



Transitional Compensation for Abused Family Members (TCAFM)

Najah Barton

Victim Advocate Program Manager

HQMC Family Advocacy Program

May 2015

"Keeping Faith"



Overview

- MCO 1754.11 VA Responsibilities
- Program overview
- Eligibility criteria
- Routing processes
- Program benefits
- Application and applicable documents

“Keeping Faith”



Overview

- Federal Law per 10 USC 1059
- Mandated program per DoDI 1342.24, 23 May 1995
- DoD Financial Management Regulation Vol 7B Chapter 60
- Transitional Compensation for Abused Dependents memorandum of 2 Apr 15

“Keeping Faith”



Purpose

- To provide temporary financial assistance to eligible family members and when applicable, service members
- Financial assistance aids eligible members ease the burden of unexpected transition presented after the Marine offender is separated from the Marine Corps for a dependent-abuse offense

“Keeping Faith”



Dependent Abuse Offenses

- Any domestic-abuse offense acted out by a service member upon eligible dependent(s)
- Involves abuse of the spouse or dependent child of the service member (SM)
- Must be a criminal offense as specified under the Uniformed Code of Military Justice (UCMJ), Federal criminal law, criminal laws of the States and other jurisdictions of the U.S., and/or laws of other nations

“Keeping Faith”



Dependent Abuse Offenses

- Some examples of dependent-abuse offenses include:
 - Sexual assault, rape, sodomy
 - Assault, battery
 - Child abuse (to include child neglect)
 - Murder and manslaughter
 - Stalking

** This list is not all inclusive. Other stipulations may apply.*

“Keeping Faith”



Victim Advocate Responsibilities

- Educate commands aboard their respective installation and other relevant personnel:
 - **On the program**
 - **On eligibility criterion**
 - **On importance of including domestic abuse in separation documentation, when appropriate**
- Educate eligible victims or legal guardians/ representatives
- Assist in the application process
- Liaison between HQMC, victim, law enforcement, Staff Judge Advocate (SJA), etc.

“Keeping Faith”



Victim-Witness Assistance Program Representatives

- Educate eligible victims or legal guardians/representatives on the program
- Collaborate with the local FAP office and VLCO
- Coordinate “warm handoff” to FAP VA or VLC in the event that the individual qualifies for the program

“Keeping Faith”



Eligibility Criteria

- Dependents must have been married to service member at time of the offense
 - Can be living apart **or** together at the time of the offense
 - Children primary residence must have been in the familial home
- Marine served minimum of **30** days on active duty
- Marine separated from service for a dependent -abuse offense via:
 - Result of a court-martial sentence
 - Forfeiture of all pay and allowances via court-martial, or
 - Administrative separation (Enlisted), or
 - Board of Inquiry (Officers)

“Keeping Faith”



Eligibility Criteria - Children

- Under 18 years of age
- 18 years or older, but incapable of self-support because of mental or physical incapacity (will require proof)
- Between 18 and 23 years, but enrolled full-time in an institution of higher learning and dependent on service member for greater than ½ of support (will require proof), or
- Still a dependent at the time of the separation or court martial
- Children in utero at the time of the offense are eligible upon being born alive to the current or former spouse of the member.
 - Proof of birth and paternity are required

“Keeping Faith”



Eligibility Criteria - Children

- Proration may occur if they are not dependent for duration of payment (i.e. child turning 18 years of age that graduates high school while TCAFPM is being paid)
- Stepchildren are eligible assuming they are dependents of the member that committed the offense at the time of the separation
- Children not residing with the parent can receive payment through a payee (or legal guardian)
 - Not if child is in foster care- as state has custody
 - If child is returned to spouse, spouse can receive payment

“Keeping Faith”



Eligibility Criteria - Spouse

- Must have been legally married to the service member at the time of offense
- Can be divorced as of the date that the member is separated
- If SM is separated for an offense relating to child abuse, spouse must **NOT** have participated in the abuse
- Spouse cannot receive retirement benefits and TCAFM
 - When eligible for both, the spouse has to make an election to receive benefits under 10 USC 1059 **or** 10 USC 1408.

