

CASUALTY ASSISTANCE REPORT-NAVY

Initial and Interim CAR Submission Dates: **Initial Date Assigned to CACO** _____

30 Days - Date: _____ 240 Days - Date: _____

60 Days - Date: _____ 270 Days - Date: _____

90 Days - Date: _____ 300 Days - Date: _____

120 Day s- Date: _____ 330 Days - Date: _____

150 Days - Date: _____ 360 Days - Date: _____

180 Days - Date: _____ 390 Days - Date: _____

210 Days - Date: _____ Final/Transfer Date: _____

To: Region Casualty Assistance Program Manager:

RE (decedent):

<input type="text"/>	<input type="text"/>	<input type="text"/>
RANK	LAST NAME	FIRST NAME MI
<input type="text"/>	<input type="text"/>	
UNIT	HOME STATION	
<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	DCIPS CASE NUMBER (CAC Completes)	

From Casualty Assistance Calls Officer (CACO):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RANK	LAST NAME	FIRST NAME	MI
MILITARY EMAIL ADDRESS	<input type="text"/>		
CELL PHONE NUMBER	<input type="text"/>	WORK PHONE NUMBER	<input type="text"/>

Next of Kin (by household) Assisted:

_____	_____	_____	_____
LAST NAME	FIRST NAME	MI	RELATIONSHIP
_____	_____	_____	_____
LAST NAME	FIRST NAME	MI	RELATIONSHIP
_____	_____	_____	_____
LAST NAME	FIRST NAME	MI	RELATIONSHIP
_____	_____	_____	_____
LAST NAME	FIRST NAME	MI	RELATIONSHIP

Phase I (Notification)						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
1	Did the CACO provide the Survivor with a business card with 24/7 contact numbers?	YES	NO			If no, explain:
2	Posthumous Citizenship, N-644, if applicable					
3	Death Gratuity (DG), DD Form 397					
4	Unpaid Pay and Allowances (UPPA), SF 1174, SF 1199A optional					List UPPA beneficiaries in this household
5	Financial Counseling					
6	Provide completed PNOK DT Script or SNOK DT Script and an Invitational Travel Order issued (PNOK plus two additional travelers)					List traveler(s)
7	Survivors provided Privacy Act Statement, OPNAV FORM 5211/12					List Survivor(s)
8	"The Days Ahead" binder delivered to the PNOK (brief "A Survivor's Guide to Benefits," the Benevolent and Philanthropic agencies list, and Military OneSource's DoD counseling upon delivery)					
9	Navy Gold Star (NGS) Support Coordinator Introduction (Respite Care, Survivor events, etc.)					
10	"Survivorship" Ask if any other Family members are serving in the Military					List Survivor(s) with branch of Service

Phase II (Funeral/Interment)							
	Is in Loco Parentis documentation required?	YES	NO	Date Applied	Date Received	Not Applicable	Comments
11							
12	Disposition of Remains Instructions (PADD only), DD Form 3045 / CIMAB Form 4						
Notes:							
13	Invitational Travel Orders issued for Authorized Interment/Funeral Traveler(s)	YES	NO				List traveler(s)
14	Funeral Honors Rendered (PADD)	FULL	MODIFIED				
15	Burial Flag w/Hard Wood Flag Case presented to eligible Survivor						List Survivor
16	Flags w/Vinyl Case presented to eligible Survivors						List Survivor(s)

17	Posthumous Award Certificate and Medal Set presented to PNOK					
18	Posthumous Promotion Certificate presented to PNOK					
19	Gold Star Lapel Button (purple background) presented to eligible Survivor(s) (Theater related only)				List Survivor(s)	
20	Next of Kin Lapel Button (gold background) presented to eligible Survivor(s) (when not theater related)				List Survivor(s)	
21	Initial DD 1300 provided to eligible Survivor(s)				List Survivor(s)	
22	Standard Government Headstone/Grave Marker, or Medallion for privately purchased headstone, VA Form 40-1330 (VA Form is usually only necessary for private cemeteries)				List Survivor(s)	
23	Was a Last Will and Testament available?	YES	NO			
Notes:						

Phase III (Benefits & Entitlements)						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
24	Travel vouchers paid for ITOs issued for Dover Travel (Theatre Only), DD Form 1351-2					List Traveler(s):
25	Travel vouchers paid for ITOs issued for Funeral Travel, DD Form 1351-2					List Traveler(s):
26	Payment received for Funeral and/or Interment Expenses, DD Form 1375 (PADD only)					
27	Travel vouchers paid for ITOs issued for Unit Memorial Travel, DD Form 1351-2					List Traveler(s):
28	Claim for Service Members' Group Life Insurance (SGLI), SGLV 8283					
29 **	Claim for Family SGLI, SGLV 8283A					
30 **	Spouse's conversion of Family SGLI to commercial policy					
31	Claim for Traumatic SGLI, SGLV 8600					
32	Commercial life insurance					
33	VA benefits appointment					
34	Beneficiary Financial Counseling Service (SGLI recipient only)					
35	Montgomery GI Bill or VEAP Refund					
36*	Dependency and Indemnity Compensation (DIC) (spouse and children when service connected), VA Form 21-534a					

37 *	Parental Dependency and Indemnity Compensation (DIC), VA Form 21-535											
38 *	Presidential Memorial Certificate received , VA Form 40-0247											
39 *	Fry Scholarship (children only), Dependent Education Assistance (spouse and children)											
Notes: * Counseling provided at VA benefits appointment ** Includes dual military												
Phase III (Benefits & Entitlements) continued												
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments						
40	VA Bereavement Counseling											
41 *	Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART)											
42 **	Establishment of separate bank accounts											
43	Navy/Marine Corps Relief Society (NIMCRS) briefed											
44	Survivor Benefits Report URL: https://myarmybenefits.us.army.mil/p/rebutit/usn/Casualty/login.aspx										List Survivor(s)	
45	Survivor Benefit Program (SBP)/Special Survivor Indemnity Allowance (SSIA)											

