

COMPUTER

PURCHASING INSTRUCTIONS

01/23/19

STEP	DESCRIPTION	FROM	TO	INSTRUCTIONS
1	Statement In Support of Claim	VA Rehabilitation Counselor or Contract Counselor	Veteran	Veteran to complete Statement In Support of Claim requesting a computer and a statement as to why he needs a computer.
2	Computer Needs Inventory	VA Rehabilitation Counselor or Contract Counselor	Veteran	Veteran to complete, sign, and return the Computer Needs Inventory.
3	Request for Supplies/Computer 1905m	VA Rehabilitation Counselor or Contract Counselor	Veteran	School to complete the Computer requisition form.



PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form. (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential. (38 U.S.C. 5701) They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the privacy act, including the routine uses identified in the system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records-VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes 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 (2900-0075) Washington, DC 20503. Do not send requests for benefits to these addresses.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (*Type or print*)

Mr. David M. Oh

SOCIAL SECURITY NO.

Last 4 digits: 0826

VA FILE NO.

Last 4 digits: 0826 / 00

The following statement is made in connection with a claim for benefits in the case of the above-named veteran

(CONTINUED ON REVERSE)

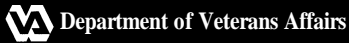
I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE

DATE SIGNED

ADDRESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



COMPUTER NEEDS INVENTORY

1. NAME (First, middle, last)

Mr. David M. Oh

2. HOME PHONE NUMBER

(714) 603-8749

3. CLAIM NUMBER

Last 4 digits: 0826 / 00

4. IF YOUR ADDRESS HAS CHANGED, GIVE YOUR NEW ADDRESS

**21217 Valerio St
Canoga Park, CA 91303**

5. PROVIDE E-MAIL ADDRESS

CURRENTLY OWNED COMPUTER EQUIPMENT

Please fill out each area as completely as possible.

DO YOU OWN A COMPUTER

☐ YES (Answer all questions in this section)

☐ NO (Answer Computer Skills questions ONLY).

COMPUTER TYPE

☐ IBM ☐ IBM (clone) ☐ iMac

☐ OTHER: _____

COMPUTER MODEL

OPERATING SYSTEM

☐ WINDOWS ☐ DOS ☐ iMac

☐ OTHER: _____

DATE PURCHASED (MONTH AND YEAR)

CONDITION

LIST SOFTWARE CURRENTLY LOADED IN YOUR COMPUTER

DESCRIBE HOW YOU CURRENTLY USE YOUR COMPUTER

COMPUTER SKILLS

AREA

PROFICIENCY LEVEL

Please indicate your skill level of proficiency in computer use for each of the areas listed below.

NONE

BASIC

IINTERMEDIATE

ADVANCED

Operating (PC) Computer and Hardware

Keyboarding

Using Internet search engines

Outlook (email)

Microsoft Word

Microsoft Excel

Microsoft Power Point

COMPUTER TRAINING

LIST ALL COMPUTER COURSES and/or COMPUTER CERTIFICATION PROGRAMS COMPLETED

PROTECTION OF PRIVACY INFORMATION STATEMENT

(For use by counselees and rehabilitation program participants)

I have been informed and understand that the information requested in this and any later interviews is requested under the authorization of Section 210(c)(1) of title 38, United States Code, Veterans Benefits. This information is needed to assist in vocational and educational planning, to authorize my receipt of education benefits or rehabilitation services, to develop a record of my educational or vocational progress, and to assure I obtain the best results from my education or rehabilitation program. I understand that the information I provide will not be used for any other purpose and that my responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records published in the Federal Register. Generally, disclosures under the authority of a routine use will be made to develop my claim for education or vocational rehabilitation benefits under title 38, United States Code.

My giving the requested information is voluntary. I understand that the following results might occur if I do not give this information:

- (1) I may not receive the maximum benefit either from counseling or from my education or rehabilitation program.
- (2) If certain information is required before I may enter a VA program, my failure to give the information may result in my not receiving the education or rehabilitation benefit for which I have applied.
- (3) If I am in a program in which information on my progress is required, my failure to give this information may result in my not receiving further benefits or services.

My failure to give this information will not have a negative effect on any other benefit to which I may be entitled.

PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

I HEREBY CERTIFY THAT the information I have provided above is true and correct to the best of my knowledge and belief.