“Keeping Faith”



Not Eligible

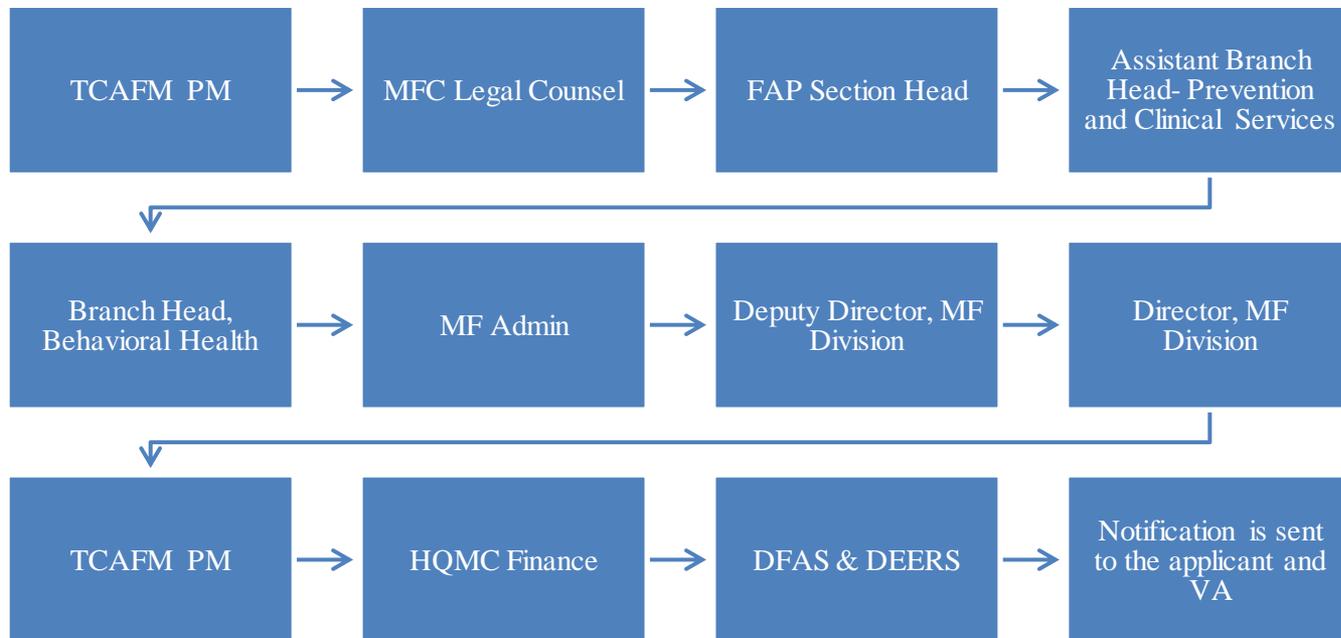
- Intimate Partner (even if residing with service member)
- Dependents when SM was not separated
 - Service member commits suicide after offense
 - Service member NJPed but not separated
 - Service member EASes before separation process is complete
- Child not residing with the service member or spouse at the time of the dependent-abuse offense
 - Service member commits an offense against his/her new spouse while the biological child from a previous marriage is visiting
- Current or former spouse of a retiree in receipt of benefits under 10 USC 1408 (h)

“Keeping Faith”



Non-Exceptional Eligibility Routing

All non-exceptional eligibility determinations are made internally at HQMC by Director, Marine and Family Programs Division. The following depicts the routing process:



“Keeping Faith”



Exceptional Eligibility

Authorized under OSD DTM 14 April 2008

- SecNav's office authorized to review and approve cases where dependent-abuse offense was not documented as reason for separation
- Evidence of dependent-abuse offense must accompany the application
- Requires that SM be off of active duty at the time of the request for a waiver

“Keeping Faith”



