BAH Dependency Data Verification

Introduction	This guide provides the procedures for a CGHRS user to verify a member's BAH Dependency Data in Direct Access (DA).
Background	In accordance with the Coast Guard Pay Manual, COMDTINST M7220.29 (series), all Active and Reserve members are required to validate their housing allowance entitlement by verifying their BAH/Dependency Data report from DA. When members do not have access to self-certify their own BAH Dependency Data in DA, a CGHRS user can verify the information on the member's behalf.

Procedures See below.

Step	Action
1	Click on the AD/RSV Payroll Workcenter tile.
	AD/RSV Payroll Workcenter

Procedures,

continued

Step	Action	
2	Scroll to the Act/RSV Pay Shortcuts section and select the BAH Dep Data	
	Suppl Clothing Allowance	
	TSP Adjustment Request	
	View My Requests (All Types)	
	Act/RSV Pay Shortcuts	
	AvIP	
	BAH Dep Data Verification	
	Cost of Living Allowance	
	Dependent Information	
	Direct Deposit	
	Housing Allowance	
	Maintain Tax Data USA	
	MGIB Enrollments	
	Net Pay Distribution	
	Pay Calendar Results	
	Sea Time Balances	
	SGLI + FSGLI	
	TDY Data	
	View Member W-2s	
	View Open Debts / Overpayments	

Procedures,

continued

Step	Action
3	Enter the member's Empl ID , then click Search .
	BAH Dep Verification Response
	Enter any information you have and click Search. Leave fields blank for a list of all values.
	Find an Existing Value
	▼ Search Criteria
	Empl ID begins with 🖌 1234567
	Name begins with 🗸
	Last Name begins with 🗸
	Second Last Name begins with 🗸
	Alternate Character Name begins with 🗸
	Middle Name begins with V
	Business Unit begins with 🗸
	Department Set ID begins with 🗸 🔍
	Department begins with 🗸 🔍
	□ Include History
	Search Clear Basic Search 🖾 Save Search Criteria

Continued on next page

Procedures,

continued

The BAH Dependency Data Verification screen will display with the date and time this member verified their data. If not verified recently, read the Questionnaire Acknowledgement and click Generate BAH Dependency Form . Questionnaire BAH Dependency Data Verification Empl ID: 1234567 Name: Randy Marsh Questionnaire Acknowledgement As a member of the Crast Quard Lunderstand and willingly accent the following obligations:
time this member verified their data. If not verified recently, read the Questionnaire Acknowledgement and click Generate BAH Dependency Form. Questionnaire BAH Dependency Data Verification Empl ID: 1234567 Name: Randy Marsh Questionnaire Acknowledgement As a member of the Crast Quard Lunderstand and willingly accent the following obligations:
If not verified recently, read the Questionnaire Acknowledgement and click Generate BAH Dependency Form. Questionnaire BAH Dependency Data Verification Empl ID: 1234567 Name: Randy Marsh Questionnaire Acknowledgement As a member of the Crast Quard Lunderstand and willingly accent the following obligations:
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Questionnaire BAH Dependency Data Verification Empl ID: 1234567 Name: Randy Marsh Questionnaire Acknowledgement As a member of the Crast Guard L understand and willingly accent the following obligations:
BAH Dependency Data Verification Empl ID: 1234567 Name: Randy Marsh Questionnaire Acknowledgement As a member of the Crast Guard Lunderstand and willingly accept the following obligations:
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Questionnaire Acknowledgement As a member of the Coast Guard Lunderstand and willingly accent the following obligations:
As a member of the Coast Guard, Lunderstand and willingly accept the following obligations:
As a member of the obast outling, i understand and winning, decept the following obligations.
(1) Click on Generate BAH Dependency Form to review BAH dependents data. This will open a new window displaying the BAH Dependency Form. After completion of the review return to this page to select your certification response.
(2) By signature below, I certify that I am supporting the dependents listed on the BAH Dependency Form and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is punishable by court- martial. The penalty for willfully making a false claim is: A maximum fine of \$10,000 or maximum imprisonment of 5 years, or both (U.S. Code, Title 10, Section 287). I further certify that I have reviewed all entries on the BAH Dependency Form and by my selection below, the information contained hereon is correct.
Generate BAH Dependency Form
Member's Response
I Certify True and Correct O I do not Certify
Certification Date
Date Posted: 10/16/2023
Last Updated By: 1234567 Randy Marsh Last Update Date/Time: 10/16/2023 1:57:40PM
Save Return to Search Previous in List Next in List Undate/Display Include History Correct History

