



Division of Commissioned Corps Officer  
Support  
Office of Commissioned Corps Operations  
Office of the Surgeon General  
1101 Wootton Parkway, Plaza Level, Suite 100  
Rockville, MD 20852

**INSTRUCTIONS TO PHS OFFICERS REGARDING  
DEERS ENROLLMENT/ID CARD ISSUANCE OR RENEWAL BY MAIL  
FULL-TIME STUDENT OVER THE AGE OF 21  
INCAPACITATED CHILDREN OVER THE AGE OF 21  
DEPENDENT PARENTS**

[DD Form 1172](#), "Application for Uniformed Service Identification Card/DEERS Enrollment," may be used to enroll new dependents in the Defense Enrollment Reporting System (DEERS), and/or to apply for renewal of **dependent** identification (ID) card(s). If not signed in the presence of a DEERS verifying official, the sponsor's signature **MUST** be notarized in block# 89.

## **TO ENROLL DEPENDENTS INTO DEERS**

**Every effort should be made to visit the nearest ID card office in person in order to enroll your dependents into DEERS.** You must complete the [DD Form 1172](#) and return it to the address below along with certified true copies of appropriate documentation verifying the dependent relationship, for example:

- Spouse - marriage license, birth certificate, and social security card
- Child - birth certificate, adoption decree (placement order from a court of competent jurisdiction or approved adoption agency establishing guardianship), and the social security card

**Please Note:** DEERS/RAPIDS policy now requires greater documentation of the identity of all service members and dependents being enrolled into DEERS and for ID card issuance. With each application, the sponsor must now provide **two forms of identification for each ID card applicant and/or dependent over age 20 being enrolled into DEERS.** Please see page 5 for the [list of acceptable documents](#) from the Form I-9, Employment Eligibility Verification.

The complete packet should be mailed to this office at the following address:

Division of Commissioned Corps Officer Support  
ATTN: DEERS  
1101 Wootton Parkway, PL, Suite 100  
Rockville, MD 20852

## **ISSUING PROCEDURES FOR DEPENDENTS WHO CANNOT REPORT IN PERSON**

ID cards may be issued via mail for the following reasons:

- People who live far from a military facility (150 miles or more);
- Are physically handicapped;
- Have no means of transportation;
- Are hospitalized or sick.

**Please Note:** Initial ID card issuance cannot be completed via mail.

You should check the [Rapids Site Locator](#) for the nearest military facility. For ID card issuance via mail, you will need to provide the following:

- A completed and notarized DD Form [DD Form 1172](#).
- A notarized photograph or photocopy of each ID card recipient. **The image must be no smaller than a 4" x 6"** (or larger) showing the head and shoulders only. The image should be sharp, with good definition and a plain contrasting background. (*Unacceptable image, i.e., group photographs, or photographs in which the recipient's face is small and indistinguishable, will be returned along with the application form and you will have to reapply with new photographs.*), and
- Two forms of ID. Please see page 5 for the [list of acceptable documents](#).
- Fulltime students between the ages of 21 and 23 must also provide a letter from their registrar's office indicating their full-time student status and the expected date of graduation.

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Where appropriate, partially completed ID card(s) will be prepared and sent to the sponsor for signature by the respective ID card recipient(s). Once the card(s) is/are signed, you must return it/them to this office (**by certified mail, return receipt requested**) and we will finalize, laminate, and return the completed card(s) to you along with original photograph(s). As a result of this process, the card recipient(s) will be updated in DEERS with an expiration date consistent with the expiration date on the ID card.

## **FULL-TIME STUDENT BETWEEN THE AGES OF 21 - 23**

If you are applying for enrollment or an ID card for a full-time student over the age of 21, you must complete the DD Form 1172 and you must write the following statement in Block #89, "My child (Name), remains dependent on me for at least 51% of his/her support."

Benefits can continue until the child's 23rd birthday provided that the child is:

- Unmarried and between 21 and 23 years of age;
- Enrolled full time in an accredited institution of higher learning; and
- Dependent on the sponsor for over 50 percent of his or her support (or was at the time of the sponsor's death.)

Students remain eligible until age 23 or the date of graduation, whichever occurs first.

You must provide **a letter on the institution's letterhead** issued by the Registrar's Office indicating that the child is a fulltime student. The letter should also state the expected date of graduation.

**Note:** Most colleges and universities contract with third parties such as the National Student Clearinghouse, to verify student enrollment. Such documentation shall be accepted in lieu of a letter from the registrar's office.

