

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE COMMISSIONED CORPS
**INSTRUCTIONS FOR COMPLETING FORM
PHS-1637-1**

GENERAL: Read the instructions and Privacy Act statement below before completing the form. All responses should be typed or printed in ink. Submit completed form to:

Division of Commissioned Personnel
Attn: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

HEADING: Applicable to all Public Health Service (PHS) Commissioned Corps officers. Self-explanatory.

Item 1: Place an "X" in the box(es) which identifies the action(s) being requested.

Item 2: Self-explanatory.

Item 3: a. Effective date to be entered is the latest of the following dates:
1. call to active-duty date;
2. date of marriage;
3. date individual became an eligible dependent pursuant to established policy;
4. date Government quarters were terminated; or
5. if the purpose of submitting the form is "Recertification" and the last digit of your SSN is 1, enter "1
Jan ____ (year)"; 2, enter "1 Feb ____ (year)"; 3, enter "1 Mar ____ (year)"; 4, enter "1 Apr ____
(year)"; 5, enter "1 May ____ (year)"; 6, enter "1 Jun ____ (year)"; 7, enter "1 Jul ____ (year)"; 8,
enter "1 Aug ____ (year)"; 9, enter "1 Sep ____ (year)"; 0, enter "1 Oct ____ (year)".
b. Enter all eligible dependents. If the address is the same for all dependents, list only once. If additional space
is required, identify dependents on a separate sheet of paper and attach the paper to this form. Include spon-
sor's name and SSN.

Item 4: Complete only if child(ren) listed in Item 3 is/are not in the officer's legal custody.

Item 5: Complete only if dependent(s) listed in Items 3 is/are other than the officer's legal spouse and/or dependent
child(ren) under 21 years of age. Dependent's income from other sources must include all wages, compensation,
pensions, annuities, alimony, retirement benefits, and the reasonable value of gifts and contributions received from
others. Dependent's monthly expenses should only reflect the dependent's average living expenses during the past
calendar year which can be documented. You may include a reasonable value for quarters and/or subsistence fur-
nished by someone other than the dependent. (Reference Commissioned Corps Personnel Manual, Subchapter CC22.)

Item 6: Complete only if divorced and dependent(s) is/are identified in Item 3.

Item 7: Complete only if dependent(s) is/are listed in Item 3. The uniformed services include the Army, Navy, Air Force,
Marines, Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration, and PHS
Commissioned Corps.

Item 8: Self-explanatory.

Item 9: Self-explanatory.

Item 10: Self-explanatory.

**PRIVACY ACT NOTICE FOR
PHS COMMISSIONED OFFICER'S REQUEST FOR DEPENDENCY DETERMINATION
FORM PHS-1637-1**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided on this form will become part of record systems 09-40-0001, "PHS Commissioned Corps Personnel Records," HHS/PSC/HRS and 09-40-0010, "Pay, Leave, and Attendance Records," HHS/PSC/HRS.

PRINCIPAL PURPOSE AND ROUTINE USES - This information is used to determine whether an individual's dependency on a PHS commissioned officer entitles the officer to additional Basic Allowance for Housing (BAH). This information will be used only as necessary in personnel and pay administration processes carried out in accordance with established regulations and published notices of systems of records. Copies of these systems of records may be obtained by contacting the office to which you submit this form.

EFFECTS OF NONDISCLOSURE - Disclosure of the Social Security Number (SSN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. The SSN is also used to distinguish a record from those of commissioned officers who may have similar names and dates of birth. Failure to provide the remaining information will result in denial of this claim, delay and/or errors in determining dependency, late payment or non-payment, or refund of BAH if payment is based on erroneous information. All statements are subject to verification.