



# Family Separation Allowance

A service member with dependents who serves on an unaccompanied tour of duty may be entitled to a Family Separation Allowance (FSA) of \$250 per month. If there is not a complete month, FSA will be prorated per day. FSA accrues from the day of departure from the home station and ends the day prior to arrival at the home station. This is in addition to any per diem or other entitlements. Members are only entitled to FSA if they have dependents that do not already live at or near the temporary duty station. The member must be away from home for more than 30 consecutive days.



## Steps to Filing FSA

**1. On the 31<sup>st</sup> day of your trip, fill out a DD 1561 and DD 1610 (printed version of your DTS authorization) requesting FSA. Submit documents to CSP:**  
<https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/Home.aspx>

**2. When you return from your trip, fill out a DD 1561 and attach your approved travel voucher to stop FSA entitlements. Submit request through CSP.**

**3. Always use the start date as the date you left your PDS. The end date is the date you arrived back at the PDS. If you are military to military only one member will receive FSA.**

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA) - PRIVACY STATEMENT

1. NAME OF MEMBER 2. GRADE 3. SOCIAL SECURITY NUMBER 4. BRANCH AND ORGANIZATION

5. TYPE OF DEPLOYMENT:  Part I (Temporary)  FSA-A (Extended)  FSA-B (Other)

6. STATE DEPARTMENT DEPARTMENT OF DEFENSE TO UNIT/STATE STATION (where member is)

7. CERTIFY TO THE FOLLOWING FACTS (or attach evidence):  
a. I am not divorced or legally separated from my spouse.  
b. My dependent child (children) are (are not) in the legal custody of another person when I received my military orders.  
c. My dependent child (children) are (are not) a member of the military service on active duty.  
d. My wife (spouse) is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.  
e. I am claiming FSA for my spouse, the spouse I have a current and approved dependency status and am meeting all other requirements for my dependent(s). I have assumed the liability and responsibility (benefit of the addresses) shown above, where I (they) have been residing at least 90 days of each calendar year as my (our) assignment duty station.  
f. I have not received with my immediately preceding separation the residence of my military orders.  
g. I was not TDY or deployment, if any, was not within the last 30 days from the TDY or deployment.  
h. I understand that my request for continuing office responsibility upon any change in dependency status and if my dependent or all of my dependents move to or near this station or if my spouse (MIL/DC) or near this station for more than 30 consecutive days (more than 30 consecutive days in the case of FSA-A, FSA-B, and FSA-C) will affect my FSA.

8. DATE (DDMMYY) 9. SIGNATURE OF MEMBER

PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTIONS BELOW

10. TYPE OF FSA: a. LOCATION b. INCLUSIVE DATES OF TDY (months) c. NO. OF DAYS  
11. TYPE B - FSA-B: Member deployed (PC/DC/other) from [ ] to [ ] and was on status of [ ] and the member reported to [ ] on [ ] and the member reported to [ ] on [ ]  
12. TYPE B - FSA-B: Member was serving on orders, on board ship, away from homeport (containing country)  
13. NAME OF SHIP/UNIT 14. TITLE  
15. These performed under authority of orders: 16. DATE (DDMMYY) 17. CERTIFYING OFFICER: a. TITLE b. SIGNATURE c. ORGANIZATION d. SIGNATURE

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