



SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

Veteran/Active Duty Bonus Application

Bonus Claim #

APPLICANT'S IDENTIFYING INFORMATION

DD214 or current orders must be included with this application. Carefully read the instructions found on the reverse side of this form before filling in the requested information. Incomplete or illegible applications may be returned to sender.

Name: (Last, First, Middle)		Social Security Number:	
Date of Birth: (Month/Day/Year)	Phone Number:	Email Address:	

Current Mailing Address: (Street or PO Box)			
City:	State:	Zip Code:	

Address for 6 Months Prior to Entry into Service: (Street)			
City:	State:	Zip Code:	

Date Entered Active Duty: From: _____ To: _____	Second Tour: From: _____ To: _____
Actual Dates Served in Area of Hostilities or War Zones: From: _____ To: _____	Second Tour: From: _____ To: _____
Have you received, or are you eligible to receive from any other state, a bonus or compensation based on the above period of service? Yes No	Do you have a service connected disability rating by the Veterans Administration of 10% or more? Yes No

Information provided on this form is true and accurate to the best of my knowledge.

Signature of Applicant: (MUST be original)	Date
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TO BE COMPLETED BY T/CVSO (IF DISCHARGED) OR COMMANDING OFFICER (IF ACTIVE DUTY)

I certify that I have reviewed the above application and find it to be true and correct to the best of my knowledge.

Signature and printed name: (MUST be original)	County/Tribe or Commanding Officer Title:
Remarks:	Date:

Please return form to: South Dakota Department of Veterans Affairs

**ATTN: Bonus Program
425 E. Capitol Avenue
Pierre, SD 57501-3100
PH: 605-773-7251**

FOR DEPARTMENT USE ONLY

Claims Examiner Review: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Amount:	Administrative Review: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:
Initials:	Date:	Signature:	

Instructions - Please Read Carefully

In South Dakota, all applications must be certified by your local County or Tribal Veterans Service Officer, SDDVA Personnel, or Active Duty Commanding Officer.

1. MUST include Member 4 copy of DD214 or Active Duty Orders with this application.
2. Include name as shown on DD-214. (If different, attach certified copy of document explaining the difference in name, i.e., marriage certificate, etc.)
3. Include address to which bonus check should be mailed.
4. If more than one address, list on a separate sheet of paper. To be eligible for the bonus, you must have been a legal resident of South Dakota for at least six months immediately preceding entry into the armed forces.
5. To be eligible for payment, you must have honorable service during the qualifying period(s).

For Active Duty service between the dates of January 1, 1993, through September 10, 2001, bonus payments will be made only to those veterans who served in a location qualifying as an area of hostilities based on DOD Regulations, and for the time actually spent in that area.

All Active Duty service from September 11, 2001, through a date to be determined, qualifies for a bonus payment of \$100 for the first month and \$20 for each subsequent month to a maximum of \$240. Veterans who served in an area of hostilities, will be paid \$150/month for the first month and \$50/month for each subsequent month served in that area, together with the above rates of \$100/month and \$20/month for other services during the qualifying dates, to a maximum of \$500.

Any period of active duty service during a calendar month shall be considered as one full month in determining monthly totals.

No veteran may receive a bonus payment in excess of \$500. However a veteran who was eligible for a bonus for service prior to December 31, 1992, and is also eligible for a bonus for service after January 1, 1993, may receive two separate bonuses.

6. Show the ACTUAL DATES SERVED. Example: for service in Iraq - From: Apr. 20, 2003 To: Apr. 19, 2004.
7. Veterans who are eligible for a bonus payment and who have a service connected disability rated by the Veterans Administration (VA) as 10% or more disabling, will receive the maximum payment of \$500. If you marked YES, you MUST send a current copy of your VA award letter or other verification from the VA along with this application.
8. Please list any extended remarks regarding this bonus application on a separate sheet of paper.

If you have questions on completing this form contact Jeri Smith at (605) 773-7251.

SEND COMPLETED APPLICATION AND ALL OTHER REQUIRED DOCUMENTS TO:

South Dakota Department of Veterans Affairs
ATTN: Bonus Program
425 East Capitol Avenue
Pierre SD 57501-3100
PH: 605-773-7251