



Application for the Review of Discharge from the Armed Forces of the United States by the Commonwealth of Massachusetts Veterans Equality Review Board

Under Chapter 115, Section 53, Subsection 16: the Veterans Equality Review Board was established to ensure veterans who received a less than honorable discharge under 10 U.S.C. 654, also known as the Don't Ask, Don't Tell policy, or on the basis of sexual orientation, gender identity or gender expression, may be eligible to receive state-based veteran benefits. If a veteran who received a less than honorable discharge and believes such discharge characterization was based on the veteran's sexual orientation, gender identity or gender expression, they may file an appeal to the Veterans Equality Review Board. The applicant should include evidence supporting the applicant's claim that the less than honorable discharge characterization was based on the veteran's sexual orientation, gender identity or gender expression. The board shall complete review of each application not later than 30 days after receipt and render a written recommendation to The Secretary of the Executive Office of Veterans Services not later than 30 days after completion of said review. The Secretary shall issue a written decision not later than 10 days after receipt of the board's recommendation, approving or denying the application. If the Secretary approves the application, the veteran shall be eligible for state-based veteran benefits. If the Secretary denies the application, the veteran may file a request for reconsideration, including additional documentation for the application, not later than 30 days after receipt of the Secretary's decision.

Section 1: Service Member (The person whose discharge is to be reviewed.)

Applicants Last Name: _____

Applicants First Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Section 2: Service Information (Information from DD Form 214. Include Member Copy of DD Form 214 and enter as much as is readily available)

Veterans Branch of Service: _____

Service Start Date: _____ Discharge Date: _____

Grade/Rank at Discharge: _____ Highest Grade/Rank Held: _____

Discharge Characterization: _____

Narrative Reason for Separation: _____

Unit and Location of Discharge: _____

Section 3: Evidence and Records

In support of this claim, the following supporting documents are attached. (List documents): Example documentation includes: Separation packet, medical documents, post service documents, and investigations. Please include a copy of your DD-214 in your submission.

Section 4: Representative or Counsel (if applicable)

Representative/Counsel Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Section 5: Signature

Certification. I make the foregoing statements, as part of this claim, with full knowledge of the penalties involved for willfully making a false statement or claim.

Signature: _____ Date: _____

Submit Completed Applications to:

Veterans Equality Review Board
Care of: Executive Office of Veterans Services Legal Department
600 Washington Street, Second Floor
Boston MA 02111
or submit via email to: eoovsveteransreviewboard@mass.gov