eligibility requirements for dependency status according to DFAS-IN may be eligible for member-of-household status according to chapter 8 of this regulation.

1-14. LEAVE WITHOUT PAY (LWOP)

21		Enter additional AE Form 600-700A information when appropriate (for example, lost or stolen AE Form 600-700A, legal documentation presented as proof of relationship).

CHAPTER 3
ILS FOR U.S. ACTIVE DUTY MILITARY AND CIVILIAN PERSONNEL

SECTION I
GENERAL

3-1. APPLICABILITY AND IDENTITY DOCUMENTS
Table 3-1 shows applicability and identity documents.

Table 3-1
Applicability and Identity Documents

Applicability	Document
U.S. military personnel on AD when assigned to or on TDY in the Army in Europe.	CAC
U.S. Army National Guard and Reserve personnel on AD training in the Army in Europe for more than 30 days.	CAC
Persons attending a U.S. military academy and assigned to duty in the Army in Europe.	CAC
Family members of U.S. military personnel on AD when assigned to or on TDY in the Army in Europe.	DD Form 1173
APF and NAF civilian employees working full time in the Army in Europe and their family members when residing in the same household. This category includes those employees who are on TDY in the Army in Europe for 30 days or more. This also includes seasonal employees at the AFRC for the actual period of their employment.	CAC for employees DD Form 1173 overstamped "OVERSEAS ONLY" for family members
Subject to concurrence of the OJA, HQ USAREUR/7A; and the CG, USAREUR/7A, LO; U.S.-citizen employees of U.S. Government nonmilitary agencies and their family members when residing in the same household. The employee must be assigned to and performing full-time duty with U.S. military organizations.	CAC for employees DD Form 1173 overstamped "OVERSEAS ONLY" for family members
APF and NAF civilian employees who are on TDY in the Army in Europe for periods less than 30 days or with PCS orders to or from the Army in Europe.	Passport and DD Form 1610 or PCS orders
FN employees and foreign military personnel who require a CAC for computer use associated with their DOD employment or affiliation.	CAC

3-2. APPLICATIONS AND APPLICATION FORMS

a. Sponsoring agencies will prepare applications using the following forms:

(1) DD Form 1172, for issue of DD Form 1173, DD Form 2764, and DD Form 2765.

(2) DD Form 1172-2, for issue of a CAC.

(3) AE Form 600-700B, for issue of AE Form 600-700A.

b. ID card-issuing authorities will issue the following forms as prescribed by the directive or regulation indicated:

(1) CAC (DOD CAC Policy).

(2) DD Form 1173, DD Form 2764, or DD Form 2765 (AR 600-8-14).

(3) AE Form 600-700A (this reg, chap 2).

3-3. AUTHORIZED SUPPORT

Persons specified in table 3-1 are authorized the full range of ILS according to AR 600-8-14 as defined in the glossary of this regulation. Family members of U.S. military personnel and civilian employees and family members are also authorized SOFA ID Certificates. Military personnel are not authorized SOFA ID Certificates.

3-4. SPECIAL INSTRUCTIONS

a. Requests for approval of ILS for family members of Soldiers or DOD civilian personnel on temporary duty (TDY) in the Army in Europe will be sent to the Commander, 1st PERSCOM (AEUPE-PSSD-PSD-PSB), Unit 29058, APO AE 09081-9058. Requests will include justification for family members residing in the Army in Europe.

b. DD Form 1173 will not be issued to anyone under 10 years old unless circumstances require that the card be issued. AR 600-8-14, paragraph 4.4 and table 4.3 should be consulted for circumstances where children under 10 years old may be authorized an ID card.

SECTION II
TYPES OF ID CARDS

3-5. APPLICABILITY

This section applies to personnel authorized an Armed Forces of the United States or a United States DOD/Uniform Services Identification Card.

a. United States DOD/Uniformed Services Geneva Conventions Identification Card (CAC GC). The CAC GC will be issued to the following individuals:

(1) All AD military personnel.

(2) Emergency essential (EE) civilian employees as defined by DOD Directive 1404.10.

(1) Prepare and verify DD Form 1172-2.

(2) Keep up-to-date records of employees authorized ID cards.

(3) Comply with the turn-in procedures outlined in paragraph 1-6.

b. ID card-issuing authorities will issue CACs to contractor personnel and DD Form 1173 overstamped with "OVERSEAS ONLY" to authorized family members of contractor personnel.

