
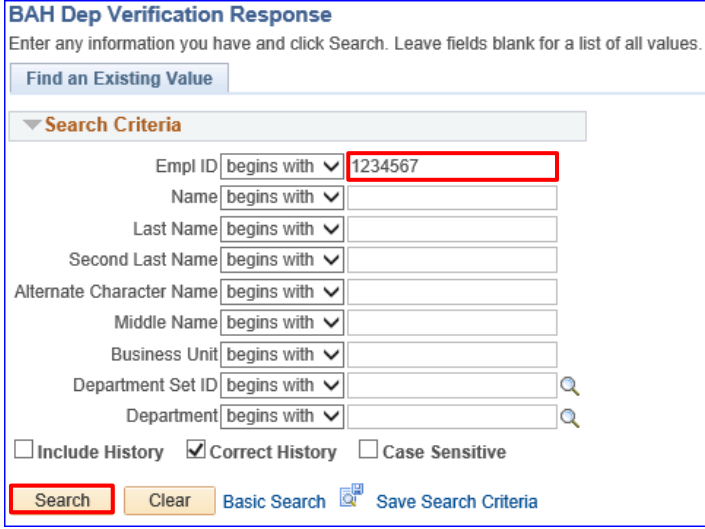


SPO - BAH Dependency Data Verification

Introduction This guide provides the procedures for a CGHRS user to verify a member's BAH Dependency Data in Direct Access.

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 Direct Access (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.

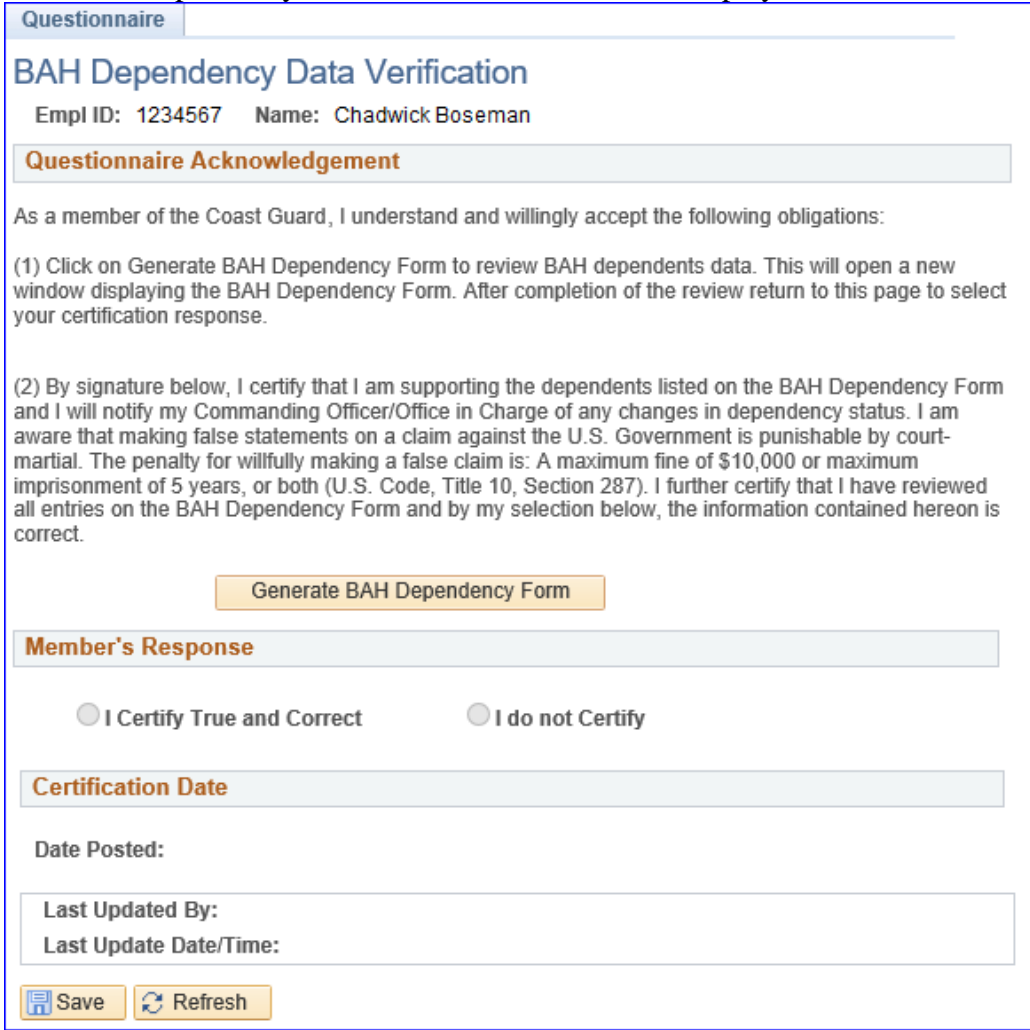
Procedures See below.

