



DISABLED VETERANS APPLICATION FOR VOCATIONAL REHABILITATION

(Chapter 31 - Title 38, U.S.C.)

PAYEE NO.	TRANS CODE				
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IMPORTANT: Please read information on reverse before completing this form. TYPE OR PRINT IN INK.

1. SERVICES AND ASSISTANCE NEEDED *(Check all that apply)*

<input type="checkbox"/> I WANT TO GO TO COLLEGE OR VOCATIONAL SCHOOL	<input type="checkbox"/> I WANT TO BECOME MORE INDEPENDENT IN DAILY LIVING	<input type="checkbox"/> I AM NOT SURE, BUT I WANT TO SEE WHAT VA HAS AVAILABLE
<input type="checkbox"/> I WANT AN APPRENTICESHIP OR OTHER ON-JOB TRAINING SCHOOL	<input type="checkbox"/> I NEED HELP IN GETTING A JOB	

2. FIRST, MIDDLE, LAST NAME OF VETERAN	3. SOCIAL SECURITY NO.	4. VA FILE NO.
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5. MAILING ADDRESS <i>(No. and street or rural route, city, State, and ZIP Code)</i>	6. HOME TELEPHONE NO. <i>(Include Area Code)</i>	7. WORK TELEPHONE NO. <i>(Include Area Code)</i>	8. DATE OF BIRTH
9. VA OFFICE WHERE RECORDS ARE LOCATED <i>(If known)</i>			

10. PERMANENT ADDRESS <i>(If different than Item 5)</i>	11. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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12. SERVICE INFORMATION *(Enter the following information for each period of active duty, Show ALL active duty)*

SERVICE NUMBER <i>(Prefix and suffix)</i> (A)	BRANCH OF SERVICE (B)	DATE ENTERED ACTIVE DUTY (C)	DATE SEPARATED FROM ACTIVE DUTY (D)	TYPE OF SEPARATION OR DISCHARGE (E)	GRADE OR RANK AT SEPARATION OR DISCHARGE (F)

13. IF NOW HOSPITALIZED, GIVE NAME AND LOCATION OF HOSPITAL	(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)
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14. VA BENEFITS PREVIOUSLY APPLIED FOR

<input type="checkbox"/> A. HOSPITALIZATION OR MEDICAL CARE	<input type="checkbox"/> E. VETERANS' EDUCATIONAL ASSISTANCE <i>(Chp. 30, 32, 33, or 34)</i>	<input type="checkbox"/> I. VOCATIONAL TRAINING FOR VA PENSIONERS <i>(Chapter 15)</i>
<input type="checkbox"/> B. WAIVER OF NSLI PREMIUM	<input type="checkbox"/> F. WAR ORPHANS' OR DEPENDENTS' EDUCATIONAL ASSIST. <i>(Chp. 35)</i>	<input type="checkbox"/> J. MONTGOMERY GI BILL SELECTED RESERVE
<input type="checkbox"/> C. DENTAL OR OUTPATIENT TREATMENT	<input type="checkbox"/> G. PENSION	<input type="checkbox"/> K. NONE
<input type="checkbox"/> D. VOCATIONAL REHABILITATION <i>(Chapter 31)</i>	<input type="checkbox"/> H. SERVICE-CONNECTED DISABILITY COMPENSATION <i>(If receiving compensation, complete Items 14L and 14M)</i>	<input type="checkbox"/> L. OTHER <i>(Specify)</i>

COMPLETE ONLY IF ITEM 14H IS CHECKED	L. VA DISABILITY RATING %	M. NATURE OF DISABILITY
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15. DEPENDENTS *(Check applicable boxes. If VA authorizes training, you may have to submit documentary evidence before additional subsistence allowance benefits for dependents may begin)*

<input type="checkbox"/> NONE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILDREN <i>(Specify No.)</i>	<input type="checkbox"/> PARENTS DEPENDENT ON YOU FOR SUPPORT <i>(Specify No.)</i>
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16. EDUCATIONAL LEVEL *(Indicates the highest level completed)*

<input type="checkbox"/> LESS THAN HIGH SCHOOL DIPLOMA <i>(Specify last grade level)</i>	<input type="checkbox"/> HIGH SCHOOL DIPLOMA/GED	<input type="checkbox"/> COLLEGE <i>(Specify years completed)</i>	<input type="checkbox"/> GRADUATE DEGREE
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17. PREVIOUS NON-VA REHABILITATION SERVICES

HAVE YOU RECEIVED VOCATIONAL REHABILITATION SERVICES FROM AGENCIES OTHER THAN VA?

