

**APPLICATIONS:**

- Accreditation
- CTS
- SFAC
- VADATS
- SOS

**PROGRAM PAGES:**

**REPORTS:**

**RESOURCES:**

- [Transitional Compensation](#)
- [Personnel Management](#)



## HQDA Survivor Outreach Services

 Brandi Jacobs  
 Wednesday, December 16, 2020

 Case Number   [Case Locator](#)

- Dashboard
- Cases ▾
- Agency Contacts
- Reminders
- Activities
- Advanced Search ▾
- Staff ▾

**Add Case: Create New Survivor**

\* = Required

 \* Relation to Service Member   Survivor is Primary Next of Kin

 Prefix 

 Preferred Name 

 \* First Name 

 Middle Name 

 \* Last Name 

 Suffix 

 \* DOB  (mm/dd/yyyy)

 Child/Minor 

 Note 0 of 2000 characters used

 Vehicle Decal Number 

 Decal Issue Date  

 Gold Star Card Number 

 Gold Star Card Issue Date  

 Survivor Military Service Status 

 Deceased 

- Aunt
- Battle Buddy
- Brother
- Brother in law
- Cousin
- Daughter
- Daughter in law
- Ex Spouse
- Father
- Father in law
- Fiance
- Friend
- Granddaughter
- Grandfather
- Grandmother
- Grandson
- Guardian of DSM Child
- Half Brother
- Half Sister
- Mother
- Mother in law
- Nephew
- Niece
- Sister
- Sister in law
- Son
- Son in law
- Spouse
- Stepbrother
- Stepdaughter
- Stepfather
- Stepmother
- Stepsister
- Stepson
- Uncle
- Other

- Not Applicable
- Active
- Veteran
- Retired

**Contact Information**

 OK to Contact 

 Primary Phone  Phone Type 

 Alternate Phone  Phone Type 

 Email 
**Home Address**

 Address

Address continued

City

\* State

ZIP Code

\* Country

**Counties for State**

\* County

**Mail Address**

Enter a mail address only if it is different from the home address.

Address

Address continued

City

State

ZIP Code

Country

[Spell Check](#)

[Next: Update Service Member](#)

[Cancel](#)



### APPLICATIONS:

Accreditation

CTS

SFAC

VADATS

SOS

### PROGRAM PAGES:

Select a Program Page

### REPORTS:

Select a Report

### RESOURCES:

■ [Transitional Compensation](#)

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- [Advanced Search](#) ▾
- [Staff](#) ▾

### Add Case: Create DSM for John Test \*

\* = Required

DCIPS ID

\* First Name

Middle Name

\* Last Name

Suffix

DOB  (mm/dd/yyyy)

\* Branch

\* Component

\* Duty Status  → Active Duty  
Retired

Rank

Posthumous Rank

Date Of Incident

\* Date Of Death

\* Manner Of Death  → Accidental  
Auto Accident  
Homicide  
Illness  
Killed in Action  
Result of Injuries Sustained in Combat  
Self-Inflicted  
Training Accident  
Other

\* Non-Reportable  Yes  No

\* Veteran  Yes  No

\* High Profile  Yes  No

Combat Zone