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 (R-L11022022AF)

PLEASE PRINT INFORMATION IN INK

Section 1: Service Men	nber Dat	a						
This section must be comp							on un	der
the terms of the Veterans I		<u> </u>		ired, if app	licable.	-		
Provide the following in 1(A) Prefix Mr/Mrs		n regarding the Veter	an:					
I(A) FIEIIX WII/WIIS	/ IVIS							
*First Name		*Last Name		MI	Sr/Jr,	/III		
*SSN		Male/Female						
1(B) Name under which	n served (if different from above,	otherwise write	e same):				
*Last Name		*First Name		MI				
1(C) Service member or ve	eteran's bi	ranch of military:						
Check one: Activ	e Duty Ser	vice Member \ \	⁷ eteran					
Section 2: Applicant Da								
This section must be comp	leted only	if the application is bei	ng filed by a su	viving rela	tive of	a decease	ed vet	teran
or the authorized represen		-				should n	<u>ıot</u>	
complete this version of	tne appiid	cation, but use the Sno	ort version of t	nis appiica	tion.			
Compensation to survivors second to surviving child o				ing order:	first to	a survivi	ing sp	oouse,
J								
In the case where a veterar	ı is incom	petent payment shall b	e made to the le	gal guardia	n.			
Provide the following in	nformatio	n as it applies to yours	elf (the applicar	t):				
2(A) Prefix Mr/M								
,	•							
*First Name		*Last Name		MI	*SS	N		
2(B) Current mailing ac	ddress and	d contact information:						
*Street Address/P.O. Bo	OX	Apt/Unit		E	-mail			
di Citi		10		alest a				
*City		*State		*Zip		County	•	
						†(Current where you		
						active duty		
Phone (Area Code/Nun	nber)	Cell Phone (Area C	ode/Number)			County)		
,	-	·	,					
2(C)) Preferred method of	written c	ommunication (check o	one)	E-Mail		U.S. Po	stal I	Mail
2(D) Complete this subsec	tion only	if the veteran identified	in Section 1 is	deceased ar	ıd you	are apply	ing a	s a
• •	-	court appointed guard			-		_	
*Your Relationship to d	leceased v	eteran (choose one):						
Spouse	Were you married to the veteran at the time he or she died?			ed? [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
	Legal Guardian	Have you been court appointed as Guardian of Veteran?			☐ Yes	☐ No
*Did the veteran's death occur as a result of injuries incurred while serving in Afghanistan conflict during compensable periods? (If yes, attach DD1300 or Veterans Affairs Rating Decision)					☐ Yes	□ No
	ection 3: Affirmations					
3(A) Was he/she separated from the United States Armed Forces under honorable conditions?						□ 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).					☐ Yes	□ No
3(C) Was veteran killed in action?						☐ No
3(D) Was he/she declared by the Department of Defense as a prisoner of war?					Yes	□ No
3(E) Was he/she declared by the Department of Defense as missing in action?					Yes	☐ No
3(F) Was he/she medically discharged or medically retired from service due to combat- related disabilities sustained during Afghanistan service?					Yes	□ 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.					☐ Yes	□ No
Afghanistan						
3 (H) Was he/she a resident of the State of Ohio when ordered into active duty?						☐ No
3(I) If veteran is deceased was he/she a resident of the State of Ohio at time of death? or If veteran is incompetent, is he/she a current resident of Ohio?					☐ Yes	☐ No
Section 4: Dates of Service						
4(A.1) Penal Confinement		Start Date	End Date		
			mm/dd/yyyy	mm/dd/yyyy		
		*Period: _				
4(B) Dates served Anywhere else in the world between Oct 7, 2001-Aug 30, 2021:						
			Start Date mm/dd/yyyy	End Date <i>mm/dd/yyyy</i>		
	*[Period 1:	ΙΠΠ/ αα/ уууу	/ /		
		Period 2:	/ /			
		Period 3:				
4 (C) Dates served Afghanistan between Oct 7, 2001-Aug 30, 2021						
			Start Date	End Date		
			mm/dd/yyyy	mm/dd/yyyy		
	*I	Period 1: _				
	I	Period 2: _				
	I	Period 3: _				
•						

