



ARMY FEE ASSISTANCE

Survivor Outreach Services (SOS) Eligibility Certification

Completion of this form serves as an addendum to my application to determine my eligibility to receive Army Fee Assistance benefits.

Fallen Soldier's Information:

Name: _____

Rank: _____

Date of Birth and/or Death: DOB: _____ DOD: _____

Qualifying Child Information:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Parent/Guardian Information:

Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

SOS Support Coordinator Information:

Name: _____

Location: _____

I certify by completing this form that I am the _____ Parent _____ Guardian of the above named child/children authorized to apply for Army Fee Assistance. By completing and certifying this form I authorize the GSA Subsidy Administration Section to contact IMCOM G9 for verification of my SOS Status.

Signature of Parent/Guardian

Date of Application

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.

