



# Military Injury Relief Fund (MIRF) Application

Service Member Information (required)			
Name		E-mail Address	
Social Security Number		Phone Number	
Current Address			
Mailing Address (if different from above)			
City	County	State	Zip Code
Military Information (required)			
Branch of Service		Pay Grade / Rank	
Position / Duty Title			
Home Station Unit of Assignment <i>(For Active Duty – Enter your current assignment location)</i> <i>(For Guard / Reserve – Enter where you would normally drill when not on Active Duty)</i>			
Military Point of Contact Name <i>(To verify above information)</i>		Phone Number	
Military Point of Contact Position / Duty Title			
Applicant Information (required only if applying on behalf of a service member)			
Name		Phone Number	
Current Physical Address <i>(no P.O. boxes accepted)</i>			
Mailing Address <i>(if different from above)</i>			
City	County	State	Zip Code
Your Relationship to the Service Member			
Authorization and Signature (required)			
<p>I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of Ohio and the Ohio Department of Veterans Services access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form, including social security numbers, is voluntary. Failure to provide the requested information, however, will prohibit the processing of this grant application. In accordance with applicable laws, the State of Ohio and the Ohio Department of Veterans Services will maintain confidentiality regarding the application and any award given or denied, except as required to process this or subsequent applications, or as otherwise required by law.</p>			
Signature of Applicant		Date	
Application must be signed in the presence of a Notary Public. Notary's seal or stamp must be affixed to original.			
Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.			
Printed Name of Notary Public		Notary Public's Commission Expires	
Application Checklist (see reverse for explanation of required documents)			
<input type="checkbox"/> Copy of Service Member's DD 214 (or DD 215) attached <i>(Application for Guard, Reservists, Retirees and Veterans)</i>	<input type="checkbox"/> Power of Attorney attached <i>(Application if applying on behalf of a service member)</i>	<input type="checkbox"/> Proof of Ohio Residency <i>(Copy of driver's license, utility bill, etc.)</i>	
<input type="checkbox"/> Military Activation (or TDY) Orders / LES attached <i>(Application for Guard, Reservists and Active Duty Members)</i>	<input type="checkbox"/> Proof of Injury	<input type="checkbox"/> All required blocks completed	
<input type="checkbox"/> Sign / date application			
<b>Send this application and all required documents to:</b> <b>Ohio Department of Veterans Services / Attn: MIRF, P.O. Box 373, Sandusky, OH 44871</b>			



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## Required Documents

### **DD 214** (or DD 215)

A copy of the service member's Report of Separation (DD Form 214) is required. If the DD Form 214 is not available, they should contact their local Veteran Service Office for assistance in obtaining a copy.

If still on active duty, the service member must provide proof of service (i.e., Leave and Earnings Statement, official letter from their Personnel Office, etc.)

### **Military Activation (or TDY) Orders**

For reserve and guard members, a copy of the military orders activating them under Title 10, U.S.C. is required. For active duty members, awarded medals on military personnel records: Marines, Basic Individual Record (BIR); Army, Enlisted Record Brief (ERB); Army, Officer Record Brief (ORB); Air Force, Virtual Military Personnel Flight (MPF) medal rack; or Navy, Member Data Summary, Navy Enlisted Service Record (ESR). Medals or language as proof of service after October 7, 2001 may include: Iraqi Campaign Medal (ICM), Global War on Terrorism Expeditionary Medal (GWOTM), Afghanistan Campaign Medal (ACM), or orders stating participation in Operation Iraqi Freedom or Operation Enduring Freedom.

### **Proof of Injury**

Required for all applications. Must provide documentation proving the injury occurred while after October 7, 2001. The following is acceptable documentation of injury:

- (1) Documentation of the awarding of the "Purple Heart" in accordance with, and pursuant to, applicable federal laws and regulations including, but not limited to, Title 10, Chapter 57 of the United States Code, and Chapter 32 of the Code of Federal Regulations.
- (2) Documentation of a combat-related injury along with documentation that the combat related injury resulted in awarding of a "Combat Action Ribbon" (CAR), or "Combat Action Badge" (CAB) or its equivalent.
- (3) Documentation of a combat-related injury not covered by (1) or (2), primarily including, but not limited to, traumatic brain injury, or injury caused by detonation of an improvised explosive device (IED), or Post-traumatic stress disorder (PTSD). Documentation of PTSD must include medical diagnosis.

### **Proof of Ohio Residency**

Required for all applications. Service member or veteran must be an Ohio resident at the time of application. Acceptable forms of proof include:

copies of Ohio driver's license, utility bill, rental agreement, officially filed state tax return, military Leave and Earnings Statement (LES), etc.

### **Power of Attorney**

Only required for applications submitted on behalf of the service member.

### **Applications submitted without these documents will be returned to the applicant.**

Appeals for the award of the Purple Heart may be made through the service member's respective branch of the Armed Forces.

The Military Injury Relief Fund (MIRF) grants a one-time, tax-exempt monetary payment to military service members injured in active service as a member of the Armed Forces of the United States serving after October 7, 2001, and to individuals diagnosed with post-traumatic stress while serving after October 7, 2001.