

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
FAMILY SEPARATION ALLOWANCE WORKSHEET

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.
AUTHORITY: 37 U.S.C. §427 and COMDTINST M7220.29, Coast Guard Pay Manual
PURPOSE: Information is used determine if a United States Coast Guard (USCG) service member meets eligibility requirements for entitlement to a Family Separation Allowance payment.
ROUTINE USES: Authorized USCG officials will use this information to determine if you meet the eligibility criteria for a entitlement to a Family Separation Allowance payment. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).
CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. However, failure to provide this information may result in your entitlement to Family Separation Allowance not be processed in a timely matter.

Purpose: Use this form to substantiate entitlement to FSA. The member will complete member certification section. The unit will indicate the type of FSA the member is entitled to and will forward to the SPO or notify the SPO, via message, to start/stop FSA entitlement.
NOTE: Application for Family Separation Housing Allowance (FSH) is made on form CG-2005, PCS Reporting Worksheet.

1. Name (Last, First, MI):	2. EMPLID	3. Permanent Unit:
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MEMBER CERTIFICATION

If I become eligible for FSA, I certify that I maintain a residence(s) for my dependent(s) and have assumed the liabilities and responsibilities thereof, at the address shown below, where I will reside during periods of leave or such other times as my duty assignment permit. I agree to notify my Commanding Officer promptly of any change in dependency status, if my sole dependent or all of my dependents move to the area of this station, or if my dependent(s) visit at this station for more than three months (30 days in the case of FSA-S and FSA-T) while I am in receipt of Family Separation Allowance.

4. Address(es) of Dependent(s):

5. If you meet **any** of the following conditions, indicate "**not eligible**" in the signature field:

My sole dependent is a spouse legally separated or my child(ren) is in the legal custody of another person.

My dependent parent does not reside in my home which I control, supervise, and maintain for mutual use when circumstances permit (43 Comp Gen 44, 46, and 148).

I am married member-to-member and I was not residing together with my spouse immediately before being separated by reason of execution of military orders.

Spouse's Name:

Spouse's EMPLID:

Spouse's Rate/Rank:

Spouse's Branch & Component:

My sole dependent is in an institution for a known period of over one year or an indefinite period, which may be expected to exceed one year.

6. Member's Signature (Enter "not eligible" if not entitled to FSA):

7. Date:

8. Type of FSA (see Section 3-H of the Pay Manual and the Personnel and Pay Procedures Manual for FSA Policy and Procedures):

a. FSA-R For personnel serving in a dependent restricted assignment.

Member departed from _____ on _____ (date) was on _____ days leave enroute and _____ days proceed time. Member reported to _____ on _____ (date). Transportation of dependents is not authorized at government expense to this station or to a place near this station.

b. FSA-S For personnel permanently assigned to a ship which deployed in excess of 30 days.

Unit: Follow procedures in the Personnel & Pay Procedures Manual (PPCINST M1000.2 (series)), for notifying SPO of FSA-S entitlement.

c. FSA-T For TDY assignments, including TDY to a ship which deployed in excess of 30 days.

Member has been ordered to and has performed temporary duty for a continuous period of more than 30 days at the following location(s) (complete below).

(1) Location	(2) Date Departed PDS	(3) Date Returned to PDS (FSA ends the day before returning to PDS):

d. Interim FSA Member meets the eligibility criteria for Continuous Period of FSA Eligibility (per Pay Manual 3.H.3.b.). Attach a list of deployments with depart & return dates (Note: Direct Access system will not automatically pay interim FSA. The SPO must re-start the FSA the day after the last FSA entitlement ended).

COMMAND ENDORSEMENT(S)

For SPO Use Only

Command Endorsement/Approval

Action Completed Date:

Initials:

Signature: _____ Title: _____ Date: _____

2nd Command Endorsement/Approval (Used to inform SPO of FSA-T stop date for members whose FSA-T was started due to the project duration of the TDY exceeding 60 days)

FSA-T Stopped. Effective Date:

Initials:

Signature: _____ Title: _____ Date: _____