Step	Action																				
1	<p>Click BAH Dependency Verification from the Active & Reserve Pay Shortcuts pagelet.</p>  <p>The screenshot shows a table of shortcuts. The 'BAH Dependency Verification' link is highlighted with a red box.</p> <table border="1"> <thead> <tr> <th colspan="2">Active & Reserve Pay Shortcuts</th> </tr> </thead> <tbody> <tr> <td>Direct Deposit</td> <td>Proxy - Submit Absence Request</td> </tr> <tr> <td>Voluntary Deductions</td> <td>SGLI + FSGLI</td> </tr> <tr> <td>Maintain Tax Data USA</td> <td>Housing Allowance</td> </tr> <tr> <td>Dependent Information</td> <td>Cost of Living Allowance</td> </tr> <tr> <td>Generate BAH/Emergency Contact</td> <td>BAH Dependency Verification</td> </tr> <tr> <td>MGIB Enrollments</td> <td>Sea Time Balances</td> </tr> <tr> <td>AvIP</td> <td>View Payslips (AD/RSV)</td> </tr> <tr> <td>Net Distribution</td> <td>Pay Calendar Results</td> </tr> <tr> <td>View Member W-2s</td> <td>Proxy - Submit Non-Charge Abs</td> </tr> </tbody> </table>	Active & Reserve Pay Shortcuts		Direct Deposit	Proxy - Submit Absence Request	Voluntary Deductions	SGLI + FSGLI	Maintain Tax Data USA	Housing Allowance	Dependent Information	Cost of Living Allowance	Generate BAH/Emergency Contact	BAH Dependency Verification	MGIB Enrollments	Sea Time Balances	AvIP	View Payslips (AD/RSV)	Net Distribution	Pay Calendar Results	View Member W-2s	Proxy - Submit Non-Charge Abs
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2	<p>Enter the member's Empl ID, then click Search.</p>  <p>The screenshot shows the 'BAH Dep Verification Response' search form. The 'Empl ID' field is filled with '1234567' and the 'Search' button is highlighted with a red box.</p> <p>BAH Dep Verification Response Enter any information you have and click Search. Leave fields blank for a list of all values.</p> <p>Find an Existing Value</p> <p>Search Criteria</p> <p>Empl ID begins with <input type="text" value="1234567"/></p> <p>Name begins with <input type="text"/></p> <p>Last Name begins with <input type="text"/></p> <p>Second Last Name begins with <input type="text"/></p> <p>Alternate Character Name begins with <input type="text"/></p> <p>Middle Name begins with <input type="text"/></p> <p>Business Unit begins with <input type="text"/></p> <p>Department Set ID begins with <input type="text"/></p> <p>Department begins with <input type="text"/></p> <p><input type="checkbox"/> Include History <input checked="" type="checkbox"/> Correct History <input type="checkbox"/> Case Sensitive</p> <p>Search Clear Basic Search Save Search Criteria</p>																				

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SPO - BAH Dependency Data Verification, Continued