Exceptional Eligibility

Examples of Documentation

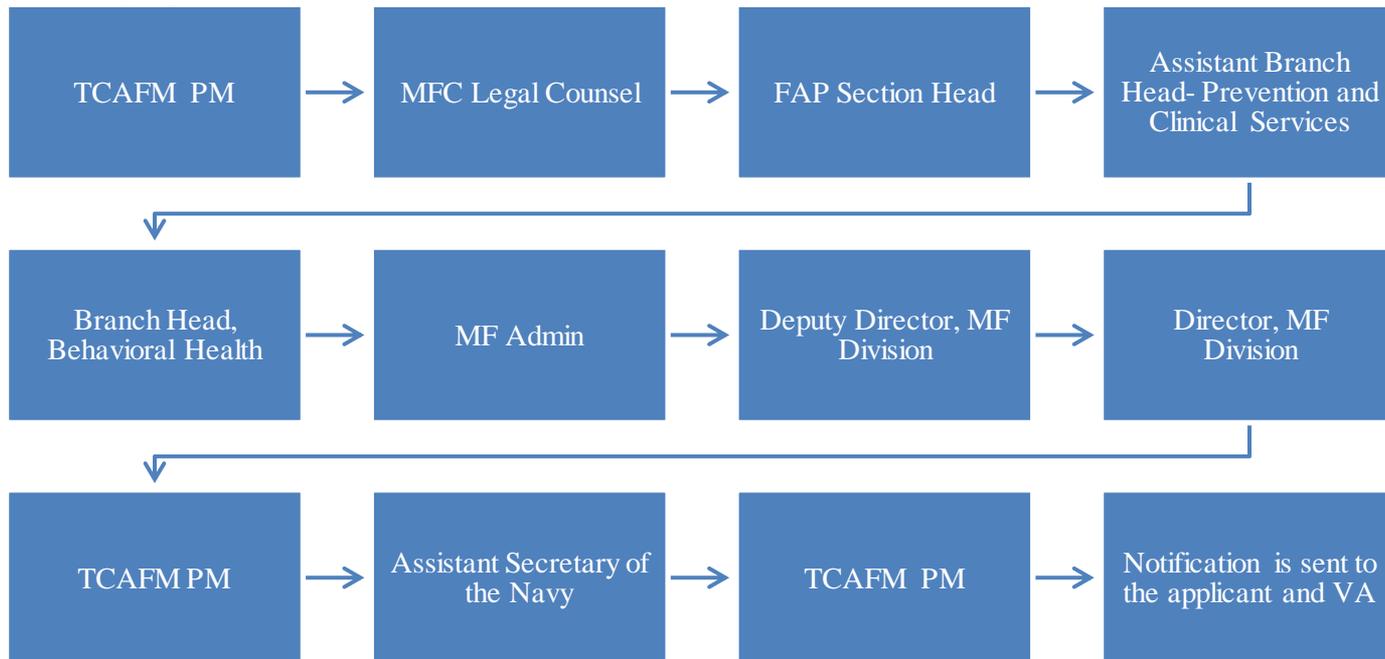
- IDC Letters showing met criteria for physical abuse
- Non-judicial punishment documentation (i.e. unit punishment books, page 11's, page 13's, show-cause endorsements for officer cases)
- Separation in Lieu of Trial (SILT) package (charge sheets, request letter, endorsements)
- Law enforcement reports including military blotters
- Court documents (ex parte hearing, protective orders)
- FAP assessments

“Keeping Faith”



Exceptional Eligibility Routing

The following depicts the routing process when the applicant is **disapproved** for receipt of benefits under the exceptional eligibility provision:



“Keeping Faith”



Benefits

- Benefits begin:
 - On the date the court-martial **sentence is adjudged** if the sentence includes a dismissal, dishonorable discharge, bad conduct discharge or forfeiture of all pay and allowances
 - OR
 - On the date the Marine's command informs the Marine that an **administrative separation has been initiated** (Notification letter)
 - OR
 - On the date the Marine's **command accepts** a Separation in Lieu of Trial request (entire SILT is required to process package)
 - OR
 - Officer cases: On the date the Marine's **command notifies** Marine of the intent to hold a Board of Inquiry

“Keeping Faith”



Benefits - Duration

- 36 months to all payees as of 2 Apr 15
 - In the event that 36-months is not warranted, the request is routed to SecNav for final determination
- **No extensions** to the program benefits

“Keeping Faith”



Benefits

- Monthly monetary payments
- Military ID card
- Medical (**up to 1 year post-separation of the member**)
- Dental (**space available status**), and
- Commissary and Exchange

“Keeping Faith”



Benefits

- Joint Federal Travel Regulations (JFTR) provides for relocation expenses to be paid by reason of personal safety via MMIB
- Medical expenses related to the abuse can be approved by the Secretary of the Navy (SecNav) on case-by-case basis for coverage after expiration of TCAFM (Designee Program), to includes mental health coverage

“Keeping Faith”



Payment

- Based on the rate in effect for Dependency and Indemnity Compensation
- Monies are not reported as income
- Monies are not taxed
- 1st payment will take up to 6 weeks from approval date to receive

“Keeping Faith”



