**Service Discharge Upgrade Pilot Program**

**Intake Form**

# Background

Veteran’s Name:

Phone Number:

Department/Branch:

Date of Entry:

Date of Separation:

Type of Separation:

Character of Service:

Narrative Reason for Separation:

Separation was due to: (TBI, PTSD, MST, MEDICAL)

Has the veteran previously applied for an upgrade? (YES NO )

If “yes,” please list the agency to which the veteran applied and the date of that agency’s decision:

# Reason for Needing Upgrade (check all boxes that apply)

The veteran needs the following items to be changed:

* Type of Separation
* Character of Service
* Narrative Reason for Separation
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The aforementioned items should be changed or upgraded for the following reasons:

* The veteran’s discharge was **improper** because**:**
  + The discharge was premised on a **factual error**
  + The discharge was the result of a **procedural error**
  + A **change in policy made retroactive** to the veteran requires a different discharge
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Narrative explanation of why veterans discharge was improper:*

* The veteran’s discharge was **inequitable** because**:**
  + Under **current policies and procedures**, veteran would have receive a different discharge
  + At the time of issuance, **the discharge was inconsistent with the standards of the veteran’s service branch**
  + The veteran’s **quality of service** renders the discharge he or she received **unfair**
  + The veteran’s **ability to serve** was negatively impacted by:
    - Total capabilities (e.g. age, education level, aptitude scores)
    - Family and personal problems (including any **mitigating** factors that may have affected the veteran’s ability to serve satisfactorily)
    - Arbitrary or capricious action by individuals with authority over veteran
    - Discrimination

*Narrative explanation of why veterans discharge was inequitable:*

*List and identify all documents the veteran possesses that suggest the veteran’s discharge was inequitable:*

The veteran has been negatively impacted by his or her discharge status in the following ways:

* Veteran is ineligible for or has been denied VA benefits and/or compensation
* Veteran is ineligible for or has been denied Military/Branch benefits and/or compensation
* Stigma
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Narrative explanation of how veteran has been negatively impacted by his or her discharge:*

*List and identify all documents the veteran possesses that suggest the veteran’s discharge was inequitable:*

**Records Efforts** (check all boxes that apply)

*The veteran currently possesses some relevant records* (YES NO )

*List the specific types of records the veteran currently possesses:*

*The veteran has submitted a:*

* SF 180 to the veteran’s service branch for military records

(*Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)

* SF 180 to the VA records center in St. Louis for medical records

(*Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)

* SF 180 or FOIA request to relevant VA Regional Office(s) or Medical Center(s), if the veteran has been seen or treated by the VA or has previously applied for VA benefits

(*Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)

* Form 10-5345a to the relevant VA Regional Office(s) for medical records

(*Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)

* Form DD 2870 to the relevant treatment facility for medical records

(*Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)

* Request for relevant medical records to private civilian providers

(*Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)