What is secondary dependency?

Did you know that the adult-aged child of an active duty or retired service member may qualify to retain their military medical benefits and other base privileges after age 21 if they meet the following criteria?

The adult child, also referred to as the “Incapacitated Adult Child” must be

• Incapable of providing his or her own support

• Dependent on the sponsor (military parent) for at least 50 percent of his or her support (if the sponsor is deceased, the child must have received over 50 percent of his or her support from the sponsor at the time of death)

• Incapacitation must have occurred prior to age 21 or age 23 if the adult child is enrolled as a full-time student

• Unmarried—if the child marries and subsequently becomes unmarried due to divorce, annulment, or the death of the spouse, the sponsor is able to apply for reinstatement of the child’s benefits and entitlements as long as the adult child meets all other requirements.

**What type of assistance can an adult child with disabilities get from retaining military benefits?**

Incapacitated Adults (children of active duty or retired Service members who meet the requirements) are eligible for:

• TRICARE – Access to military healthcare

• Recreation- Morale, Welfare, and Recreation privileges

• Shopping- Commissary and exchange privileges

**How can an adult child with disabilities access these services?**

Once an adult child is determined to meet the criteria as an incapacitated adult they are eligible for an ID card. Their ID card opens the door to services such as military healthcare or TRICARE, access to military morale, welfare, and recreation services or

MWR, and tax-free shopping at commissaries (grocery stores) and military exchange department stores. The individual’s ID card may need to be renewed every 4 years if the sponsor is an active duty service member. Family members of retired Service members entitled to Medicare due to a disability may receive an indefinite ID card, however, it is important to remember that eligibility for an indefinite ID card does not waive the requirement to complete a dependency determination through the appropriate office for the sponsor’s Service every four years.

Each branch of service has a slightly different system for applying for secondary dependency.

**Check the links below for service specific information or contact the Exceptional Family Program Manager or EFMP for assistance with this process.**

**\***Basic Allowance for Housing (BAH) provides uniformed service members reasonable housing compensation based on costs of housing in local civilian markets when government quarters are not provided.

**Army**

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| **Incapacitated Child (21 and over)** | | |
| **FORMS/DOCUMENTS** | **BAH\*** | **ID** |
| [DD Form 137-5](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0137-5.pdf) | X | X |
| Child's birth certificate showing parent(s) names and English translation if applicable | X | X |
| Medical statement signed by a medical doctor or psychiatrist stating (1) that the claimed dependent is incapable of self-support due to his/her condition; (2) age at which condition was first diagnosed or began; and, (3) whether or not condition and incapability of self-support is permanent. (Note: Letters from psychologists are not sufficient to meet the requirements set forth in the JFTR Chapter 10 and AR 600 600-8-14.) Use our [example of a medical sufficiency letter](https://www.dfas.mil/dam/jcr:05c28dfe-cefe-4e57-b370-6fe54c877120/MedicalSufficiencyLetter.pdf) to get started. | X | X |
| [DD Form 1172-2](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1172-2.pdf) |  | X |
| [Proof of Support](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Army.html#support) | X |  |
| [Verification of Income](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Army.html#income) | X |  |

Basic Allowance for Housing - BAH

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| **Student (21 or 22 years old)** | | |
| **FORMS/DOCUMENTS** | **BAH** | **ID** |
| [DD Form 137-6](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0137-6.pdf) | X | NA |
| Child's birth certificate | X | NA |
| Letter on school letterhead and signed by school official stating enrollment date, status (full or part time) and expected graduation date | X | NA |
| [Proof of Support](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Army.html#support) | X |  |
| [Verification of Income](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Army.html#income) | X |  |
| **NOTE:** A dependency determination is required for BAH only. A USIP ID card may be obtained at your local DEERS office | | |

<https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Army/claims_packages_Army.html>

**Navy**

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| **Incapacitated Child (21 and over)** |
| **FORMS/DOCUMENTS** |
| [DD Form 137-5](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0137-5.pdf) |
| Medical sufficiency letter signed by a Uniformed Services medical provider or civilian physician. Use our [example of  a medical sufficiency letter](https://www.dfas.mil/dam/jcr:05c28dfe-cefe-4e57-b370-6fe54c877120/MedicalSufficiencyLetter.pdf) to get started. |
| [Verification of Income](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Navy.html#income) |
| Relationship documents (for initial application) |
| Copy of NAVPERS 1070/602 (Dependency Application/Record of Emergency Data): **ACTIVE DUTY NAVY ONLY** |
| [DD 1172-2](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1172-2.pdf)   (Application for Identification Card/DEERS Enrollment): **RETIRED NAVY ONLY** |

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| **Student (21 or 22 years old)** |
| **FORMS/DOCUMENTS** |
| [DD Form 137-6](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0137-6.pdf) |
| Child's birth certificate showing parent(s) names - English translation if applicable |
| Verification of student's full-time enrollment in an accredited college or university |
| [Verification of Income](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Navy.html#income) |
| Documentation of tuition and education-related expenses |
| Copy of NAVPERS 1070/602 (Dependency Application/Record of Emergency Data) : **ACTIVE DUTY NAVY ONLY** |

<https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Navy/claims_packages_Navy.html>