Dependency and Indemnity Compensation Rates

	2014	2015
CHILDREN ONLY RATES		
CHILD ONLY	\$520.70	529.55
TWO CHILDREN - SEPARATE PAYMENT	\$374.54	380.90
TWO CHILDREN - ONE PAYMENT	\$749.07	761.80
THREE CHILDREN - SEPARATE PAYMENT	\$325.82	331.35
THREE CHILDREN - ONE PAYMENTS	\$977.45	994.07
FOUR CHILDREN - SEPARATE PAYMENT	\$290.80	295.74
FOUR CHILDREN - ONE PAYMENTS	\$1,163.19	1,182.96
FIVE CHILDREN - SEPARATE PAYMENT	\$269.79	274.37
FIVE CHILDREN - ONE PAYMENTS	\$1,348.94	1,371.87
SIX CHILDREN - SEPARATE PAYMENT	\$255.78	260.12
SIX CHILDREN - ONE PAYMENTS	\$1,534.68	1,560.77
SEVEN CHILDREN - SEPARATE PAYMENT	\$245.77	249.95
SEVEN CHILDREN - ONE PAYMENTS	\$1,720.43	1,749.68
EIGHT CHILDREN - SEPARATE PAYMENT	\$238.27	242.32
EIGHT CHILDREN - ONE PAYMENTS	\$1,906.17	1,938.57
NINE CHILDREN - SEPARATE PAYMENT	\$232.44	236.38
NINE CHILDREN - ONE PAYMENTS	\$2,091.92	2,127.48
SPOUSE, SPOUSE AND CHILD RATES		
Spouse only rate	\$1,233.23	\$1,254.19
Spouse One child	\$1,538.75	\$1,564.90
Spouse Two Children	\$1,844.27	\$1,875.61
Spouse Three Children	\$2,149.79	\$2,186.32
Spouse Four Children	\$2,455.31	\$2,497.03
Spouse Five Children	\$2,760.83	\$2,807.74
Spouse Six Children	\$3,066.35	\$3,118.45
Spouse Seven Children	\$3,371.87	\$3,429.16
Spouse Eight Children	\$3,677.39	\$3,739.87
Spouse Nine Children	\$3,982.91	\$4,050.58

“Keeping Faith”



Application

- Completion of application packet by victim with assistance from the victim advocate
 - DD Form 2698- Application for Transitional Compensation
 - Supporting documents
 - IDC determination letters
 - Administration separation notification documents
 - Results of trial
 - Pre-trial agreement
 - Direct Deposit Form
 - Cover Sheet

“Keeping Faith”



Forfeiture Provisions

- Spouse co-habits with former member upon SM separation
- Dependent spouse remarries while receiving payments
- Loses custody of children (forfeits child amount)
- Noncompliance with annual re-certification requirements with Defense Finance and Accounting Services (DFAS) and Defense Enrollment Eligibility Reporting System (DEERS)

“Keeping Faith”



Case Examples: Who is eligible?

“Keeping Faith”



Example #1

Staff Sergeant Shoebuckle and her spouse are found to have physically abuse their 3 year-old child. As a result, the child is placed into the custody of a legal guardian (maternal grandmother). SM is separated from active service for abuse against the child...

Is spouse eligible?

Is child eligible?

“Keeping Faith”



Example #2

Lance Corporal Johnson and his spouse have five children (they are all dependents in DEERS). LCpl Johnson is stationed in CA. His spouse and children reside in TN. SM abuses his spouse in TN while on leave, with 3 out of 5 children present in the home during the incident. He is separated via administrative separation for the incident...

Is spouse eligible?

Is child eligible?

“Keeping Faith”



Example #3

Master Sergeant Leathers is court-martialed for a domestic-abuse related offense against her spouse. At the time of the incident, the dependent son is 17 years, 11 months old and was in the home during the incident. SM is subsequently convicted and separated

Is spouse eligible?

Is child eligible?

“Keeping Faith”



Example #4

Sergeant Greenleaf is arrested for home invasion, sexual assault and murder after breaking into his girlfriend's apartment one evening. Their 6-month old child laid asleep in his crib next to the bed, as SM committed the above acts. Command separated him via administrative separation. He is later convicted and sentenced to life in prison in the civilian judicial system

Is child eligible?

“Keeping Faith”



Additional Talking Points (Interchangeable Information)

“Keeping Faith”



How to Fill Out the DD 2698 for Adult Victim **or** Eligible Parent with Child Victim

“Keeping Faith”



Example Application for Adult

to create, mark-up and send PDF files.

