



**STATE OF CONNECTICUT**  
**DEPARTMENT OF VETERANS AFFAIRS**  
OFFICE OF THE COMMISSIONER  
287 West Street  
Rocky Hill, CT 06067



**Thomas J. Saadi**  
**Commissioner**

Ph. 860-616-3684

August 20, 2018

**RE: Public Act 18-47 – Benefits for Certain Veterans diagnosed with Post-Traumatic Stress, Traumatic Brain Injury or Experienced Military Sexual Trauma.**

Dear Chief Elected Officials & Municipal Veteran Representatives:


In the continuing effort to better serve our State's Veterans the General Assembly passed and the Governor signed into law Public Act 18-47 which extends certain state and municipal benefits, currently available to veterans honorably discharged or released under honorable conditions from active service in the armed forces, to veterans who received an Other than Honorable (OTH) discharge characterization.

To be eligible for such benefits a Veteran with an Other than Honorable (OTH) discharge must be diagnosed with one or more of three "Qualifying Conditions" which are: (1) post-traumatic stress disorder (PTSD) resulting from military service, (2) a traumatic brain injury (TBI) resulting from military service, or (3) experienced military sexual trauma (MST) as described in 38 U.S.C. § 1720D. The diagnosis/determination must be made by an individual licensed "to provide health care services at a United States Department of Veterans Affairs facility" which includes the following licensed persons: Physicians, Advanced Practice Registered Nurses, Psychologists and Licensed Clinical Social Workers, who shall complete the newly promulgated CT DVA OTH Form 1. (See attached form and copy of P.A. 18-47.)

The Veteran applying for State or municipal benefits must submit, along with the completed CT DVA OTH Form 1, all other required documentation (e.g. Discharge Form DD-214, relevant agency application, etc . . . ) to the agency or municipality administering the benefit for which the Veteran is applying. The administering agency or municipality shall then determine the Veteran's eligibility for the benefit. A Veteran with a "Bad Conduct" or "Dishonorable" discharge is NOT eligible for Veteran's benefits under this Public Act.

The effective date of Public Act 18-47 is October 1, 2018. Thank you for your service to our Veterans and should you have questions please contact my office at 860-616-3684.

Respectfully,

  
Thomas J. Saadi  
Commissioner

**STATE OF CONNECTICUT**  
**Post-Traumatic Stress Disorder, Traumatic Brain Injury and Military Sexual Trauma**  
**Qualifying Condition Verification Form**

(Promulgated by the CT Department of Veterans Affairs pursuant to Public Act 18-47)

PATIENT/VETERAN NAME: \_\_\_\_\_

PATIENT/VETERAN DATE OF BIRTH: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

PATIENT/VETERAN SOCIAL SECURITY NUMBER \_\_\_\_\_

PATIENT/VETERAN ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**SECTION I. NOTICE TO PROVIDERS, STATE AGENCIES & MUNICIPALITIES**

**NOTE TO PROVIDER** - Your patient has an "Other than Honorable" (OTH) discharge from the U.S. Armed Forces and is applying for Connecticut state Veterans' benefits pursuant to Public Act 18-47. A former service member with an "Other than Honorable" (OTH) discharge is not eligible for State Veteran's benefits unless diagnosed by a licensed provider with a "Qualifying Condition" defined in Public Act 18-47 as post-traumatic stress disorder (PTSD) resulting from military service, a traumatic brain injury (TBI) resulting from military service, or experienced military sexual trauma (MST), as described in 38 U.S.C. § 1720D. **Veteran's benefits are only available to a former service member with an "Other than Honorable" (OTH) discharge – a Veteran with a "Bad Conduct" or "Dishonorable" discharge is NOT eligible for Veteran's benefits.**

Pursuant to Public Act 18-47 the diagnosis and completion of this form must be made by an individual licensed "to provide health care services at a United States Department of Veterans Affairs facility" which includes the following licensed persons: Physicians (C.G.S. §§ 20-10; 20-13(a)), Advanced Practice Registered Nurses (C.G.S. §20-94a), Psychologists (C.G.S. § 20-187a) and Licensed Clinical Social Workers (C.G.S. § 20-195n).

**NOTE TO STATE AND MUNICIPAL AGENCIES** – To be eligible for State and Municipal benefits pursuant to Public Act 18-47, a veteran with an "Other than Honorable" (OTH) discharge must be diagnosed with post-traumatic stress disorder (PTSD) resulting from military service, a traumatic brain injury (TBI) resulting from military service, or experienced military sexual trauma (MST), as described in 38 U.S.C. § 1720D. The responses to questions 1 through 3 must be 'Yes' to be eligible for Veteran's benefits. **A Veteran with a "Bad Conduct" or "Dishonorable" discharge is NOT eligible for Veteran's benefits. Along with this form, the Veteran must submit all other required documentation (e.g. Form DD-214, agency benefits application) to the agency administering the benefit for which he/she is applying.**

**SECTION II. DIAGNOSTIC INFORMATION**

To be completed based on patients' medical records and/or the current examination and clinical findings.  
(Place 'X' in the appropriate box)

1. Does the Veteran have a diagnosis of PTSD or TBI (resulting from military service), or did the Veteran experience MST?

☐

Yes

No

☐

\_\_\_\_\_  
Provider Signature

Date: \_\_\_\_\_

2. Is it as least as likely as not that the PTSD stressor, TBI, or MST occurred during military service?

☐

Yes

No

☐

Provider Signature

Date: \_\_\_\_\_

### SECTION. III. CLINICAL PROVIDER CERTIFICATION AND SIGNATURE

**CERTIFICATION:** To the best of my knowledge, the information contained herein is accurate, complete, and current. I understand that this information will be used solely for the purpose of accessing Veterans' benefits programs provided by the State of Connecticut or municipal subdivisions thereof.

#### 3. CLINICAL PROVIDER INFORMATION, SIGNATURE AND TITLE

National Provider Identifier No.: \_\_\_\_\_ State Identifier No. \_\_\_\_\_

Provider Printed Name

Title

Provider Signature

Date

#### 4. CLINICAL PROVIDER OFFICIAL CONTACT INFORMATION

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Office Address:

\_\_\_\_\_  
\_\_\_\_\_

### SECTION IV. PATIENT/VETERAN RELEASE

I, \_\_\_\_\_, AUTHORIZE THE RELEASE AND USE OF THE CONFIDENTIAL  
(Print Name)  
HEALTH INFORMATION ABOVE FOR THE SOLE PURPOSE OF ACCESSING VETERANS' BENEFITS, SERVICES, AND  
PROGRAMS IN THE STATE OF CONNECTICUT. I UNDERSTAND AND AGREE THAT IT SHALL NOT BE USED FOR ANY  
OTHER PURPOSE.

Signature

Date