FAMILY SUPPLEMENTAL SUBSISTENCE ALLOWANCE

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 402a; DoD Instruction 1341.11 (Family Supplemental Subsistence Allowance Program); DoD Financial Management Regulation, Volume 7A, Chapter 24; and E.O. 9397 (SSN).
PRINCIPAL PURPOSE(S): To assist eligible applicants in initiating a request for Family Supplemental Subsistence Allowance benefits, a member provides requested application information to their Service pay representative.
ROUTINE USE(S): To Federal, state and local agencies to conduct computer matching programs regulated by the Privacy Act of 1974, for those programs authorized by law.
DISCLOSURE: Voluntary; however, failure to provide requested information may result in the member not receiving Family Supplemental Subsistence Allowance benefits.

OVERVIEW

This is an application for the Uniformed Service Family Supplemental Subsistence Allowance. This program will provide assistance for those members where the combined effect of household income and household size makes them eligible for an amount not to exceed $1,100.00. Any income received through this program may affect eligibility for other federal programs such as Food Stamps, WIC and subsidized school lunches. Any income received must be reported to these programs. Before submitting this application for approval, you should check with these other programs to determine how your eligibility will be affected. For additional information on the FSSA program, contact your service representative.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729). Title 18, U.S. Code 287 and 1001 provide for a penalty of not more than $10,000.00 fine, or 5 years in prison, or both.

SECTION I - MEMBER INFORMATION

1. NAME *(Last, First, Middle Initial)*			**2. SSN**	**3. GRADE**	
4.a. STREET ADDRESS *(Include Apartment Number)*			**b. CITY**	**c. STATE**	**d. ZIP CODE**
5. HOME TELEPHONE NO. *(Include Area Code)*	**6.a. DUTY LOCATION**		**b. DUTY TELEPHONE NO.** *(Include Area Code)*	**7. BRANCH OF SERVICE**	
8. PEBD/BASIC PAY DATE *(YYYYMMDD)*	**9. NUMBER IN HOUSEHOLD**	**10.a. BASIC PAY**	**b. SPECIAL PAY AND ALLOWANCES**	**c. OTHER INCOME**	
11. BAH	**12. BAS**	**13. OHA**	**14. RECEIVING FOOD STAMPS** *(X one)* ☐ **YES** ☐ **NO**	**IF YES, FOOD STAMP AMOUNT:**	

SECTION II - RESULTS

15. GROSS HOUSEHOLD INCOME:		**18. FOOD STAMPS RECEIVED:**	
16. INCOME LIMIT:		**19. ELIGIBLE** *(X one)* ☐ **YES** ☐ **NO**	
17. INITIAL FSSA PAY CALCULATION: *(May not exceed $1,100.00)*		**20. FINAL FSSA ENTITLEMENT:** *(Larger of FSSA Pay Calculation or Food Stamp amount) (Not to exceed $1,100.00)*	

SECTION III - CERTIFICATION

Under penalties of perjury, I certify that all statements on this form are made with full knowledge of the penalties for making false statements. I understand that it is my responsibility to inform my agency of any change in my income, income of other members of my household, or any changes in the number of members of my household.

21. SIGNATURE	**22. DATE SIGNED** *(YYYYMMDD)*

In accordance with DoD instruction 1341.11, an eligible member must submit this form to their Service representative for certification and processing.

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