APPLICATION FOR TRANSITIONAL COMPENSATION																				
All information except Item 12 is to be entered by Service representative from Service records.																				
SECTION I - PAYEE INFORMATION (If more than one eligible dependent, use the Remarks section on back to enter applicable information for each payee.)																				
1. PAYEE NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (YYYYMMDD)	4. SEX (X one)																
Doe, Jane X.		123 45 7849	19830101	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE																
5. ADDRESS																				
a. STREET (Include apartment number)		b. CITY	c. STATE	d. ZIP CODE																
100 Main Street		Quantico	VA	22134																
6. RELATIONSHIP TO MEMBER (X one)																				
<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> CHILD	<input type="checkbox"/> ADOPTED CHILD	<input type="checkbox"/> STEPCHILD																
7. CUSTODY (If payee is spouse or former spouse, enter names of dependent children from Item 23 who are in payee's custody) (If all, enter "ALL")		8. INCAPACITATION		9. IS INCAPACITY: (X one) (If applicable)																
All		<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th colspan="2">(X Yes or No for each item)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">a. IS PAYEE INCAPACITATED? (If Yes, complete Items 8.b. and c., and Item 9.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete Item 10.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">c. IS PAYEE INCAPABLE OF SELF SUPPORT?</td> </tr> </tbody> </table>		YES	NO	(X Yes or No for each item)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. IS PAYEE INCAPACITATED? (If Yes, complete Items 8.b. and c., and Item 9.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete Item 10.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. IS PAYEE INCAPABLE OF SELF SUPPORT?		<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY
YES	NO	(X Yes or No for each item)																		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. IS PAYEE INCAPACITATED? (If Yes, complete Items 8.b. and c., and Item 9.)																		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete Item 10.)																		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. IS PAYEE INCAPABLE OF SELF SUPPORT?																		
10. LEGAL REPRESENTATIVE (Complete only if legal representative is not the payee.)																				
a. NAME (Last, First, Middle Initial)	b. STREET ADDRESS (Include apartment/suite no.)		c. CITY	d. STATE																
11. IF PAYEE IS A CHILD: (X Yes or No for each item.) (NOTE: Age of majority for a child is 18 in all states except the following: Alabama, Nebraska and Wyoming; age of majority is 19; Mississippi, West Virginia and Puerto Rico: age of majority is 21.)																				
YES	NO																			
<input type="checkbox"/>	<input type="checkbox"/>	a. WAS INCAPACITY INCURRED BEFORE AGE 18?																		
<input type="checkbox"/>	<input type="checkbox"/>	b. IF INCAPACITY WAS INCURRED BETWEEN AGES 18 AND 23, WAS THE CHILD A FULL-TIME STUDENT?																		
<input type="checkbox"/>	<input type="checkbox"/>	c. IS CHILD UNDER THE AGE OF MAJORITY? (See NOTE. If Yes, complete Item 10.)																		
<input type="checkbox"/>	<input type="checkbox"/>	d. WAS CHILD DEPENDENT ON FORMER MEMBER FOR OVER ONE-HALF OF SUPPORT?																		
12. PAYEE CERTIFICATION (Payee must sign and date to certify that the statements below are correct. Lines (2)-(4) apply only to spouse or former spouse.)																				
(1) I am not cohabiting with the former member. If status changes, I will notify DFAS within 30 days.																				
(2) I have not remarried. If status changes, I will notify DFAS within 30 days.																				
(3) I have custody of the dependent children listed in Item 7.																				
(4) I was married to the member in Item 14 at the time of the dependent abuse offense resulting in his conviction/administrative separation.																				
(5) I claim payment of transitional compensation under Section 1059, Title 10, U.S.C.																				
(6) I understand that I may not receive payments under both Section 1059 and Section 1408(h) of Title 10, U.S.C., and that, if eligible for both, I must elect which to receive. I elect payment of transitional compensation under Section 1059.																				
a. SIGNATURE (Applicant acknowledges that acceptance of payments if the offender rejoins household is punishable under the law.)			b. DATE SIGNED (YYYYMMDD)																	
Jane X. Doe			20150111																	

"Keeping Faith"



