

USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY

(This form is subject to the Privacy Act of 1974. Use Blanket PAS - AF Form 883)

I. MARITAL STATUS

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED (Civilian)	<input type="checkbox"/> MARRIED (Military)	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
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II. STATEMENT OF UNDERSTANDING

I understand:

My eligibility is based on my marital and dependency status and failure to claim all my dependents may result in my involuntary separation from the Air Force. I have read and understand the following definitions the Air Force considers a dependent for accession purposes. 1. A spouse. 2. Any person under the age of 18 for whom the applicant or spouse has legal or physical custody, control, care, maintenance, or support. Includes children from a previous marriage, a relative by blood or marriage and stepchildren or adopted children of the applicant or spouse. 3. Any unmarried natural children of the applicant or spouse regardless of current residence. For male applicants, the term natural child includes those born out of wedlock. 4. Any person who is dependent upon the applicant or spouse for their care, maintenance, or support regardless of age. (5) FOR MALE APPLICANTS ONLY. An unborn child of the spouse or one claimed by or a court order determines is his. ()

It is my responsibility to provide legal documents (marriage certificate, birth certificate, etc.) to substantiate my dependent(s) and it is my responsibility to support myself and my dependent(s) on the pay and allowances I receive. I also understand arrangements for care of my dependent(s) is my personal responsibility and will not interfere with my assigned Air Force duties, including shift work, weekend duty, temporary duty away from my assigned duty station and short notice deployments and evacuations. I further understand my dependent(s) will not prevent me from being available for worldwide assignment and failure to perform my dependent(s) may result in disciplinary action, to include involuntary discharge. ()

If applying for an enlisted program, my dependent(s) are not permitted to accompany me during basic training, and it is recommended they not accompany me during any technical training. If applying for an officer program, it is strongly recommended my dependent(s) not accompany me while attending training. I also understand government family quarters are assigned based on application date, grade, date of grade, number of dependents, and availability. ()

Military couples with dependent(s) are required to make dependent care arrangements that allow both members to meet all military obligations and duties. I also understand each member is considered to be serving in his or her own right and must be available for worldwide assignment regardless of marital or dependent status. Additionally, I understand married Air Force couples may apply for a join spouse assignment but there is no guarantee they will be assigned together. ()

III. REMARKS

IV. APPLICANT CERTIFICATION

I have read the information on this form and understand how it applies to me and my dependent(s). I also understand the needs of the Air Force come first and I may be involuntarily discharged should I violate any of these provisions. I certify the information on this form is of my personal knowledge and is true and correct and my recruiter did not advise me to conceal any dependency information.

DATE	NAME (Last, First, Middle Initial)	SSN	SIGNATURE
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V. RECRUITER CERTIFICATION

I certify the information on this form was explained to the applicant and I verified the applicant's dependent(s) and marital status from appropriate source documents.

DATE	RECRUITER'S NAME/GRADE	SIGNATURE
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VI. APPLICANT FINAL CERTIFICATION

On the date of enlistment or commissioning or appointment and prior to signing the oath, I reviewed the information on this form and hereby reaffirm complete knowledge and understanding of the statements contained herein. I further certify all changes to my marital or dependent status since initiation of this form are explained in Section III.

DATE	SIGNATURE
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VII. AIR FORCE REPRESENTATIVE FINAL CERTIFICATION

I have verified all known changes to the applicant's marital or dependent status since initiation of this form and certify they are explained in Section III.

DATE	NAME/GRADE OF AIR FORCE REPRESENTATIVE	SIGNATURE
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INSTRUCTIONS

This form is mandatory for all applicants applying for enlistment, commissioning or appointment in the Air Force (AF). Complete in accordance with AFI 36-2002 and the following instructions:

Section I, Marital Status.

Applicant marks the applicable marital status.

Section II, Statement of Understanding.

Applicant initials all paragraphs to acknowledge his/her understanding. (NOTE: When applicant furnishes proof of permanent transfer of all rights to the legal, physical, or other responsibility for the custody, control, care, maintenance, and support of a dependant under 18-years of age through formal adoption, they will not be considered a dependant for accession purposes.)

Section III, Remarks.

If a dependency eligibility/waiver is required and approved; list date of approval, approving official, and position. If there are no comments, enter "None" and applicant must initial.

Section IV, Applicant Certification.

Self explanatory.

Section V, Recruiter Certification.

Self explanatory.

Section VI, Applicant Final Certification.

Complete on date of final enlistment, commissioning or appointment. (NOTE: Do not complete at time of delayed enlistment program (DEP) entry.)
Ensure all changes to applicant's marital and dependent status are annotated in Section III.

Section VII, Air Force Representative.

Complete on date of final enlistment, commissioning, or appointment. (NOTE: Do not complete at time of DEP entry.) Ensure all changes to applicant's marital and dependent status are annotated in Section III.