Procedures,

continued

				Actio	n				
	The form will open in a new window. Verify all the information is correct. If								
	everything is correct continue to the next step. If ΔNV of the information is								
	in a substantial of the second								
	meoneet,	skip to St	ep o.						
	DEPARTMENT O U.S. COAST GUA COMPUTER GEN	OF HOMELAND SEG ARD NERATED	CURITY	BAH/DEPENDENCY DATA					
	EMPLID NAME RATE 12324567 Randy Marsh Senior				eoman	CURRENT DUTY STA ATC MOBILE SPO	ATION		
	SERVICING PERSRU ATC MOBILE SPO			MARITAL STATUS Married		DATE OF MARRIAGE 2002-01-01			
	SPOUSE IN	SERVICE INFO	ORMATION						
	No								
				DEPENDEN	ICY DATA				
	NAME		BAH ELIGIBLE	DATE OF BIRTH	DEPENDENCY DATE	SOCIAL SECURITY	RELATIONSH		
1	Marsh,Sharon	n	Yes	1983-06-18	2002-01-01	123456789	Spouse		
	Marsh,Sharon Marsh,Shelly	n	Yes Yes	1983-06-18 2008-08-19	2002-01-01 2008-08-19	123456789	Spouse Daughter		
	Marsh,Sharon Marsh,Shelly Marsh,Stan	n	Yes Yes Yes	1983-06-18 2008-08-19 2005-05-11 & PERSONN	2002-01-01 2008-08-19 2005-05-11	123456789 121343567 SE ONLY	Spouse Daughter Son		
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Procedures,

continued

Step	Action
6	Now that the form has been generated, the radio buttons are enabled. Since all
	the information on the form was correct, select the I Certify True and Correct
	radio button, then click Save.
	O I Certify True and Correct O I do not Certify
	Certification Date
	Date Posted:
	Last Updated By:
	Last Update Date/Time:
	Save Return to Search Previous in List Next in List Update/Display Include History Correct History
7	The Date Posted, Last Updated By and Last Update Date/Time fields will
	populate. The BAH Dependency Data Verification is complete.
	O I do not Certify
	Certification Date
	Date Posted: 01/02/2024
	Last Undeted Rus 0070540 V/conside
	Last Update Date/Time: 01/02/2024 2:49:16PM
	Save Return to Search Previous in List Next in List Update/Display Include History Correct History

Procedures,

continued

Step	Action					
8	If ANY of the information on the form is incorrect, select the I do not Certif					
	radio button, then click Save .					
	O I Certify True and Correct					
	Certification Date					
	Date Posted:					
	Last Updated By:					
	Last Update Date/Time:					
	Save Return to Search Previous in List Next in L					
9	This error message will display telling you to contact your Admin Office to get					
	the information corrected. Click OK . You will need to get the correct					
	information from the member, enter it in DA and proceed to step 11.					
	BAH Dependency Form Not Certified					
	You have selected to not certify your dependents, please contact your Administration Office for assistance.					
	ок					

Procedures,

continued

Step	Action
10	The Date Posted, Last Updated By and Last Update Date/Time fields will
	populate.
	○ I Certify True and Correct
	Certification Date Date Posted: 01/02/2024
	Last Updated By: 9876543 Kenny McCormick Last Update Date/Time: 01/02/2024 2:49:16PM
	Save Return to Search Previous in List Next in List Update/Display Include History Correct History
11	Once the appropriate BAH Dependency Data has been corrected in Direct Access, repeat Steps 1-7 .