

# Ohio Department of Veteran Services - Veterans Bonus Program

Application for Compensation Under Ohio Constitution, Article VIII, Section 2r

(For Veterans or Service Member filing on their own behalf) VBP Short Form (R-S11022022AF)

PLEASE PRINT INFORMATION IN INK

## Section 1: Veteran or Service Member Data

This section must be completed by any qualifying Service Member or Veteran applying for compensation under the terms of the Ohio Veterans Bonus Program. Items listed with an \* are required, if applicable.

Provide the following information regarding the service member or veteran applying for compensation:

1(A) Current Name:

\_\_\_\_\_  
\*Last Name                      \*First Name                      MI                      Sr/Jr/III                      Mr /Mrs/Ms

\_\_\_\_\_  
\*SSN                      Male/Female

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

\_\_\_\_\_  
\*Last Name                      \*First Name                      MI

1(C) Service member or veteran's branch of military: \_\_\_\_\_

Check one:  Active Duty Service Member                       Veteran

## Section 2: Address & Contact Information

***This section must be completed by all applicants.***

2(A) Current mailing address and contact information:

\_\_\_\_\_  
\*Street Address/P.O. Box                      Apt/Unit

\_\_\_\_\_  
\*City                      \*State                      \*Zip Code                      County\* (Current Ohio County where you reside or if on active duty provide HOR County)

( ) -                      ( ) -  
\*Home Phone                      \*Cell Phone

\_\_\_\_\_  
E-Mail Address

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

## Section 3: Affirmations

***Do you affirm the following about yourself as the service member or veteran\*:***

3(A) Were you separated from or still serving in the United States Armed Forces under honorable conditions?                       Yes                       No

3(B) Were you declared by the Department of Defense as a prisoner of war?                       Yes                       No

3(C) Were you declared by the Department of Defense as missing in action?                       Yes                       No

3(D) Were you medically discharged or medically retired from service due to combat-related disabilities sustained during Persian Gulf, Afghanistan, or Iraq service?                       Yes                       No

3(E) Have you received a bonus, gratuity or compensation of a similar nature from any of the other 49 states? If yes please indicate which period.  
Afghanistan                     

3(F) Were you a resident of the State of Ohio when you entered active duty service?                       Yes                       No

3(G) Are you a current resident of the State of Ohio?  Yes  No

**Section 4: Dates of Service**

4(A) Did you serve time in penal confinement during active duty? If yes, fill in start/end dates for each confinement in 4(A.1); if no, go to Section 4(B).  Yes  No

4(A.1) **Penal Confinement**

	Start Date	End Date
	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>
*Period 1:	____/____/____	____/____/____

4(B) **Dates served while stationed in locations (anywhere else in the world) other than Afghanistan between October 7, 2001 & August 30, 2021:**

4(B.1)

	Start Date	End Date
	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>
*Period 1:	____/____/____	____/____/____
Period 2:	____/____/____	____/____/____
Period 3:	____/____/____	____/____/____

4(C) \*Did you serve in **Afghanistan between October 7, 2001 & August 30, 2021?**  Yes  No  
If yes, fill in start/end dates for each tour in 4(C.1); if no, go to Section 5.

4(C.1)

	Start Date	End Date
	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>
*Period 1:	____/____/____	____/____/____
Period 2:	____/____/____	____/____/____
Period 3:	____/____/____	____/____/____

**CLAIM NUMBER\*:** \_\_\_\_\_

(\*if a claim number has been assigned)

## Section 5: 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.

\_\_\_\_\_  
\*Applicant PRINTED Name

\_\_\_\_\_  
\*Applicant SIGNATURE

**WARNING: 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(B) If you changed your name and the name you provided in 1(A) is not the name which appears on your military records, please provide documentation showing your current name.
1(C) Please choose from one of the following: Army, Navy, Air Force, Marine Corp and Coast Guard, National Guard, Reservist
2(A) Address & Contact Information. Please provide all information with an *, or N/A (not applicable) to you. This information is required for processing your application.
2(B) Provide your preference for receiving written communications from the program, such as 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.
3(D) Provide a copy of your Physical Evaluation Board (PEB) Decision
4(A) Did you serve time in penal confinement? If you were placed in a correctional facility, or detained for legal action as a prisoner for any time during active duty you must provide dates.
4(B) Dates served anywhere in the world other than Afghanistan during compensable periods (Oct. 1, 2001-Aug. 30, 2021).
4(C) Afghanistan (dates may be found on DD214, Section 18 or other military records) between Oct. 1, 2001 & Aug 30, 2021.
5(B) Certification -- All applicants will be required to provide a signed and notarized application to be eligible for compensation of the Bonus. Please DO NOT sign the application until you are in the presence of a notary public, clerk of courts, or deputy clerk of courts.

### Required Attachments for all Applications

All applicants for compensation must submit a signed, notarized or acknowledged application, and photocopy of the following documents (as applicable):

#### Veterans

- Veteran's DD214, that includes blocks 23-30 and if applicable DD215. Records should provide either dates served in Afghanistan, or appropriate medals awarded for combat service, such as Afghanistan Campaign Medal, anywhere else in the world are total active duty days served anywhere other than Afghanistan.
- Proof of residency at beginning of military service may be located on DD214 block 7b (Home of Record) if other than Ohio provide additional proof.
- Proof of current Ohio residency (such as: driver's license or state photo ID)

#### Active Duty Members

- Military records showing dates served in Afghanistan (with appropriate medals awarded for combat service, such as Afghanistan Campaign Medal) and total days on active duty for service anywhere else other than Afghanistan.
  - Army: Officer Record Brief (ORB) or Enlisted Record Brief (ERB).
  - Air Force: Virtual Military Personnel Flight (MPF), First page of Enlistment Contract (Form 4/1), Page showing awards and medals.
  - Navy: Member Data Summary or First page of Enlistment Contract (Form 4/1), Enlisted Service Record (ESR).
  - Marines: Basic Individual Record (BIR) pages 1-3, Page showing awards and medals.
- Proof of current Ohio residency and to establish active duty service: Leave and Earning Statement (LES) (most recent at the time of application).
- Applicants who served under a name other than his or her most recent name must provide documentation that supports a name change (e.g., marriage certificate, divorce decree, etc.)

To contact 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**