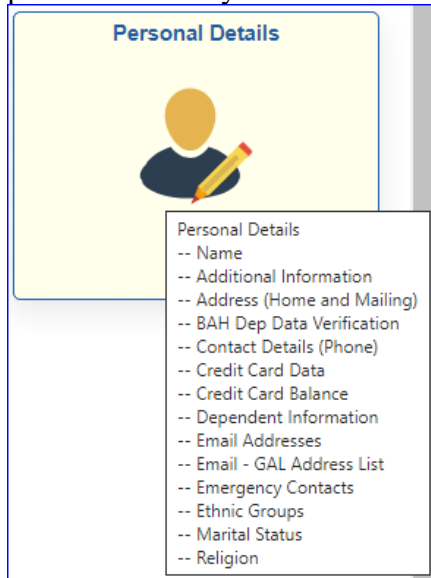


BAH Dependency Data Verification

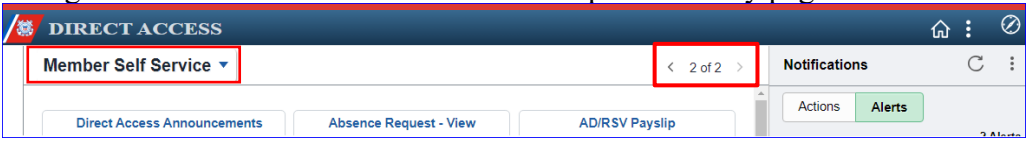
Introduction This guide provides the procedures for you to verify your BAH Dependency Data in Direct Access (DA).

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. Members can now self-certify their own BAH Dependency Data in DA.

Changes to Direct Access Homepage You will notice a change in how Direct Access displays upon login. There is a new “hover” feature that shows what is covered under a particular tile as your mouse moves over the tile as shown below.



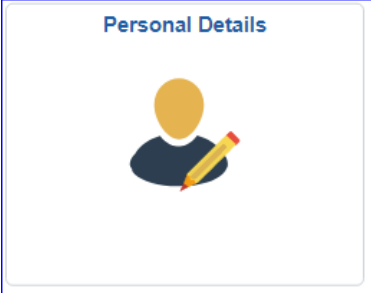
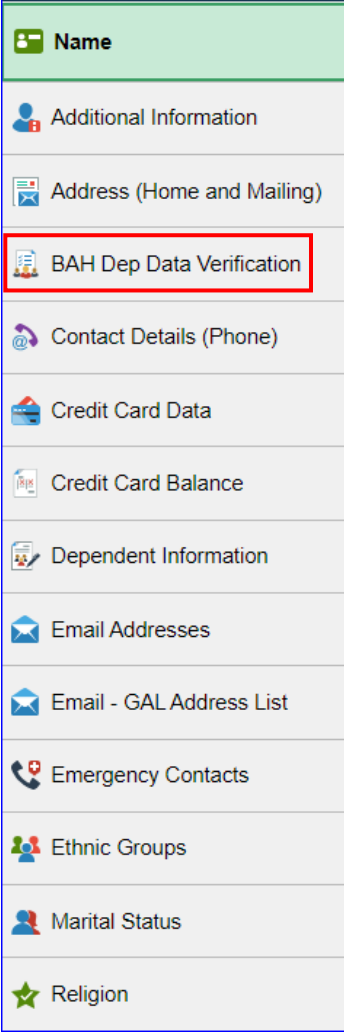
Procedures See below.

Step	Action
1	Navigate to Member Self Service via the drop-down or by page arrows. 

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BAH Dependency Data Verification, Continued

