STATE OF CONNECTICUT

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

THIS FORM MUST BE COMPLTETED IN ITS ENTIRETY TO BE ELIGIBILE

(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 items 1 and 2 must be 'Yes' to be eligible for Veteran's benefits. Item 3 must be signed by a clinical provider. **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

_____ Date: _____
Provider Signature

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

☐ Yes ☐ No

_____ Date: _____
Provider Signature

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 OFFICAL 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