Example Application for Adult

SECTION II - MEMBER IDENTIFICATION			
13. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		14. MEMBER NAME (Last, First, Middle Initial) Doe, John Y.	
15. PAY GRADE (Prior to conviction or separation) E-5			
16. SOCIAL SECURITY NUMBER 987-65-4321		17. DATE OF BIRTH (YYYYMMDD) 19820101	
18. SEX (X one) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
19. OBLIGATED SERVICE DATES (YYYYMMDD)			
a. ACTIVE DUTY SERVICE ENTRY DATE LEAVE BLANK		b. EXPIRATION OF ACTIVE OBLIGATED SERVICE (Enlisted only) LEAVE BLANK	c. ESTABLISHED DATE OF SEPARATION AT TIME OF CONVICTION/ADMINISTRATIVE SEPARATION (Officer only) (If none, so state) LEAVE BLANK
20. DATE OF APPROVAL OF THE COURT-MARTIAL SENTENCE/ ADMINISTRATIVE SEPARATION (YYYYMMDD) (If court-martial, verify date with approving official. If administrative separation, use date of initiation of separation.) LEAVE BLANK		21. PAYMENT DATES (YYYYMMDD) (Start date is date in Item 20. Length of payment is 36 months except as follows: Subtract date in Item 19.b. or 19.c. from the date in Item 20. If less than 36 months, length of payment is that period or 12 months, whichever is greater.)	
		a. START LEAVE BLANK	b. STOP LEAVE BLANK
22. APPROVING OFFICIAL CERTIFICATION. I certify that the offense resulting in court-martial conviction or involved in administrative separation is a dependent-abuse offense in accordance with DoD regulations. If married, the spouse was not a participant in the abuse offense.			
a. SIGNATURE LEAVE BLANK		b. DATE SIGNED (YYYYMMDD) LEAVE BLANK	c. TITLE LEAVE BLANK
			d. TELEPHONE (Include area code) LEAVE BLANK
e. STREET ADDRESS (Include apartment or suite number) LEAVE BLANK		f. CITY LEAVE BLANK	g. STATE LEAVE BLANK
			h. ZIP CODE LEAVE BLANK

DD FORM 2698, JAN 95 (EG)

Designed using Perform Pro, WHS/DIOR, Jan 95

Reset

“Keeping Faith”



Filling out DD Form 2698 for ADULT

Section I – Payee Information

- Block 1: Payee name. The Victim's name goes here.
- Block 2: SSN for payee
- Block 3: Date of birth of payee
- Block 4: Sex of payee
- Block 5a-d: Address of payee
- Block 6: Relationship to the sponsor
- Block 7: List names of children in payee's custody
 - **These children should be residing in the home when the abuse occurred**
- Block 8a-c: Mark if incapacitation applies (may lead you to block 10)
- Block 9: Mark length of incapacitation (if applicable at all)
- Block 10:
 - The payee is already the legal representative (unless the victim is incapacitated) so you don't have to put anything in block 10.
- Block 11: **THIS DOES NOT APPLY FOR ADULTS. LEAVE BLANK**
- Block 12: Please ensure recipient understands these eligibility requirements and 12a is signed and 12b is dated by the applicant.
DATE OF SIGNATURE MUST BE AFTER DATE OF NOTIFICATION OF SEPARATION or DATE OF COURT MARTIAL SENTENCE

“Keeping Faith”



Filling out DD Form 2698 for **ADULT**

Section II – Member Identification

- Block 13: Mark the **offender's** branch of service
- Block 14: Annotate the **offender's** name
- Block 15: List the pay grade of the offender prior to adjudication (pay grade at the time of the incident)
 - Pay grades: E-1 to E-9, O-1 to O-10, W-1 to W-5
- Block 16: Note the offender's SSN
- Block 17: Note the offender's date of birth
- Block 18: Note the offender's sex
- ***Blocks 19-22 BLANK***
- Block 23 All Children listed with full permanent SSN and date of birth.

Section III – Remarks

- LEAVE BLANK unless there are additional remarks that need to be annotated (i.e. **step child listed under two member's DEERS dependency records**)
- Section IV – Appropriation Data
- LEAVE BLANK – FOR HQMC

“Keeping Faith”



How to Fill Out the DD 2698 for Child Victim w/o Eligible Parent

“Keeping Faith”



Example Application for Child

to create, mark-up and send PDF files.