## **INCAPACITATED CHILDREN OVER THE AGE OF 21**

If you are applying for enrollment or issuance of an ID card for an **incapacitated child over the age of 21**,

The child must be:

1. unmarried;
2. incapable of self-support because of a mental or physical incapacity that existed before the child's 21<sup>st</sup> birthday or 23<sup>rd</sup> if enrolled as a fulltime student; and
3. dependent on the sponsor for over one-half of his or her support or had been at the time of the sponsor's death.

The incapacitated child determination is a two-part process. First, the Medical Affairs Branch (MAB) must review the child's medical record to determine if the child is incapable of self-support and to determine if the condition is temporary or permanent. Second, the PHS DEERS Project Office must review the DD form 173-5, to determine if the child is dependent on the sponsor for over one-half of his/her support.

MAB requires the following:

- A physician statement describing each of the dependent's diagnosis, past and present treatment for each diagnosis, prognosis for each diagnosed condition, and whether the dependent will ever be able to live independently in spite of the condition(s). This must be sent directly from the physician, not the dependent's parents, and the specialist must specialize in the medical area pertaining to the dependent's specified condition, e.g. a psychiatrist for any mental health condition; a neurologist for a paralyzed dependent; etc.
- A copy of medical records which would pertain to the specified condition, extending over the most recent 3 years at minimum, sent directly to MAB from the healthcare facility (not from the dependent's parents).
- School transcripts from the most recent school matriculated, sent directly from the school.
- A brief narrative sent by the parents describing the daily activities performed by the dependent must be sent by the parents.

These documents serve as the basis upon which a medical recommendation may be made and have been identified as the minimum data needed for the medical review according to TRICARE; however, additional documentation and/or evaluation(s) may also be requested to answer any new questions raised during the review of the dependent's package by the MAB medical evaluations officer.

The complete package should be mailed to the MAB at the following address:

Office of Commissioned Corps Support Services  
Medical Affairs Branch (OCCSS/MAB)  
ATTN: Medical Evaluations Officer  
5600 Fishers Lane, Room 4C-04  
Rockville, MD 20857

The PHS DEERS Project Office requires the following forms:

1. Form [PHS-1637-1](#), "Public Health Service Commissioned Officer's Request for Dependency Determination;"
2. [DD Form 137-5](#), "Dependency Statement – Incapacitated Child Over Age 21;" and
3. [DD Form 1172](#), "Application for Uniformed Services Identification Card/DEERS Enrollment."
4. The child's proof of income;
5. A copy of the first page of the tax return to show who claim the child or the child's own tax return;
6. Supporting documentation for ALL claimed expenses; and
7. A copy of the brief narrative (provided to the MAB) from the parents describing the daily activities performed by the dependent.

The complete package should be mailed to this office at the following address:

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## DEPENDENT PARENTS REQUEST

If you are applying for enrollment or an ID card for a **dependent parent**, you must complete and return the following forms which are available at the Commissioned Corps Management Information System (CCMIS) Web site [http://dcp.psc.gov/cc\\_forms.asp](http://dcp.psc.gov/cc_forms.asp):

1. Form [PHS-1637-1](#), "Public Health Service Commissioned Officer's Request for Dependency Determination;"
2. [DD Form 137-3](#), "Dependency Statement - Parent;" and
3. [DD Form 1172](#), "Application for Uniformed Services Identification Card/DEERS Enrollment."
4. Parent's proof of income;
5. A copy of their tax return; and
6. Supporting documentation for ALL claimed expenses.

You must complete the request and your parent must complete the dependent statement. Please ensure that **all** items on the **parent's statement** are completed and that the form is **notarized** before returning it to this office. To qualify as a dependent, the parent must meet the following four eligibility requirements:

1. The parent's income, not counting the member's contribution, **must be less** than one-half of the parent's monthly living expenses;
2. The member's contribution **must be more** than the parent's income from all sources;
3. The member's contribution **must be more** than one-half the parent's monthly living expenses; and
4. **The parent must reside in the sponsor's household or a household maintained for or by the sponsor.**

You have the burden of proving that your parent is a **bona fide** dependent. This is accomplished by providing documentation of your parent's expenses, i.e., copies of receipts, and by documenting your contributions, e.g., copies of canceled checks/money orders which are either made payable to your parent, or which specifically state that they were written to pay for expenses incurred by your parent. **Stating that you gave cash is not acceptable** in determining the amount you contributed to his/her support. You should also document (where appropriate) the method used to determine fair rental value of that portion of your home that your parent occupies. Poor record keeping, by either you or your parent, may be reason for your dependency request to be disapproved. **Incomplete packets without supporting documentation will be returned to the sponsor without action.**

The complete package should be mailed to this office at the following address:

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Rockville, MD 20852

If you have any questions, you may contact the PHS DEERS Project Office via email at [phsdeers@hhs.gov](mailto:phsdeers@hhs.gov) or by phone at 240-453-6131.