



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



Nikiforos Mathews
Chairperson

Application for Restoration of Eligibility for State Veterans Benefits

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

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

- Sexual Orientation
- Gender Expression or Gender Identity

Section 3. Personal Statement (optional): Attach your signed personal statement describing why your OTH characterization was based on the foregoing reason(s). Personal statements are to be no longer than three double-spaced typed pages in paragraph form using a standard 12-point font.

Section 4. DD-214 (required)

- I have enclosed my DD-214

If your DD 214 does not state "homosexuality" as the reason for separation, you are encouraged to provide additional supporting documentation including, but not limited to, relevant portions of your Official Military Personnel File; letters attesting to your good character while serving in the military and military awards.

Section 5. List of Supporting Documents (optional) List attached documents and include a cover sheet describing each attachment. For example: "Medical Records," "Awards," and "Letters of Support."

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

Section 5. Hearing Request: You may request a hearing before the EQRB if you believe it will help your case.

- I request a hearing
- I do not request a hearing

I affirm that the information provided herein, and any attached personal statement are true and accurate to the best of my knowledge and affirm that all documents submitted are true and accurate copies of the originals and that this application is submitted to 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 C.G.S. §53a-157b.

Signature: _____ Date: ____/____/____