APPLICATION FOR TRANSITIONAL COMPENSATION																				
All information except Item 12 is to be entered by Service representative from Service records.																				
SECTION I - PAYEE INFORMATION (If more than one eligible dependent, use the Remarks section on back to enter applicable information for each payee.)																				
1. PAYEE NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (YYYYMMDD)	4. SEX (X one)																
Doe, Sarah J.		123 45 7849	20000111	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE																
5. ADDRESS																				
a. STREET (Include apartment number)		b. CITY	c. STATE	d. ZIP CODE																
130 Shoebuckle Ln.		Greensboro	NC	12468																
6. RELATIONSHIP TO MEMBER (X one)																				
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> FORMER SPOUSE	<input checked="" type="checkbox"/> CHILD	<input type="checkbox"/> ADOPTED CHILD	<input type="checkbox"/> STEPCHILD																
7. CUSTODY (If payee is spouse or former spouse, enter names of dependent children from Item 23 who are in payee's custody) (If all, enter "ALL")		8. INCAPACITATION	9. IS INCAPACITY: (X one) (If applicable)																	
LEAVE BLANK		<table border="1"> <tr> <th>YES</th> <th>NO</th> <th colspan="2">(X Yes or No for each item)</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">a. IS PAYEE INCAPACITATED? (If Yes, complete Items 8.b. and c., and Item 9.)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete Item 10.)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">c. IS PAYEE INCAPABLE OF SELF SUPPORT?</td> </tr> </table>	YES	NO	(X Yes or No for each item)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. IS PAYEE INCAPACITATED? (If Yes, complete Items 8.b. and c., and Item 9.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete Item 10.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. IS PAYEE INCAPABLE OF SELF SUPPORT?		<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	
YES	NO	(X Yes or No for each item)																		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. IS PAYEE INCAPACITATED? (If Yes, complete Items 8.b. and c., and Item 9.)																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete Item 10.)																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. IS PAYEE INCAPABLE OF SELF SUPPORT?																		
10. LEGAL REPRESENTATIVE (Complete only if legal representative is not the payee.)																				
a. NAME (Last, First, Middle Initial)	b. STREET ADDRESS (Include apartment/suite no.)		c. CITY	d. STATE	e. ZIP CODE															
Doe, Janet F.	130 Shoebuckle Ln.		Greensboro	NC	12468															
11. IF PAYEE IS A CHILD: (X Yes or No for each item.) (NOTE: Age of majority for a child is 18 in all states except the following: Alabama, Nebraska and Wyoming; age of majority is 19; Mississippi, West Virginia and Puerto Rico: age of majority is 21.)																				
YES	NO	a. WAS INCAPACITY INCURRED BEFORE AGE 18?																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. WAS INCAPACITY INCURRED BEFORE AGE 18?																		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. IF INCAPACITY WAS INCURRED BETWEEN AGES 18 AND 23, WAS THE CHILD A FULL-TIME STUDENT?																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. IS CHILD UNDER THE AGE OF MAJORITY? (See NOTE. If Yes, complete Item 10.)																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. WAS CHILD DEPENDENT ON FORMER MEMBER FOR OVER ONE-HALF OF SUPPORT?																		
12. PAYEE CERTIFICATION (Payee must sign and date to certify that the statements below are correct. Lines (2)-(4) apply only to spouse or former spouse.)																				
(1) I am not cohabiting with the former member. If status changes, I will notify DFAS within 30 days.																				
(2) I have not remarried. If status changes, I will notify DFAS within 30 days.																				
(3) I have custody of the dependent children listed in Item 7.																				
(4) I was married to the member in Item 14 at the time of the dependent abuse offense resulting in his conviction/administrative separation.																				
(5) I claim payment of transitional compensation under Section 1059, Title 10, U.S.C.																				
(6) I understand that I may not receive payments under both Section 1059 and Section 1408(h) of Title 10, U.S.C., and that, if eligible for both, I must elect which to receive. I elect payment of transitional compensation under Section 1059.																				
a. SIGNATURE (Applicant acknowledges that acceptance of payments if the offender rejoins household is punishable under the law.)			b. DATE SIGNED (YYYYMMDD)																	
Janet F. Doe			20150111																	

"Keeping Faith"