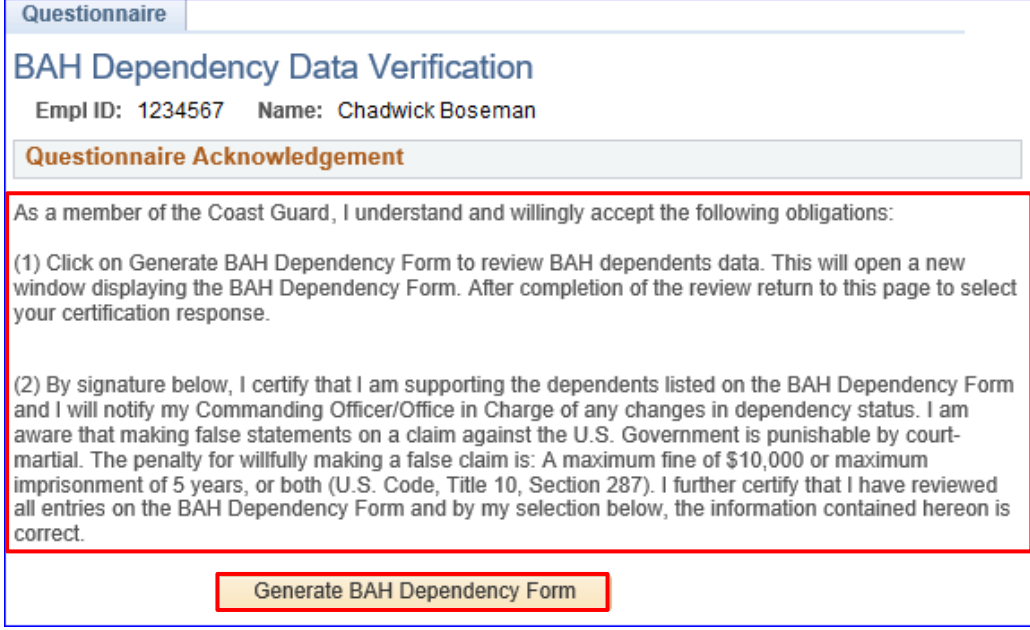
Procedures,
continued

Step	Action
3	<p>The BAH Dependency Data Verification screen will display.</p> 

Continued on next page

SPO - BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
4	<p>Read the information on the screen, then click Generate BAH Dependency Form.</p>  <p>The screenshot shows a web interface for 'BAH Dependency Data Verification'. At the top, there is a 'Questionnaire' tab. Below the title, the user's 'Empl ID: 1234567' and 'Name: Chadwick Boseman' are displayed. A section titled 'Questionnaire Acknowledgement' contains two numbered instructions: (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. At the bottom of the form is a button labeled 'Generate BAH Dependency Form'.</p>

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SPO - BAH Dependency Data Verification, Continued


Procedures,
continued

Step	Action																																						
5	<p>The form will open in a new window. Verify all the information is correct. If everything is correct, continue to the next step. If ANY of the information is incorrect, skip to Step 8.</p> <div style="border: 1px solid black; padding: 5px;"> <p>DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD COMPUTER GENERATED</p> <p style="text-align: center;">BAH/DEPENDENCY DATA</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">EMPLID 1234567</td> <td style="width: 35%;">NAME Chadwick Boseman</td> <td style="width: 20%;">RATE/RANK Chief Yeoman</td> <td style="width: 20%;">CURRENT DUTY STATION CGA CADET TRNG BRANCH</td> </tr> <tr> <td>SERVICING PERSRU CGA CADET TRNG BRANCH</td> <td>MARITAL STATUS Married</td> <td colspan="2">DATE OF MARRIAGE 2015-01-31</td> </tr> </table> <p>SPOUSE IN SERVICE INFORMATION No</p> <p style="text-align: center;">DEPENDENCY DATA</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 15%;">BAH ELIGIBLE DEPENDENT</th> <th style="width: 15%;">DATE OF BIRTH</th> <th style="width: 15%;">DEPENDENCY DATE</th> <th style="width: 15%;">SOCIAL SECURITY NUMBER</th> <th style="width: 20%;">RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td>Boseman, Taylor Simone</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1982-06-29</td> <td style="text-align: center;">2015-01-31</td> <td></td> <td style="text-align: center;">Spouse</td> </tr> <tr> <td>Boseman, Shuri</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">2015-05-11</td> <td style="text-align: center;">2015-05-11</td> <td></td> <td style="text-align: center;">Daughter</td> </tr> </tbody> </table> <p style="text-align: center;">FOR CG PAY & PERSONNEL CENTER USE ONLY</p> <p>The dependency status of the following family member(s) has been reviewed by PPC LGL in accordance with the CG Pay Manual, COMDTINST M7220.29(series) The family member(s) listed below are approved for BAH eligibility commencing on the date(s) indicated:</p> <table style="width: 100%;"> <tr> <td>NBR:</td> <td>DATE</td> <td>NBR:</td> <td>DATE</td> <td>NBR:</td> <td>DATE</td> </tr> <tr> <td>NBR:</td> <td>DATE</td> <td>NBR:</td> <td>DATE</td> <td>NBR:</td> <td>DATE</td> </tr> </table> <p>PPC APPROVAL SIGNATURE: _____ DATE: _____</p> <p style="text-align: center;">MEMBER'S CERTIFICATION</p> <p>By signature below, I certify that I am supporting the dependents listed above 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 this form and by signature below, the information contained hereon is correct.</p> <p>SIGNATURE OF MEMBER: _____ DATE: _____</p> <p style="text-align: center; font-size: small;">COMPGEN - Previous editions are obsolete.</p> </div>	EMPLID 1234567	NAME Chadwick Boseman	RATE/RANK Chief Yeoman	CURRENT DUTY STATION CGA CADET TRNG BRANCH	SERVICING PERSRU CGA CADET TRNG BRANCH	MARITAL STATUS Married	DATE OF MARRIAGE 2015-01-31		NAME	BAH ELIGIBLE DEPENDENT	DATE OF BIRTH	DEPENDENCY DATE	SOCIAL SECURITY NUMBER	RELATIONSHIP	Boseman, Taylor Simone	Yes	1982-06-29	2015-01-31		Spouse	Boseman, Shuri	Yes	2015-05-11	2015-05-11		Daughter	NBR:	DATE	NBR:	DATE	NBR:	DATE	NBR:	DATE	NBR:	DATE	NBR:	DATE
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SPO - BAH Dependency Data Verification, Continued

