

**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  
 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 current status (see instruction page for options):

**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

(    )    -                      (    )    -  
 \*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 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.

        Persian Gulf                     

        Afghanistan                     

        Iraq                     

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

<b>3(G) Are you a current resident of the State of Ohio?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section 4: Dates of Service</b>				
4(A) Did veteran 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).			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4(A.1)		Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>	
Non-Theater	*Period 1:	____/____/____	____/____/____	
In-Theater	*Period 2:	____/____/____	____/____/____	
	Period 3:	____/____/____	____/____/____	
4(B) Dates served in non-theater:				
4(B.1)		Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>	
	*Period 1:	____/____/____	____/____/____	
	Period 2:	____/____/____	____/____/____	
	Period 3:	____/____/____	____/____/____	
4(C) *Did veteran serve in or during <b>Persian Gulf Theater</b> between August 2, 1990 and March 3, 1991? If yes, fill in start/end dates for each tour in section 4(C.1); if no, go to Section 4(D).			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4(C.1)		Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>	
	*Period 1:	____/____/____	____/____/____	
	Period 2:	____/____/____	____/____/____	
	Period 3:	____/____/____	____/____/____	
4(D) *Did veteran serve in or during <b>Afghanistan Theater</b> between October 7, 2001 and current date? If yes, fill in start/end dates for each tour in 4(D.1); if no, go to Section 4(E).			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4(D.1)		Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>	
	*Period 1:	____/____/____	____/____/____	
	Period 2:	____/____/____	____/____/____	
	Period 3:	____/____/____	____/____/____	
4(E) *Did veteran serve in or during <b>Iraq Theater</b> between March 19, 2003 and current date? If yes, fill in start/end dates in section 4(E.1) for each tour; if no, go to Section 3.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4(E.1)		Start Date <i>mm/dd/yyyy</i>	End Date <i>mm/dd/yyyy</i>	
	*Period 1:	____/____/____	____/____/____	
	Period 2:	____/____/____	____/____/____	
	Period 3:	____/____/____	____/____/____	

**Section 5: 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 of 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(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 current name.
1(C) Please choose from one of the following: <ul style="list-style-type: none"> <li>a. Veteran of US Armed Forces (Army, Navy, Air Force, Marine Corp and Coast Guard)</li> <li>b. Veteran (US Armed Forces Reserves or Ohio National Guard)</li> <li>c. Active Duty Service Member of US Armed Forces (Army, Navy, Air Force, Marine Corp and Coast Guard)</li> <li>d. Ohio National Guard</li> <li>e. US Armed Forces Reserves (Army, Navy, Air Force, Marine Corp and Coast Guard)</li> </ul>
2(A) Address & Contact Information. Please provide all information with an *, or N/A (not applicable) to you. This information is required for processing an application.
2(B) Provide your preference for receiving written communications from the program, such as postal mail or email.
4(A) Did you serve time in penal confinement. If you were 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 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).
5(B) Certification -- All applicants will be required to provide a signed and acknowledged or 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:**

Applicants for compensation must submit a legible photocopy of one of the following:

- Veteran's DD214 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 residency in Ohio at time of entry in the US Armed Forces
- Proof of current Ohio residency (for example, leave and earning statement, or driver license)
- Any application on behalf of a Veteran who served under a name other than his or her most recent name must provide documentation that supports the 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**