

Ohio Department of Veteran Services - Veterans Bonus Program
Application for Compensation Under Ohio Constitution, Article VIII, Section 2r
 (Form is to be used by persons filing as survivors or representative of a veteran) VBP Long Form
 PLEASE PRINT INFORMATION IN INK

Section 1: Service Member Data

This section must be completed by any qualifying survivor or representative applying for compensation under the terms of the Veterans Bonus Program. Items listed with an "*" are required, if applicable.

Provide the following information regarding the veteran:

1(A) Prefix Mr/Mrs/Ms

*First Name

*Last Name

MI

Sr/Jr/III

*SSN

Male/Female

1(B) Name under which served (if different from above, otherwise write same):

*Last Name

*First Name

MI

1(C) Veteran's current status (see instruction page for options):

Section 2: Applicant Data

This section must be completed only if the application is being filed by a surviving relative of a deceased veteran or the authorized representative of an incompetent veteran. **Service members or veterans filing on their own-behalf should not complete this section.**

Compensation to survivors a deceased veteran will be made in the following order: first to a surviving spouse, second to surviving child or children, and third to parent(s).

In the case where a veteran is incompetent payment shall be made to the legal guardian.

Provide the following information as it applies to yourself (the applicant):

2(A) Prefix Mr/Mrs/Ms

*First Name

*Last Name

MI

*SSN

2(B) Current mailing address and contact information:

*Street Address/P.O. Box

Apt/Unit

E-mail

*City

*State

*Zip

County

Phone (Area Code/Number)

Cell Phone (Area Code/Number)

2(C) Preferred method of written communication (check one) E-Mail U.S. Postal Mail

2(D) Complete this subsection only if the veteran identified in Section 1 is deceased and you are applying as a surviving family member or as guardian. All items in this section must be completed.

*Your Relationship to deceased veteran (choose one):

Spouse

Were you married to the veteran at the time he or she died?

Yes

No

Child

Is the deceased veteran survived by a spouse?

Yes

No

Parent

Is the deceased veteran survived by a spouse or child(ren)?

Yes

No

<input type="checkbox"/> Legal Guardian	Have you been court appointed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Did the veteran's death occur as a result of injuries incurred while serving in the Persian Gulf, Afghanistan or Iraq conflicts during compensable periods? (If yes, attach DD1300 or Veterans Affairs Rating Decision)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 3: Affirmations

3(A) Was he/she separated from the United States Armed Forces under honorable conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3(B) Did veteran serve time in penal confinement during active duty? If yes, fill in start and end dates for each confinement in 4(A.1).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3(C) Was veteran killed in action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3(D) Was he/she declared by the Department of Defense as a prisoner of war?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3(E) Was he/she declared by the Department of Defense as missing in action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3(F) Was he/she medically discharged or medically retired from service due to combat-related disabilities sustained during Persian Gulf, Afghanistan, or Iraq service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3(G) Did he/she receive a bonus, gratuity or compensation of a similar nature from any of the other 49 states? If yes, please indicate which period below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persian Gulf <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq <input type="checkbox"/>		
3 (H) Was he/she a resident of the State of Ohio when ordered into active duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3(I) If veteran is deceased was he/she was a resident of the State of Ohio at time of death? or If veteran is incompetent, is he/she a current resident of Ohio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4: Dates of Service

4(A.1) Penal Confinement		
	Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>
In-Theater	*Period 1: <u> / / </u>	<u> / / </u>
Non-Theater	*Period 2: <u> / / </u>	<u> / / </u>
	Period 3: <u> / / </u>	<u> / / </u>
4(B) Dates served in non-theater:		
	Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>
	*Period 1: <u> / / </u>	<u> / / </u>
	Period 2: <u> / / </u>	<u> / / </u>
	Period 3: <u> / / </u>	<u> / / </u>
4 (C) Dates served in-theater:		
	Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>
	*Period 1: <u> / / </u>	<u> / / </u>
	Period 2: <u> / / </u>	<u> / / </u>
	Period 3: <u> / / </u>	<u> / / </u>

Section 5: Other

This section must be completed by a qualifying surviving relative when there are others who are entitled to a share of the compensation. Specifically, an application filed by a surviving child must list all other surviving children. An application filed by a surviving parent must list the other parent if he or she is still living. Active service members or veterans filing on their own behalf should not complete this section.

