



Department of Health and Human Services
Commissioned Corps of the U.S. Public Health Service
Office of Commissioned Corps Support Services/AOS/PSC
Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857

**Commissioned Corps of the U.S. Public Health Service (Corps)
DEPARTMENT OF DEFENSE FORM USED BY CORPS OFFICERS:**

DD Form 137-3 – Dependency Statement – Parent

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.

Return form to:

**Office of Commissioned Corps Support Services/AOS/PSC
Attention: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001**

PRIVACY ACT STATEMENT

AUTHORITIES: 37 U.S.C., Chapter 7, Section 403; 42 U.S.C. 202 et seq.; and Executive Order 9397 (SSN).

RECORDS SYSTEM: 09-40-0006, "PHS Commissioned Corps Payroll Records," HHS/PSC/HRS and 09-40-0010, "Pay, Leave and Attendance Records," HHS/PSC/HRS.

PRINCIPAL PURPOSE(S): This information will be used to determine the relationship and dependency of the claimed dependents and determine the member's entitlement to authorized benefits.

ROUTINE USE(S): This information is used to determine whether an individual's dependency on an officer of the Commissioned Corps of the U.S. Public Health Service entitles the officer to additional Basic Allowance for Housing (BAH) and/or the dependent to a dependent's identification card. 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.

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

(March 2010)