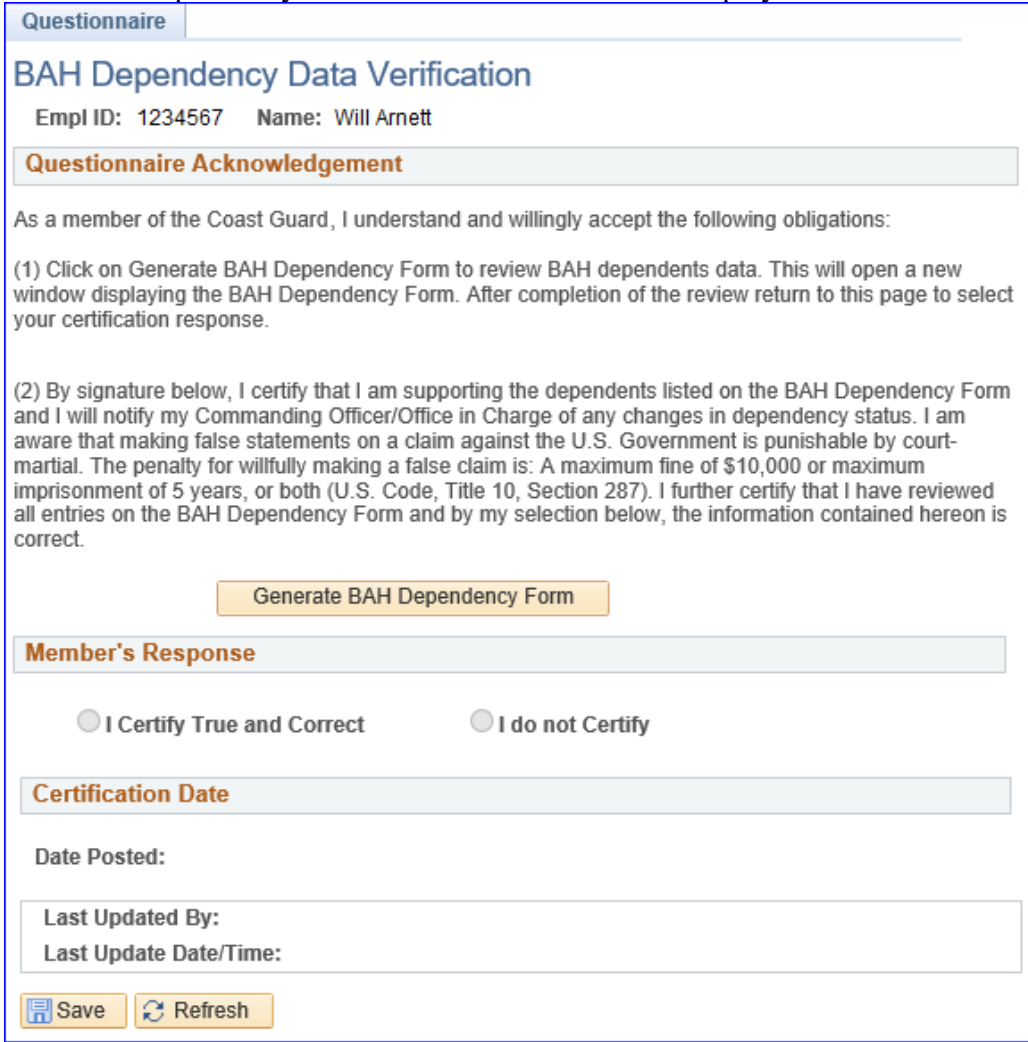
Procedures,
continued

Step	Action
2	<p>Click on the Personal Details tile.</p> 
3	<p>Select the BAH Dep Data Verification option.</p> 

Continued on next page

BAH Dependency Data Verification, Continued

Procedures,
continued

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

Continued on next page

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
5	<p data-bbox="336 495 1326 562">Read the information on the screen, then click Generate BAH Dependency Form.</p> <div data-bbox="336 562 1369 1189" style="border: 1px solid blue; padding: 5px;"> <p data-bbox="352 568 504 595">Questionnaire</p> <hr data-bbox="336 600 1369 604"/> <p data-bbox="336 613 871 651">BAH Dependency Data Verification</p> <p data-bbox="352 663 770 689">Empl ID: 1234567 Name: Will Arnett</p> <p data-bbox="352 707 743 741">Questionnaire Acknowledgement</p> <div data-bbox="336 757 1369 1115" style="border: 1px solid red; padding: 5px;"> <p data-bbox="336 763 1233 790">As a member of the Coast Guard, I understand and willingly accept the following obligations:</p> <p data-bbox="336 815 1358 891">(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.</p> <p data-bbox="336 938 1353 1108">(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.</p> </div> <p data-bbox="587 1140 914 1167" style="text-align: center;">Generate BAH Dependency Form</p> </div>