If you are a surviving child of a deceased veteran, please list all other living children of the deceased veteran.

If you are the parent of a deceased veteran, please provide the name of the deceased veteran's other parent if living.

Make and attach additional copies of this page as needed.

Other eligible children:

*Last Name	*First Name	If deceased, check box below
		<input type="checkbox"/>

Provide name of other parent:

*Last Name	*First Name	
		<input type="checkbox"/>

Reminder: Each child or parent must apply for the benefit individually.

Section 6: Signature and Certification

Application must be signed in the presence of a notary public, clerk of courts, or deputy clerk of courts.

Certification

Under penalties of perjury, I, the undersigned, do hereby swear or affirm that this application and all attachments have been prepared by me and that these documents constitute a complete, truthful and correct statement of all information requested by the Ohio Department of Veterans Services. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any compensation payments under the Veterans' Bonus Program and could result in other legal action initiated against me, including but not limited to criminal prosecution.

*Applicant PRINTED Name

*Applicant SIGNATURE

*Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

**Seal or stamp must be affixed to original*

*PRINTED Name Notary Public, Clerk of
Courts, or Deputy Clerk of Courts

* SIGNATURE of Notary Public, Clerk of
Courts, or Deputy Clerk of Courts

*My Commission Expires
(For Notaries Public)

WARNING: It is a crime to knowingly provide a false statement to a government official or public agency. R.C. 2921.13.

1(A) Current Name – enter all information as indicated.

1(C) Please choose from one of the following:

- a. Veteran of US Armed Forces (Army, Navy, Air Force, Marine Corp and Coast Guard)
- b. Veteran (US Armed Forces Reserves or Ohio National Guard)
- c. Active Duty Service Member of US Armed Forces (Army, Navy, Air Force, Marine Corp and Coast Guard)
- d. Ohio National Guard
- e. US Armed Forces Reserves (Army, Navy, Air Force, Marine Corp and Coast Guard)

2(A-B) Applicant Data. Please provide name, address, and phone numbers as they apply to you as the applicant.

2(C) Provide your preference for receiving written communications from the program, such as postal

mail or email.
4(A.1) Did veteran serve time in penal confinement. If veteran was placed into a correctional facility, or detained for legal action as a prisoner for any time during active duty you must provide dates.
4(B) Dates veteran served in non-theater: defined as areas within the continental United States or other countries not defined as combat zones during the compensable periods.
4(C) Persian Gulf Theater will be defined as in-theater (dates may be found on DD214, Section 18 or other military records)
4(D) Afghanistan Theater will be defined as in-theater (dates may be found on DD214, Section 18 or other military records)
4(E) Iraq Theater will be defined as in-theater (dates may be found on DD214, Section 18 or other military records)

Required Attachments for all Applications:

- All applicants for compensation must submit a legible photocopy of one of the following:
 - Veteran's DD214 (Certificate of Discharge) and if applicable DD215 (Member Copy 2 or 4)
 - Active Duty Members – certified military record from current command
- Applicants for compensation must submit proof of deceased veteran's residency in Ohio at time of entry in the US Armed Forces and at time of death;
- Applicants for incompetent veteran must provide proof of current Ohio residency at time of entry into US Armed Forces and current residency (for example, DD214, leave and earning statement, state tax return, or driver license)

In addition:

- A relative of a deceased veteran must submit a legible photocopy of the Veteran's death certificate.
- A relative of a deceased Veteran who died in a service-related injury must submit a DD 1300; or death certificate and a USDVA Rating Decision.
- An applicant filing as a surviving spouse must submit a legible photocopy of a marriage certificate.
- An applicant filing as a surviving child must submit a legible copy of a birth certificate.
- An applicant filing as a surviving parent must submit a legible copy of the Veteran's birth certificate.
- A representative applying on behalf of a veteran must provide a copy of the court order of appointment as guardian.

To Reach the Veterans Bonus Program call: 1-877-OHIO VET (1-877-644-6838)

Applications should be mailed to:

**Ohio Veterans Bonus Program
Post Office Box 373
Sandusky, OH 44871**