YES NO *(If "Yes," name each agency which provided service, the types of services provided, and the beginning and ending dates when you received the services)*

I HEREBY CERTIFY THAT all the information I have entered on this form is true and complete to the best of my knowledge and belief and I realize that making willful false statements concerning a material fact in a claim for vocational rehabilitation benefits is a punishable offense which may result in fine or imprisonment or both.

18A. SIGNATURE OF APPLICANT <i>(Do not print) (Sign in ink)</i>	18B. DATE
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19. AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize release of school, employment and other records to VA for use in counseling me and supervising my rehabilitation program. I also authorize VA to release to schools, other training establishments, job placement or related agencies, and to potential employers any information, to include my name and address, which will assist me in my vocational rehabilitation program or in my search for gainful employment.

A. SIGNATURE OF APPLICANT <i>(Do not print) (Sign in ink)</i>	B. DATE
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FOR VA USE ONLY	DEP	ED. LEVEL	CLAIM STATUS	DATE REFERRED VR&C
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VOCATIONAL REHABILITATION FOR DISABLED VETERANS

PURPOSE OF VOCATIONAL REHABILITATION: The vocational rehabilitation program is designed to provide all services and assistance necessary to enable service-disabled veterans to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment.

BASIC ENTITLEMENT: You are entitled to vocational rehabilitation if you meet three conditions;

1. You were discharged from the service under other than dishonorable conditions:
2. You have a service-connected disability or disabilities which VA has rated at least 20 percent disabling, which arose on or after September 16, 1940, and for which you are receiving, or could elect to receive, VA compensation; *and
3. VA determines you need rehabilitation services and assistance to overcome an employment handicap or to improve your capacity for independent living in your family and community.

* **NOTE:** If you first applied for vocational rehabilitation and VA received your application before November 1, 1990, you may be entitled with less than 20 percent compensable disability rating.

PERIODS OF ELIGIBILITY: In general, the basic period of eligibility is 12 years following the date of notification of entitlement to VA compensation. Eligibility for vocational rehabilitation may be extended beyond the basic period under certain conditions.

HOW TO APPLY: To apply, you should submit this completed application to the nearest VA office.

INFORMATION AND ASSISTANCE: You may obtain additional information and assistance may be obtained from any VA office or United States Veterans Assistance Center (USVAC). Local representatives of veterans' organizations and the American Red Cross also have information and forms available.

EVALUATION AND COUNSELING: A comprehensive evaluation to determine your need for rehabilitation services and assistance. Following VA's determination that you are entitled to these services and assistance, VA will provide counseling to assist you to develop a rehabilitation plan designed to reach your goals. Counseling remains available throughout the program to assist you with problems which may arise. We will arrange evaluation and counseling appointments at convenient times for you. We will pay your travel expenses to and from these evaluation and counseling appointments.

REHABILITATION SERVICES: If VA finds you entitled, VA may authorize up to 48 months or more of rehabilitation services and assistance. You may receive necessary education and training in colleges and universities, vocational schools, apprentice and other on-job training establishments, as well as special rehabilitation facilities. VA will provide counseling, medical care and treatment, employment assistance to get and hold a job, and other needed services. If a vocational goal is not currently feasible for you, VA may provide services and assistance needed to improve your capacity for independent living.

SUPPORT: VA may pay for tuition, fees, supplies, tools, or other supplies needed for your rehabilitation program. You will also receive a subsistence allowance each month based on your type of program, your rate of attendance, and the number of your dependents. You will receive this allowance in addition to any compensation or other disability benefits to which you are entitled. There are certain conditions under which VA must limit the amount of subsistence allowance which may be paid. These conditions will be explained to you during your initial counseling sessions.

PRIVACY ACT INFORMATION: VA may not pay this benefit unless VA receives a completed application form (38 U.S.C. 210(c)(1)). The information this form requests is necessary to determine your entitlement to the benefit for which you are applying. The information you furnish will not be used for any other purpose and will not be released outside VA unless authorized by you in writing (Item 19) or unless disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register. Generally, disclosure under the authority of a routine use will be made to develop your claim for vocational rehabilitation benefits under title 38, U.S.C. Information you submit is subject to verification through computer matching programs with other agencies. VA may use computer matching to obtain employment status information. If you incur a debt to VA, VA may also use computer matching to help collect the debt.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 1/4 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0009), Washington, DC 20503. Do NOT send requests for benefits to these addresses.