

<input type="checkbox"/> Legal Guardian	Have you been court appointed as Guardian of Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		<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 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
Afghanistan <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>
*Period:	___/___/___	___/___/___
4(B) Dates served Anywhere else in the world:	Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>
*Period 1:	___/___/___	___/___/___
Period 2:	___/___/___	___/___/___
Period 3:	___/___/___	___/___/___
4 (C) Dates served in-Country:	Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>
*Period 1:	___/___/___	___/___/___
Period 2:	___/___/___	___/___/___
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 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.

Note an application should be completed by each eligible survivor.

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"/>

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.

(A) *Applicant PRINTED Name

***Applicant SIGNATURE**

Signature of legal guardian required only if veteran has been declared incompetent.

(B) Guardian PRINTED Name (If applicable)

Guardian 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.

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 for 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 <u>not</u> defined as combat zones during the compensable periods.
4(C) Dates served In-Country (Afghanistan) dates may be found on DD214, Section 18 or other military records.
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 **Deceased Veteran** must submit a legible signed, notarized or acknowledged 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 (Iraq or 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)
 - Veteran's DD214 (Certificate of Discharge) that includes blocks 23-30 (*if applicant was discharged from military prior to death*)
 - 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 deceased veteran's Ohio residency at time of death (*may appear on death certificate*)
- All applicant(s) for an **Incompetent Veteran** 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