



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
Eligibility Qualifying Review Board
287 West Street
Rocky Hill, CT 06067



Nikiforos Mathews
Chairperson

**Instructions for Filing Application for
Restoration of Eligibility for State Veterans Benefits**

I. Required Documents

An application is complete when all the following documents are submitted:

1. Complete and signed application for Restoration of Eligibility for State Veterans Benefits.
2. Signed personal statement explaining that the assigned discharge character of Other-Than-Honorable was based on the applicant's Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) or as a result of experiencing Military Sexual Trauma (MST) or was that the discharge character of Other-Than-Honorable based on the applicant's sexual orientation, gender identity or gender expression.
3. Copy of applicant's military discharge document(s) (e.g., DD 214, NGB 22) reflecting the character of discharge.
4. Applications based on PTSD or TBI must include documentation of a clinical diagnosis of PTSD or a TBI resulting from military service; applications based on an experienced MST, as described in 38 U.S.C. §1720D, must include third party documentation (e.g. military or civil police report, clinical report, victim advocate statement or other similar documentation) in support of their claim. If such documentation is not available, then the applicant shall provide an explanation of the circumstances of their experience of MST as part of their personal statement.
5. Applications based on sexual orientation, gender identity or gender expression shall include as complete an Official Military Personnel File as possible. Applicants may contact the DVA if they need assistance in obtaining their OMPF. If there is an unreasonable delay in the applicant being able to obtain their OMPF they may request the EQRB to review their application without a complete OMPF.
6. If applicable, an award letter from the United States Department of Veterans Affairs verifying that the applicant has a service-connected disability rating.

II. Optional Supporting Documentation

- A. Letters from persons who can, based on direct knowledge, attest to the applicant's good conduct and good character while serving in the military. All letters must be signed and contain the name, address, telephone number and email of the author.
- B. Evidence of medals, commendations, and decorations earned during the applicant's military service.
- C. Any other documentation in support of applicant's claim.

III. Submission of Application

Applications may be sent via email with all attachments to: EQRB.dva@ct.gov

Or via U.S. Mail to:

**Eligibility Qualifying Review Board
Department of Veterans Affairs
287 West Street,
Rocky Hill CT 06067.**

Questions may be emailed to OAA.dva@ct.gov or call: 860-616-3685

Eligibility Qualifying Review Board
Application for Restoration of Eligibility for
State Veterans Benefits

For Official Use Only Date App. Received: _____ Date App. Complete: _____ Docket No. 21 - ____

This form must be completed, and all required and supporting documents provided before an application is considered complete for review by the Eligibility Qualifying Review Board (EQRB).

Section 1. Personal Administrative Information:

Name: _____
Current (Last, First, MI.) Maiden/prior name if applicable

Address: _____
Street Apt Town Zip-code

Email: _____ Phone: _____

Branch of Service: _____ Dates of Service: _____ - _____

Section 2. Reason for Restoration of Eligibility for State Veterans Benefits (check all that apply):

- Post-Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Military Sexual Trauma (MST)
- Sexual Orientation
- Gender Expression or Gender Identity

Section 3. Personal Statement:

Attach your signed personal statement explaining that your OTH characterization was as result of or based on the foregoing reason(s) for restoration of eligibility. Personal statements are to be no longer than three double-spaced typed pages in paragraph form using a standard 12-point font.

Section 4. List of Attached Documents:

List all attached documents and include a cover sheet for each attachment describing the documents. For example: "Medical Records," "Awards," and "Military Character Letters."

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I affirm that the information provided in this application and my attached personal statement are true and accurate to the best of my knowledge and further affirm that all documents submitted are true and accurate copies of the originals and that this application is submitted for the purpose of obtaining access to State benefits and that intentionally including false or inaccurate information is a criminal act punishable as a Class A Misdemeanor pursuant to Conn. Gen. Stat. §53a-157b.

Signature: _____ Date: ____ / ____ / ____