7-12. AUTHORIZED SUPPORT

Persons specified in paragraph 7-9 are authorized the full range of ILS according to AR 600-8-14 and as defined in the glossary of this regulation. DODDS services are authorized on a space-available, tuition-payable basis only (DOD Dir 1342.13).

CHAPTER 8
ILS FOR MEMBERS OF HOUSEHOLD

8-1. APPLICABILITY AND EXPIRATION

a. This chapter applies only in Germany to—

(1) Children of AD Soldiers and DOD civilian employees who travel to Germany at Government expense as family members (dependents) and who reach 21 years of age during the sponsor's overseas tour. Member-of-household status for these family members expires on the earlier of the following:

(a) The sponsor's DEROS for Soldiers, the tour completion date for continental United States (CONUS)-hire civilians, or the appointment expiration date for local-hire civilians in effect on the child's 21st birthday.

(b) The child's 23d birthday.

(2) Illegitimate children born in Germany to children of AD Soldiers and DOD civilian employees. Member-of-household status for these family members expires on the sponsor's DEROS for Soldiers, the tour-completion date for CONUS-hire civilians, or the appointment-expiration date for local-hire civilians effective on the child's birth date.

(3) Close relatives of AD Soldiers and DOD civilian employees who do not qualify for family member (dependent) status under AR 600-8-14 but who are dependent on and supported by the sponsor because of financial or health reasons.

(4) Close relatives are defined as U.S. citizens, lawful permanent residents of the United States, EU member-country citizens, or nationals who have one of the following relationships to the sponsor:

(a) Child.

(b) Grandchild.

(c) Parent or stepparent.

(d) Grandparent.

(e) Brother, sister, stepbrother, stepsister.

(f) Nephew or niece.

NOTE: The above definitions of close relatives are limited in scope to correlate with U.S. Citizenship and Immigration Services standards for immigration into the United States, or legal residency in an EU member country. This precludes situations where the sponsors leave Germany, but their relatives must remain behind because they are not eligible to emigrate to the United States. If the relatives are not eligible for residency in an EU member country by virtue of citizenship, they may be unlawful residents of Germany when their sponsors depart Germany. EU member countries are Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and the United Kingdom.

b. Member-of-household status expires on the sponsor's DEROS for Soldiers, tour-completion date for CONUS-hire civilians, appointment-expiration date for local-hire civilians, or as specified in a(1) and (2) above.

8-2. SPECIAL INSTRUCTIONS FOR QUALIFICATION AS MEMBER OF HOUSEHOLD

For a close relative to be eligible for member-of-household status, the relative must—

a. Permanently reside with the sponsor and expect to reside with the sponsor after completion of the sponsor's overseas tour.

b. Be dependent on and supported by the sponsor because of financial or health reasons.

8-3. IDENTITY DOCUMENTS

ID card-issuing authorities will issue AE Form 600-700A to persons who have approved member-of-household status.

8-4. PROCEDURES

a. Sponsors will submit written requests to sponsoring agencies to establish member-of-household status for close relatives specified in paragraphs 8-1a. Requests must include—

(1) A sworn affidavit from both the sponsor and the close relative that includes—

(a) A statement of the close relative's age, the relationship to the sponsor, and the eligibility category in which the relationship falls.

(b) A statement certifying that the close relative permanently resides with the sponsor and that the relative's residency is expected to continue after completion of

the sponsor's overseas tour.

(c) A statement that the close relative is dependent on and supported by the sponsor because of financial or health reasons.

(2) A birth certificate or other appropriate documentation establishing the close relative's relationship to the sponsor (for example, the sponsor or spouse's birth certificate and marriage certificate).

(3) The sponsor's and the close relative's proof of citizenship status.

(4) Documentation to show that the close relative is dependent on and supported by the sponsor because of financial or health reasons. This should include—

(a) An explanation of how the close relative is financially dependent on and supported by the sponsor. Documentation should include a list of any income the close relative receives or earns and a detailed list of the financial support provided by the sponsor. The documentation must support the statement that the close relative is financially dependent on and supported by the sponsor.

(b) A statement from a physician attesting to the close relative's poor health, weakness associated with advanced age, or physical or mental disability if the relative is dependent on the sponsor for health reasons.

b. For renewals of member-of-household status, the sponsor will submit the request and the following supporting documentation to the servicing PSB (for Soldiers) or sponsoring agency (for civilians):

(1) A complete copy of the previous member-of-household approval packet.