Continued on next page

BAH Dependency Data Verification, Continued


Procedures,
continued

Step	Action																																						
6	<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 9.</p> <div style="border: 1px solid black; padding: 10px;"> <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: 25%;">NAME Will Arnett</td> <td style="width: 25%;">RATE/RANK First Class Marine Science Tec</td> <td style="width: 25%;">CURRENT DUTY STATION MSU LAKE CHARLES</td> </tr> <tr> <td>SERVICING PERSRU BASE NOLA SPO (PS)</td> <td>MARITAL STATUS Divorced</td> <td colspan="2">DATE OF MARRIAGE</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>NAME</th> <th>BAH ELIGIBLE DEPENDENT</th> <th>DATE OF BIRTH</th> <th>DEPENDENCY DATE</th> <th>SOCIAL SECURITY NUMBER</th> <th>RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td>Arnett, Archie</td> <td style="text-align: center;">Yes</td> <td>2008-03-05</td> <td>2008-03-05</td> <td>123456789</td> <td style="text-align: center;">Son</td> </tr> <tr> <td>Arnett, Able</td> <td style="text-align: center;">Yes</td> <td>2005-06-03</td> <td>2005-06-03</td> <td>123456788</td> <td style="text-align: center;">Son</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 dates(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 Will Arnett	RATE/RANK First Class Marine Science Tec	CURRENT DUTY STATION MSU LAKE CHARLES	SERVICING PERSRU BASE NOLA SPO (PS)	MARITAL STATUS Divorced	DATE OF MARRIAGE		NAME	BAH ELIGIBLE DEPENDENT	DATE OF BIRTH	DEPENDENCY DATE	SOCIAL SECURITY NUMBER	RELATIONSHIP	Arnett, Archie	Yes	2008-03-05	2008-03-05	123456789	Son	Arnett, Able	Yes	2005-06-03	2005-06-03	123456788	Son	NBR:	DATE	NBR:	DATE	NBR:	DATE	NBR:	DATE	NBR:	DATE	NBR:	DATE
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BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
7	<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>
8	<p>The Date Posted, Last Updated By and Last Update Date/Time fields will populate. Your BAH Dependency Data Verification is complete. Click the Home icon () to return to your home screen.</p> <div data-bbox="336 1223 1120 1702" 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: 08/18/2020</p> <hr/> <p>Last Updated By: 1234567 Will Arnett</p> <p>Last Update Date/Time: 08/18/2020 3:22:35PM</p> <p><input type="button" value="Save"/> <input type="button" value="Refresh"/></p> </div>

Continued on next page

BAH Dependency Data Verification, Continued

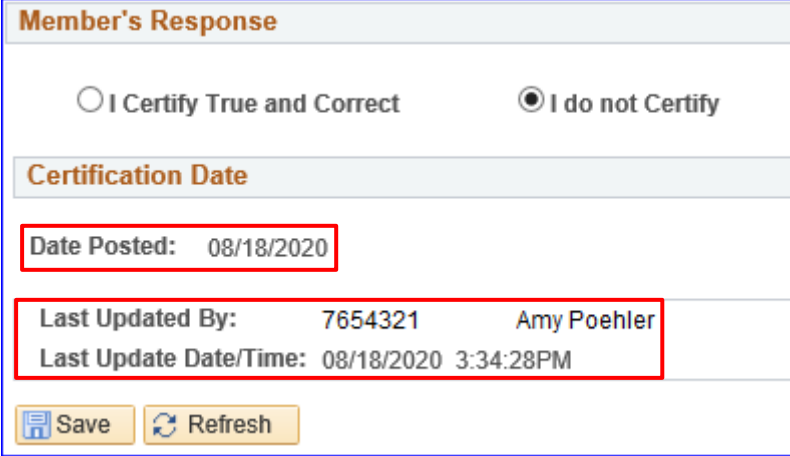
Procedures,
continued

Step	Action
<p>9</p>	<p>If ANY of the information on the form is incorrect, select the I do not Certify radio button, then click Save.</p> <div data-bbox="336 562 1145 1028" 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> <hr/> <p>Certification Date</p> <p>Date Posted:</p> <hr/> <p>Last Updated By:</p> <p>Last Update Date/Time:</p> <hr/> <p><input checked="" type="button" value="Save"/> <input type="button" value="Refresh"/></p> </div>
<p>10</p>	<p>This error message will display telling you to contact your Admin Office to get the information corrected. Click OK.</p> <div data-bbox="336 1144 1370 1420" style="border: 1px solid blue; padding: 5px;"> <p>Message</p> <hr/> <p>BAH Dependency Form Not Certified</p> <p>You have selected to not certify your dependents, please contact your Administration Office for assistance.</p> <p><input checked="" type="button" value="OK"/></p> </div>

Continued on next page

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
11	<p>The Date Posted, Last Updated By and Last Update Date/Time fields will populate.</p>  <p>The screenshot shows a form with the following elements:</p> <ul style="list-style-type: none"> Member's Response header Two radio button options: <input type="radio"/> I Certify True and Correct and <input checked="" type="radio"/> I do not Certify Certification Date header Date Posted: 08/18/2020 (highlighted with a red box) Last Updated By: 7654321 Amy Poehler (highlighted with a red box) Last Update Date/Time: 08/18/2020 3:34:28PM (highlighted with a red box) Buttons for Save and Refresh
12	Once the appropriate BAH Dependency Data has been corrected in DA, repeat Steps 1-8.