Example Application for Child

SECTION II - MEMBER IDENTIFICATION			
13. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		14. MEMBER NAME (Last, First, Middle Initial) Doe, John Y.	
15. PAY GRADE (Prior to conviction or separation) E-5			
16. SOCIAL SECURITY NUMBER 987-65-4321		17. DATE OF BIRTH (YYYYMMDD) 19820101	
		18. SEX (X one) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
19. OBLIGATED SERVICE DATES (YYYYMMDD)			
a. ACTIVE DUTY SERVICE ENTRY DATE LEAVE BLANK		b. EXPIRATION OF ACTIVE OBLIGATED SERVICE (Enlisted only) LEAVE BLANK	c. ESTABLISHED DATE OF SEPARATION AT TIME OF CONVICTION/ADMINISTRATIVE SEPARATION (Officer only) (If none, so state) LEAVE BLANK
20. DATE OF APPROVAL OF THE COURT-MARTIAL SENTENCE/ ADMINISTRATIVE SEPARATION (YYYYMMDD) (If court-martial, verify date with approving official. If administrative separation, use date of initiation of separation.) LEAVE BLANK		21. PAYMENT DATES (YYYYMMDD) (Start date is date in Item 20. Length of payment is 36 months except as follows: Subtract date in Item 19.b. or 19.c. from the date in Item 20. If less than 36 months, length of payment is that period or 12 months, whichever is greater.)	
		a. START LEAVE BLANK	b. STOP LEAVE BLANK
22. APPROVING OFFICIAL CERTIFICATION. I certify that the offense resulting in court-martial conviction or involved in administrative separation is a dependent-abuse offense in accordance with DoD regulations. If married, the spouse was not a participant in the abuse offense.			
a. SIGNATURE LEAVE BLANK		b. DATE SIGNED (YYYYMMDD) LEAVE BLANK	c. TITLE LEAVE BLANK
			d. TELEPHONE (Include area code) LEAVE BLANK
e. STREET ADDRESS (Include apartment or suite number) LEAVE BLANK		f. CITY LEAVE BLANK	g. STATE LEAVE BLANK
			h. ZIP CODE LEAVE BLANK

DD FORM 2698, JAN 95 (EG)

Designed using Perform Pro, WHS/DIOR, Jan 95

Reset

“Keeping Faith”



Filling out DD Form 2698 for CHILD

Section I – Payee Information

- Block 1: Payee name. The Victim's name goes here.
- Block 2: SSN for payee
- Block 3: Date of birth of payee
- Block 4: Sex of payee
- Block 5a-d: Address of payee
- Block 6: Relationship to the sponsor
- Block 7: LEAVE BLANK (child payee)
- Blocks 8: Mark all that apply
- Block 9: Mark length of incapacitation (if applicable at all)
- Block 10: Complete legal guardian/representative information
- Block 11: Each question **MUST** be answered based upon the child payee's circumstance(s).
- Block 12: Please ensure the legal guardian/representative understands the eligibility requirements prior to signing the document. The person who signs Block 12 can only be the legal representative/guardian annotated in Block 10.

DATE OF SIGNATURE MUST BE AFTER DATE OF NOTIFICATION OF SEPARATION or DATE OF COURT MARTIAL SENTENCE

“Keeping Faith”



Filling out DD Form 2698 for CHILD

Section II – Member Identification

- Block 13: Mark the **offender's** branch of service
- Block 14: Annotate the **offender's** name
- Block 15: List the pay grade of the offender prior to adjudication (pay grade at the time of the incident)
 - Pay grades: E-1 to E-9, O-1 to O-10, W-1 to W-5
- Block 16: Note the offender's SSN
- Block 17: Note the offender's date of birth
- Block 18: Note the offender's sex
- **Blocks 19-22 BLANK**
- Block 23 All Children listed with full permanent SSN and date of birth.

Section III – Remarks

- LEAVE BLANK unless there are additional remarks that need to be annotated (**i.e. step child listed under two member's DEERS dependency records**)
- Section IV – Appropriation Data
- LEAVE BLANK – FOR HQMC

“Keeping Faith”



Important Notes

- DFAS, DEERS, HQMC MFCP-2 are not connected
- HQMC must await responses from DFAS and DEERS
- Beneficiary/payee maintains responsibility for follow up with DFAS/DEERS
 - VA can assist
 - HQMC can assist
- If you have to fax an application, please call first. I am not collocated with the fax machine.

“Keeping Faith”



HQMC Point of Contact

POC: Najah Barton

Victim Advocacy Program Manager

HQMC Family Advocacy Program

Commercial: (703) 784-1290

Fax: (703) 432-9269

Email: najah.barton@usmc.mil

“Keeping Faith”