(2) The documentation listed in subparagraph a above.

(3) A copy of the approved extension of the sponsor's tour-completion date (or other appropriate documentation).

NOTE: The expiration date on the new ID card will be as specified in paragraph 8-1b.

c. The servicing PSB or sponsoring agency will—

(1) Review the request and documentation.

(2) Determine if the close relative is eligible for member-of-household status. Questionable requests will be coordinated with the Commander, 1st PERSCOM (AEUPE-PSSD-PSD-PSB).

(3) Prepare and give to sponsors written approvals or disapprovals in accordance with (a) and (b) below.

NOTE: Authority to approve requests submitted by Soldiers of any unit or organizational element of 1st PERSCOM is restricted to the Commander, 1st PERSCOM. Requests for approval of these cases must be forwarded, with PSB commander endorsement, to the Commander, 1st PERSCOM (AEUPE-

PSSD-PSD-PSB). Only cases that are considered fully consistent with the specific criteria and requirements established in this regulation will be forwarded. PSB commanders will disapprove all other requests.

(a) As a minimum, approvals will include guidance on when and where to report to obtain the close relative's ID card, advice on documentation required by the ID card-issuing agency, procedures for renewal or a statement telling the sponsor and the relative that the authorization cannot be renewed, and a statement informing the sponsor of the requirement to return the ID card to the sponsoring agency immediately if the relative's member-of-household status ends before the ID card expires.

(b) As a minimum, disapprovals will include the reasons why the close relative is not eligible for member-of-household status and advice on alien registration and control rules, or the name of the office or agency to contact for this information (for example, the embassy or consulate of the relative's home country).

(4) Prepare and verify AE Form 600-700B for approved requests and file a copy in the sponsor's official personnel folder. The expiration date will be specified. Support will be as specified in paragraph 8-5.

d. ID card-issuing authorities will—

(1) Review the documentation required to establish the close relative's eligibility (a and b above).

(2) Verify AE Form 600-700B for eligible close relatives and file the form.

(3) Issue AE Form 600-700B to eligible close relatives with the appropriate expiration date. The AE Form 600-700A issued must indicate the country-of-use limitations of "GERMANY" in block 15.

8-5. AUTHORIZED SUPPORT

a. Family members with approved member-of-household status are authorized the same ILS as their sponsors, except for—

(1) Legal assistance (AR 27-3).

(2) Medical and dental services (AR 40-3 and AR 40-330). Family members specified in paragraph 8-1a may receive medical and dental care as an exception to policy on a fully reimbursable basis. Family members designated as members of household may submit requests for exception to policy to the Commander, United States Army Europe Regional Medical Command (MCEU-PAD), CMR 442, APO AE 09042-0130. Requests must include a complete copy of the approved request to establish member-of-household status or the approved request to renew member-of-household status. Additionally, AD Soldier sponsors of illegitimate grandchildren may apply to the local medical treatment facility (MTF) for secretarial-designee status in accordance with AR 600-8-14, paragraph 4.13.2. Approval of this status entitles the illegitimate grandchildren to medical care at the local MTF.

b. Sponsors are not authorized additional living space or housing allowance for approved members of household.

c. Members of household are authorized space-available travel when the sponsor leaves the European theater on PCS.

CHAPTER 9
ILS FOR AMERICAN RED CROSS PERSONNEL

9-1. APPLICABILITY
This chapter applies to—

a. Employees of the American Red Cross who exclusively serve the American Red Cross and who are not—

(1) Stateless persons.

(2) Nationals of a non-NATO country.

(3) Host-nation citizens or ordinarily resident in the host nation.

b. Family members accompanying the persons specified in subparagraph a above.

9-2. IDENTITY DOCUMENTS
ID card-issuing authorities will issue DD Form 1173, DD Form 2764, or DD Form 2765, as appropriate, to the persons specified in paragraph 9-1.

9-3. PROCEDURES

a. Sponsoring agencies must—

(1) Prepare and verify DD Form 1172.

(2) Comply with the turn-in procedures outlined in paragraph 1-6.

b. ID card-issuing authorities will—

(1) Issue DD Form 2764 and DD Form 2765 to sponsors according to AR 600-8-14 and chapter 3 of this regulation.

(2) Issue DD Form 1173 to family members according to AR 600-8-14 and chapter 3 of this regulation.

9-4. AUTHORIZED SUPPORT