46	Thrift Savings Plan funds transfer, TSP-U-17								
47	Social Security Administration (SSA) survivors (monthly) benefits								
48	SSA lump sum death payment (spouse or children)								
49	Final Leave and Earnings Statement provided by DFAS to UPPA beneficiaries								List LES beneficiaries in this household
50	Basic Allowance for Housing (BAH), SF 1174, SF 1199A optional								
51	Per Diem/Travel Voucher payment (CONUS & OCONUS)								
52	Funds withdrawn from Savings-Deposit Program (UPPA beneficiaries)								
53***	Savings Bonds in safe-keeping								
<p>Notes: * Counseling provided by Financial Counselor ** FDIC/NCUA insures only up to \$250K per depositor per bank *** Savings bond purchased before 31 July 2010, call the Bureau of the Fiscal Service Department of Treasury at 304-480-7711 and Treasury Direct at 1-800-553-2663 for bonds purchase after 1 August 2010</p>									

(Medical)						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
54	Updated Uniformed Services Identification and Privilege Card (ID Card)					
55 *	TRICARE Dental Program Enrollment					
56 *	TRICARE Medical Transitional Survivor Program (may also need to update Primary Care Provider)					
(Personal Effects)						
57	PERE Receipt of Theatre Personal Effects (Theatre cases only)					
58	PERE Receipt of Personal Effects/Household Goods (other than Theatre)					
59	Is there retained PE?	YES	NO			Agency(s) holding PE
60	Shipment of POV to PERE					
61	Claim for loss/destruction of Personal Effects (PNOK)					
62**	Final government move – Home of Selection					
63	Mail handling procedures					
(Legal)						
64	Legal Assistance Pertaining to Sailor's Estate					
65	Income Tax Assistance/Forgiveness Briefed					
66	Is a Natural Guardian Affidavit required?	YES	NO			
67	Is Guardianship of Estate (Legal Guardian/Conservatorship) required for a minor child's proceeds?	YES	NO			

(Miscellaneous)						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
68	Autopsy Report request (when performed by AFME) <i>Return request with a copy of a government issued identification</i>					List Survivor(s)
<p>Notes: *Detailed counseling provided by DEERS/TRICARE ** Insert Transportation Management Office POC who briefed Survivor on final government move in remarks block</p>						
Phase Three Actions (Miscellaneous)						
69	FOIA Request: Line of Duty Investigation					List Survivor(s)
70	FOIA Request: Collateral Investigation (Hostile, Fatal Accident, and Suicides only)					List Survivor(s)
71	FOIA Request: Criminal Investigation Division (CID)					List Survivor(s)

72	FOIA Request: Safety (Legal) Investigation							List Survivor(s)
73	PNOK Brief on Fatal Incident Family Brief Program							List Survivor(s)
74	Civil Service Job Preference (spouse and certain mothers)							
75	State-Specific Benefits (https://militarybenefits.info/state-veterans-benefits/)							
76	Final Report of Casualty, Final DD 1300							List Survivor(s)
77	Transcript of Military Records, JST Technology Operations Center. E-Mail: jst@doded.mil (PERS-4) (PNOK-only)							
78	Overseas Death Certificate (OCONUS deaths), DD Form 2064							List Survivor(s)
79	Death Certificates received from civilian entities (CONUS deaths)							
NOTES:								

SURVIVOR'S SIGNATURE:

My Casualty Assistance Program Manager and/or Casualty Assistance Officer have explained the applicable items on this Casualty Assistance Report. I understand that if I need further assistance, a Navy Gold Star is available to assist me for as long as I desire.

Uniformed Survivor Specific Benefits/Entitlements

CACO, most Sailors have no knowledge of "Survivor Benefits" and must be treated as a "Survivor" and not as a Sailor. As the CACO to a "Uniformed Survivor," there are specific benefits/entitlements available to the uniformed Survivor. Insure you inform the uniformed Survivor of the available benefits/entitlements listed below.

- Enlisted/Officer Separations
- Stabilization Policy
- Officer Active Duty Service Obligations (Commissioned Only)
- Leave (Emergency)/pass/PTDY in conjunction with a family member's death in order to prepare/plan for funeral, attend appointments, counseling, and other needs as a Survivor.

PRINT NAME _____ SIGNATURE _____ DATE _____

Survivor's Current Address: _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

Survivor's Future Address: _____ **Projected Move Date:** _____ **CACO Required After Move:** Yes No

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

PRIVACY ACT INFORMATION

The personal information pertaining to you as a Survivor of a deceased Service Member becomes official information when released and is used by Navy Casualty (PERS-00C) in the settlement of the deceased's personal affairs and financial accounts.

The information provided to the person(s) assisting you will be forwarded to Navy Casualty (PERS-00C) for use in settling the personal and financial affairs of the Service Member. The information requested may be a valid address for you and your children (if applicable), your desires as to the disposition of the deceased's remains, factual information as to your marital status in relation to the deceased, and other such information which will enable the Navy to settle the deceased's personal affairs. It may also be used by other government agencies and selected agencies such as an insurance company or bank.

CACO SIGNATURE:

PRINT NAME _____ SIGNATURE _____ DATE _____

CACP RPM SIGNATURE:

PRINT NAME _____ SIGNATURE _____ DATE _____

NOTES: If Survivor is moving or this is a Transfer CAR, has notification to the gaining CACO been made? Yes _____ No _____
Date _____