

**ELIGIBILITY DETERMINATION FOR CHARACTER OF DISCHARGE (COD)
REQUEST FORM**

INSTRUCTIONS: Parts I thru 3 are to be completed by Veterans Health Administration (VHA) employees. Parts 4 and 5 are to be completed by Veterans Benefits Administration (VBA) employees.

PART I - PATIENT'S IDENTIFICATION INFORMATION

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|---|--------------------------------------|--|
| 1. PATIENT'S NAME <i>(First, Middle Initial, Last)</i> | | 2. SOCIAL SECURITY NUMBER |
| 3. VA FILE NUMBER <i>(If one has been assigned)</i> | 4. DATE OF BIRTH <i>(MM/DD/YYYY)</i> | 5. TELEPHONE NUMBER <i>(Include Area Code)</i> |
| 6. CURRENT MAILING ADDRESS <i>(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i> | | |

PART II - REQUESTING FACILITY

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| 7. VHA FACILITY NAME AND ADDRESS | |
| 8. VHA FACILITY NUMBER | 9. VHA POC NAME |
| 10. VHA POC TELEPHONE NUMBER | 11. VHA EMAIL ADDRESS |

PART III - PURPOSE OF REQUEST FROM VHA

| 12. BRANCH OF SERVICE | 13. EOD | 14. RAD | 15. CHARACTER OF SERVICE |
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16. CHECK THE BOX, IF THE PATIENT IS REQUESTING EMERGENCY TREATMENT FOR A MENTAL HEALTH CONDITION

The patient has requested emergency treatment for a mental health condition.

17. REMARKS *(Optional)*:

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|------------------------------------|-------------------------------|-------------------------------------|
| 18. NAME AND TITLE OF VHA OFFICIAL | 19. SIGNATURE OF VHA OFFICIAL | 20. DATE SIGNED <i>(MM/DD/YYYY)</i> |
|------------------------------------|-------------------------------|-------------------------------------|

PART IV - VBA COD DETERMINATION RESPONSE

21. IN RESPONSE TO THE VHA REQUEST FOR A CHARACTER OF DISCHARGE DETERMINATION, VBA FOUND:

- VETERAN HAS MORE THAN ONE PERIOD OF SERVICE AND ONE OF THE PERIODS OF SERVICE IS HONORABLE
- VETERAN FOUND TO BE HONORABLE FOR VA PURPOSES (HVA)
- CHARACTER OF SERVICE IS DETERMINED TO BE DISHONORABLE FOR VA GRATUITOUS PURPOSES (DVA), HOWEVER THE FORMER SERVICE-MEMBER IS ENTITLED TO HEALTH CARE BENEFITS UNDER CHAPTER 17, TITLE 38 U.S.C. FOR ANY DISABILITIES FOR THIS PERIOD OF SERVICE (**12D**)
- CHARACTER OF SERVICE IS DETERMINED TO BE DISHONORABLE FOR **ALL** VA PURPOSES (DVA), DUE TO A STATUTORY BAR. THE FORMER SERVICE-MEMBER IS **NOT** ENTITLED TO HEALTH CARE BENEFITS UNDER CHAPTER 17, TITLE 38 U.S.C. FOR ANY DISABILITIES FOR THIS PERIOD OF SERVICE (**12C**)

NOTE: If the service-member is determined to have one HVA period of service and one DVA period of service, you will see more than one box checked off above, as appropriate.

22. REMARKS *(Optional)*

23. NAME AND TITLE OF VBA OFFICIAL

24. SIGNATURE OF VBA OFFICIAL

25. DATE SIGNED *(MM/DD/YYYY)*

PART V - VBA FINDINGS FOR SPECIFIC CLAIMED CONDITIONS

26. VBA HAS FOUND THE FOLLOWING CONDITION(S) TO BE TRUE:

| CONDITION(S) RELATED TO SERVICE: | CONDITION(S) NOT RELATED TO SERVICE: |
|----------------------------------|---|
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27. REMARKS *(Optional)*

28. NAME AND TITLE OF VBA OFFICIAL

29. SIGNATURE OF VBA OFFICIAL

30. DATE SIGNED *(MM/DD/YYYY)*

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