NEW YORK STATE OF OPPORTUNITY. | Division of Veterans' Services

Restoration of Honor Fact Sheet

- Authorizes the New York State Division of Veterans' Services (NYS DVS) to restore **State Veterans Benefits** to Veterans who have an other-than-honorable (OTH) or a General (Under Honorable Conditions) due to Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), Sexual Orientation or Gender Identity to an Honorable Discharge
- Does not change a Veteran's official federally issued character of discharge
- Considers only the Veteran's time in service, not conduct after service
- Mental health conditions will need a diagnosis by the Veterans Health Administration (VHA) doctor or a doctor in the VHA-approved network of medical professionals
- NYS DVS will assist Veterans in accessing their Official Military Personnel File
- NYS DVS shall afford liberal consideration to all evidence provided by the Veteran. If the Veteran can demonstrate that PTSD, TBI, MST, Sexual Orientation, or Gender Identity was at least as likely as not the reason for the Veteran's General or OTH discharge from military service, then NYS DVS will resolve the matter in the Veteran's favor
- NYS DVS will provide an appeal process for Veterans who are denied, the appeal review will be conducted by appellate team leadership of NYS DVS
- A list of benefits the Veteran will be able to apply for will be available to them upon a favorable decision

NEW YORK STATE OF OPPORTUNITY. | Division of Veterans' Services

Restoration of State Veterans Benefits Instructions

In 2019, the Restoration of Honor Act was signed into law in New York State. The Restoration of Honor Act authorizes the New York State Division of Veterans' Services (NYS DVS) to restore access to State Veterans Benefits to Veterans who have an Other-Than-Honorable Discharge (OTH) or a General Under Honorable Conditions Discharge due to Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), Sexual Orientation or Gender Identity to an Honorable Discharge.

This does not change a Veteran's official character of discharge on their discharge paperwork. This determination refers solely to a Veteran's character of discharge for the purposes of qualifying for specific New York State benefits for Veterans and their families.

NYS DVS will provide an initial decision within 90 days of the receipt of the completed application.

NYS DVS will assist Veterans in obtaining the Veteran's complete and unredacted Official Military Personnel File, a review of which is necessary for NYS DVS to render a decision on the Veteran's application. Please note that the 90 days for NYS DVS to render a decision will not begin until NYS DVS has a complete application, to include the complete and unredacted Official Military Personnel File, in hand.

Once NYS DVS renders a decision, the Veteran will have 120 days from the date on which the decision is issued to appeal the original decision. This appeal review will be conducted by the appellate team leadership of NYS DVS. The appealed decision will be final.

NEW YORK STATE OF OPPORTUNITY. | Division of Veterans' Services

Application Packet:

Mandatory

1. Restoration of State Veterans Benefits Application
2. Complete Official Military Personnel File
3. Personal statement (signed) describing precisely why your assigned character of service was unjust and why an upgrade to a higher character of service is appropriate.
4. If applicable, an award letter from the United States Department of Veterans Affairs verifying that you have a service-connected rating for your disability.

Only applicable for those demonstrating less-than-honorable discharge was caused by mental health condition (i.e. PTSD, TBI, MST) during service:

1. If symptoms of a disability incurred or aggravated during your military service (e.g., Post-Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma) caused you to act in a way that led directly to your less-than-honorable discharge, provide:

(a) Evidence of the medical diagnosis of the disability (or disabilities) that led to these actions **(must be from a Veterans Health Administration (VHA) doctor or VHA affiliated provider)**;
(b) Evidence your disability originated or worsened during your military service (must be from a VHA doctor or VHA affiliated private sector provider);
(c) Signed explanation by the Veteran of how the diagnosed medical disability (or disabilities) led to the less-than-honorable discharge;
(d) If applicable, an award letter from the United States Department of Veterans Affairs verifying that you have a service-connected rating for your disability.

Optional

Supporting letters from individuals who can sincerely vouch for the Veteran's good conduct and character *in the military*.

Evidence of any medals, commendations, and decorations earned during your military service.

Applications should be sent to the following address or email:

New York State Division of Veterans' Services
ATTN: Appellate Unit
2 Empire State Plaza, 17th Fl
Albany, NY 12223

Email: inclusion@veterans.ny.gov

Legal questions regarding the application of benefits under the Restoration of Honor can be sent to: generalcounsel@veterans.ny.gov

NEW YORK STATE OF OPPORTUNITY. | Division of Veterans' Services

Restoration of State Veterans Benefits Application

Full Name: _____

Mailing Address: _____

Branch of Service: _____

Dates of Service: _____

Discharge Status: _____

Reason for Restoration of State Veterans Benefits:

☐ Post-Traumatic Stress Disorder (PTSD)

☐ Traumatic Brain Injury (TBI)

☐ Military Sexual Trauma (MST)

☐ Sexual Orientation

☐ Gender Expression

Do you need assistance in accessing your Official Military Personnel File? (If you select "yes", please fill out and include the SF-180)

☐ Yes ☐ No

Signature: _____ Date: _____

Send to:
New York State Division of Veterans' Services
ATTN: Appellate Unit
2 Empire State Plaza, 17th Fl
Albany, NY 12223

Email: inclusion@veterans.ny.gov

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OMB No. 3095-0029 Expires 04/30/2018

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/military-service-records/
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS *(Furnish as much information as possible.)*

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT *(For an effective records search, it is important that ALL service be shown below.)*

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	-			☐	☐	
b. RESERVE	-			☐	☐	
c. STATE NATIONAL GUARD	-			☐	☐	

6. IS THIS PERSON DECEASED? ☐ NO ☐ YES - ***MUST*** *provide Date of Death if veteran is deceased:* _____

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☐ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: _____

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits**. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a **DELETED** copy.

☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. ***IF HOSPITALIZED (inpatient)*** *the FACILITY NAME and DATE (month and year) for EACH admission* ***MUST*** *be provided:* _____

_____

☐ **Other** (Specify): _____

2. PURPOSE: (Providing information about the purpose of the request is **strictly voluntary;** however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

☐ I am the DECEASED VETERAN'S NEXT-OF-KIN ***(MUST submit Proof of Death.*** *See item 2a on instruction sheet.)*

- _____

(Relationship to deceased veteran)

☐ I am the VETERAN'S LEGAL GUARDIAN ***(MUST submit copy of Court Appointment)*** or AUTHORIZED REPRESENTATIVE ***(MUST submit copy of Authorization Letter or Power of Attorney)***

☐ OTHER _____

(Specify type of Other)

3. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

Name

Street Apt.

City State Zip Code

* This form is available at ***http://www.archives.gov/veterans/military-service-records/standard-form-180.html*** on the National Archives and Records Administration (NARA) web site. *

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. *(See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request if for archival records.)*

Signature Required - Do not print **Date**

Daytime phone Fax Number

Email address