**Air Force**

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| **Incapacitated Child (21 and over)** | | |
| **FORMS/DOCUMENTS** | **BAH** | **ID** |
| [DD Form 137-5](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0137-5.pdf) | X | X |
| Medical sufficiency letter signed by a Uniformed Services medical provider or civilian physician. Use our [example of  a medical sufficiency letter](https://www.dfas.mil/dam/jcr:05c28dfe-cefe-4e57-b370-6fe54c877120/MedicalSufficiencyLetter.pdf) to get started. | X | X |
| [Verification of Income](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_AirForce.html#income) and [Proof of Support](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_AirForce.html#support) | X | X |
| [AF Form 594](http://static.e-publishing.af.mil/production/1/saf_fm/form/af594/af594.pdf)  - Parts A, B and C must be complete and a requested start date identified | X |  |
| [DFAS Form 1856](https://www.dfas.mil/dam/jcr:a49aff30-c340-42ed-9037-a881a17d7ddd/DFAS_DE%201856.pdf) (for initial application) | X |  |
| Relationship documents (for initial application) | X | X |
| [DD 1172-2](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1172-2.pdf)  (Application for Identification Card/DEERS Enrollment) |  | X |

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| **Student (21 or 22 years old)** | | |
| **FORMS/DOCUMENTS** | **BAH** | **ID** |
| [DD Form 137-6](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0137-6.pdf) | X | See your Force Support Squadron for USIP ID card applications |
| Verification of student's full-time enrollment | X |
| School cost documents including verification of your portion | X |
| [Verification of Income](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_AirForce.html#income) for working students | X |
| [Proof of Support](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_AirForce.html#support) when dependent does not reside with you | X |
| Any documents pertinent to the application (scholarships, grants, etc.) | X |
| [AF Form 594](http://static.e-publishing.af.mil/production/1/saf_fm/form/af594/af594.pdf) - Parts A, B and C must be complete and a requested start date identified | X |
| [DFAS Form 1856](https://www.dfas.mil/dam/jcr:a49aff30-c340-42ed-9037-a881a17d7ddd/DFAS_DE%201856.pdf) (for initial application) | X |
| Relationship documents (for initial application) | X |

https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency\_AirForce/claims\_packages\_AirForce.html

**Marine Corps**

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| **Incapacitated Child (21 and over)** |
| **FORMS/DOCUMENTS** |
| [DD Form 137-5](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0137-5.pdf) - Dependency Statement - incapacitated child over 21 (A notary seal/signature is required on this document) |
| [NAVMC Form 10922](http://www.marforres.marines.mil/Portals/116/Docs/G-1/IPAC/Documents/DEPENDENCY%20APPLICATION%20NAVMC%2010922.pdf) - Dependency Application (Must be signed by you and the attesting officer) |
| Medical sufficiency letter from a uniformed services medical provider or civilian physician. Use our [example of a medical sufficiency letter](https://www.dfas.mil/dam/jcr:05c28dfe-cefe-4e57-b370-6fe54c877120/MedicalSufficiencyLetter.pdf) to get started.  • A recent (within the last 4 months) medical or psychiatric evaluation and diagnosis • A complete, detailed medical summary of illness, to include the date and child's age at onset of incapacity • Current treatment being rendered and prognosis for recovery, as well as the ability to become self-supporting • A DSM-III diagnosis in all cases of mental retardation |
| [Verification of Income](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Marines.html#income) and [Proof of Support](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Marines.html#support) |

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| **Student (21 or 22 years old)** |
| **FORMS/DOCUMENTS** |
| [DD Form 137-6](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0137-6.pdf) Dependency statement - full-time student 21-22 years of age (A notary seal/signature is required on this document. Must include a letter from an institution of higher education showing full-time enrollment and anticipated date of graduation.) |
| [NAVMC Form 10922](http://www.marforres.marines.mil/Portals/116/Docs/G-1/IPAC/Documents/DEPENDENCY%20APPLICATION%20NAVMC%2010922.pdf) - Dependency Application (Must be signed by you and the attesting officer) |
| [Verification of Income](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Marines.html#income) and [Proof of Support](https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Marines.html#support) |

<https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Marines/claims_packages_Marines.html>

**Coast Guard**

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| **Part VI: WHAT TO ATTACH AND WHERE TO SEND** | | | |
| **If this statement is being used to support a claim for a dependent** | **and is for a** | **attach**  **Note: documentation requirements for adopted, illegitimate, or stepchildren are listed on CG-2020B** | **then send to** |
| Child age 21-23 full- time student | ID Card | [DD form-1172](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1172-2.pdf), Birth certificate, CG-2020B, and proof of full-time student status | Local ID issuing authority |
| Incapacitated Child over 21 | ID Card | [DD form-1172](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1172-2.pdf), Birth Certificate, doctor’s statement, certified copy of sponsor’s latest federal income tax return claiming child as a dependent, and statement from SSA denying Medicare Part “A” | PPC (RAS) |
| Parent, Parent-in-law | ID Card | [DD form-1172](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1172-2.pdf), & certified copy of sponsor’s latest federal income tax return showing parent claimed as a dependent | PPC (RAS) |
| Child age 21-23 full-time student | BAH Claim | Birth certificate, CG-2020B, and proof of full-time student status | SPO |
| \*Incapacitated Child over age 21 | BAH Claim | Birth certificate and doctor’s statement | SPO |
| \*Ward | BAH Claim | Birth certificate and a notarized affidavit by member that ward that ward resides with member or does not reside with member because of institutionalized care for a disability/incapacity or does not reside with member because a separation necessitated by the member military orders | SPO |
| \*Parent, Parent-in-law | BAH Claim | A statement of parent(s) or parent(s)-in-law postal address | SPO |

(\*) These claims must be reviewed and approved by CO, PPC (LGL). Send this form along with other supporting documentation to your SPO first. They will update your CG-4170A form and forward to PPC for approval. Do not send this form directly to PPC (LGL).

U.S. DEPT. OF HOMELAND SECURITY, USCG, CG-2020A (Rev.02-10)

<https://www.uscg.mil/forms/cg/CG_2020a.pdf>