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 veter veteran.	ran, please list all oth	er living children of the deceased			
If you are the parent of a deceased veteran, please provide the name of the deceased veteran's other parent if living.					
Note an application should be completed by each eligible survivor.					
Make and attach ac	dditional copies of this page	as needed <u>.</u>			
Other eligible children:					
*Last Name	*First Name	If deceased, check box below			
Provide name of other parent:					
*Last Name	*First Name				

Section 6: Signature and Certification					
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.					
(A) *Applicant PRINTED Name	*Applicant SIGNATURE				
Signature of legal guardian required <u>only</u> if veteran has been declared incompetent.					
(B) Guardian PRINTED Name (If applicable)	Guardian SIGNATURE				
<u>WARNING</u> : It is a crime to knowingly provide a false statement to a government official or public agency. R.C. 2921.13.					

INSTRUCTIONS

- 1(A) Current Name enter all information as indicated.
- 1(C) Please choose from one of the following Veteran of US Armed Forces: Army, Navy, Air Force, Marine Corp, Coast Guard, Reservist or Ohio National Guard.
- 2(A-B) Applicant Data. Please provide name, address, and phone number(s) as they apply to you as the applicant.
- 2(C) Provide your preference for receiving written communications from the program, postal mail or email. Include all relevant postal mail address information (such as PO Box or Apartment #) to ensure delivery. Please PRINT Email address legibly.
- 4(A.1) Did veteran serve time in penal confinement. If veteran was placed into a correctional facility, or detained for legal action any time during active duty you must provide dates.
- 4(B) Dates veteran served anywhere else in the world: defined as areas within the continental United States or other countries not defined as combat zones during the compensable periods between Oct 7, 2001-Aug 30, 2021.
- 4(C) Dates served In-Country (Afghanistan) dates may be provided on military records between Oct 7, 2001-Aug 30, 2021.
- 6 (A) Signature and Certification: Applicant is required to sign application in the presence of a notary public or clerk of courts.
- 6(B) Signature and Certification: Applicant is required to sign application, unless applicant has been determined to be incompetent and a legal guardian has been court appointed. Legal guardian should sign in the presence of a notary public or clerk of courts and mail copy of court order declaring them as legal guardian.

Required Attachments for all Applications:

- All applicant(s) for a <u>Deceased Veteran</u> submit a legible signed, notarized application, and Photocopy of the following documents (as applicable):
 - Casualty Report (DD 1300) (if veteran's death occurred while on active duty); or death certificate if death was the
 result of injuries sustained in-country (Afghanistan), and Physical Evaluation Board (PEB) Decision or a USDVA Final
 Determination
 - Proof of relationship to deceased veteran (see Proof of relationship to deceased Veteran listed below)
 - If veteran was discharged from military prior to death provide Veteran's DD214 (Certificate of Discharge that includes blocks 23-30)
 - Proof of residency at beginning of military service
 - Casualty Report will provide this information, or
 - If veteran was discharged from military prior to death the Home of Record can be located on DD214 block 7b. If other than Ohio provide additional proof.
 - Proof of deceased veteran's Ohio residency at time of death (may appear on death certificate)
- All applicant(s) for an <u>Incompetent Veteran</u> must submit a legible signed/notarized or acknowledged application, and Photocopy of one of the following:
 - DD214 (Certificate of Discharge) that includes blocks 23-30.
 - Proof of current Ohio residency (example Ohio Photo ID)
 - Court order of appointment as guardian of veteran

Proof of relationship to deceased Veteran

- Surviving spouse a legible photocopy of a marriage certificate.
- Surviving child a legible copy of child's birth certificate.
- > Surviving parent a legible copy of the Veteran's birth certificate.

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