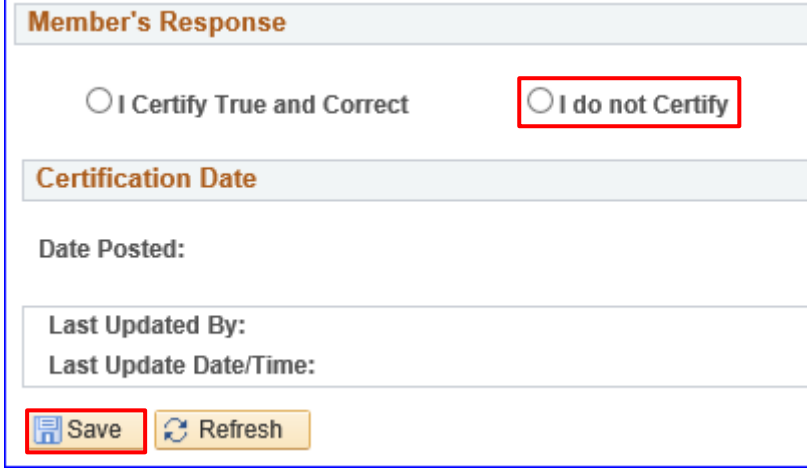
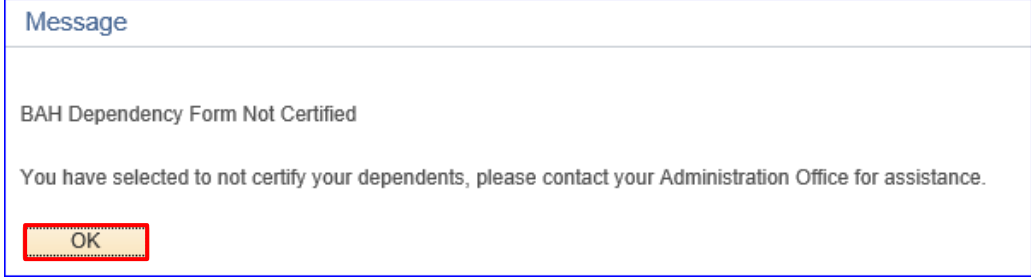
Procedures,
continued

Step	Action
6	<p>Now that the form has been generated, the radio buttons are enabled. Since all of the information on the form was correct, select the I Certify True and Correct radio button, then click Save.</p> <div data-bbox="336 595 1145 1066" style="border: 1px solid blue; padding: 5px;"> <p>Member's Response</p> <p><input type="radio"/> I Certify True and Correct <input type="radio"/> I do not Certify</p> <hr/> <p>Certification Date</p> <p>Date Posted:</p> <hr/> <p>Last Updated By:</p> <p>Last Update Date/Time:</p> <p><input type="button" value="Save"/> <input type="button" value="Refresh"/></p> </div>
7	<p>The Date Posted, Last Updated By and Last Update Date/Time fields will populate. The BAH Dependency Data Verification is complete. Click the Home icon () to return to the home screen.</p> <div data-bbox="336 1223 1369 1648" style="border: 1px solid blue; padding: 5px;"> <p>Member's Response</p> <p><input checked="" type="radio"/> I Certify True and Correct <input type="radio"/> I do not Certify</p> <hr/> <p>Certification Date</p> <p>Date Posted: 09/01/2020</p> <hr/> <p>Last Updated By: 7654321 Michael B Jordan</p> <p>Last Update Date/Time: 09/01/2020 4:07:19PM</p> <p><input type="button" value="Save"/> <input type="button" value="Refresh"/></p> </div>

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SPO - BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
8	<p>If ANY of the information on the form is incorrect, select the I do not Certify radio button, then click Save.</p> 
9	<p>This error message will display telling you to contact your Admin Office to get the information corrected. Click OK.</p> 

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SPO - BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
<p>10</p>	<p>The Date Posted, Last Updated By and Last Update Date/Time fields will populate.</p> <div style="border: 1px solid blue; padding: 5px;"> <p>Member's Response</p> <p><input type="radio"/> I Certify True and Correct <input checked="" type="radio"/> I do not Certify</p> <p>Certification Date</p> <p>Date Posted: 09/01/2020</p> <p>Last Updated By: 7654321 Michael B Jordan</p> <p>Last Update Date/Time: 09/01/2020 4:12:44PM</p> <p><input type="button" value="Save"/> <input type="button" value="Refresh"/></p> </div>
<p>11</p>	<p>Once the appropriate BAH Dependency Data has been corrected in Direct Access, repeat Steps 1-7.</p>