SIGNATURE OF VETERAN

DATE SIGNED

**REQUEST FOR SUPPLIES**

(Chapter 31 - Vocational Rehabilitation)

PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application form has been received (38 C.F.R. 21.236). The information requested on this form is necessary to determine your entitlement to the benefit for which you have applied. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA systems of records, 58 VA 21/22/28, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register.

TO BE SUBMITTED TO THE DEPARTMENT OF VETERANS AFFAIRS IN DUPLICATE

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	REHABILITATION GOAL	VA FILE NUMBER
Mr. David M. Oh	Rehab Plan	C Last 4 digits: 0826 / 00

ADDRESS TO WHICH SUPPLIES MAY BE DELIVERED TO VETERAN (Number and street or rural route, city or P.O., State and Zip Code)

21217 Valerio St
Canoga Park, CA 91303Home Phone#:
(714) 603-8749Work Phone#:
714 603-8749 (c)**INSTRUCTIONS TO REHABILITATION SERVICE PROVIDER**

A. The Veterans Affairs may furnish supplies to the veteran named above, who is being entered into or is already taking part in a VA rehabilitation, independent living or employment assistance program, if both of the following conditions are met:

1. You require all persons being trained for or employed in the same occupational or independent living goal to personally possess the same books, tools and other supplies; and
2. The veteran does not already possess the items which you require.

B. The VA will NOT furnish tools or other supplies which commonly are on hand for use of all trainees or employees or which the veteran already owns.
C. If items are required under the conditions stated in A above, and are not being requested merely because the veteran desires them, you may request these supplies by completing the section immediately following these instructions. You may continue to list required items on the reverse side of the form and on additional forms if necessary.

D. On the reverse of this form, please complete and sign the Request and Certification section. Also make sure the veteran signs the Certification of Veteran section.

SCHOOL'S CERTIFICATION OF COMPUTER EQUIPMENT NEEDS

1. Does your facility require that all students in the veterans authorized program own a personal computer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your facility have a computer lab with sufficient computers available and hours of operation to allow the veteran to complete required assignments and projects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Would the lack of personal computer equipment place the veteran at a competitive academic disadvantage with other students in the veterans authorized course of study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Would the lack of personal computer equipment place the veteran at risk of failing the training program being offered at your school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do similarly circumstanced non-veteran students being trained at your school own their personal computer equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Would the lack of a personal computer system place non-veteran students pursuing training at your school at an academic disadvantage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHOOL'S RECOMMENDED COMPUTER EQUIPMENT

Please provide technical specifications for computer system (If any) recommended or suggested for students being trained at your school.

Please provide the names(s) of computer software applications recommended or suggested for students being trained at your school.

Describe briefly how the computer system and software application(s) recommended above will be used by the student in the pursuit of their training at your school.

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C Last 4 digits: 0826 / 00

(✓)	ITEM NO. (If applicable)	NAME OF ARTICLE AND DESCRIPTION (Catalog identification, size, etc.)	QUANTITY (Set, pair, etc.)	ESTIMATED COST

TOTAL ESTIMATED COST OF REQUESTED SUPPLIES



ADDITIONAL DOCUMENTS

Attach photo copy of the veteran's current student ID to this request

If there is additional supporting documentation please attach (ie: assessment information from disabled student services, syllabus, etc)

REQUEST AND CERTIFICATION OF SCHOOL

TO THE DEPARTMENT OF VETERANS AFFAIRS: Please authorize for the veteran the above-listed supplies. The veteran is receiving training, employment or other rehabilitation services under the VA vocational rehabilitation program. These supplies are not merely desired by the veteran, but are required to be personally owned by all persons training in, employed by, or receiving rehabilitation services in this facility or establishment who have the same occupational or independent living goals as the veteran. The veteran's program at this facility or establishment is (check one):

☐ On-Job Training

☐ Educational or Vocational Training

☐ Other (Specify) _____

☐ Independent Living

☐ Employment

If authorized by the Department of Veterans Affairs, this facility or establishment will provide the veteran the supplies listed above which are indicated by the check(✓) before the item number and/or name of the article. These items will be delivered at the price indicated under "Estimated Cost".

DATE	PRINTED NAME, TITLE AND TELEPHONE NUMBER OF SCHOOL OFFICIAL	SIGNATURE OF SCHOOL OFFICIAL
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NAME OF FACILITY OR ESTABLISHMENT	ADDRESS OF FACILITY OR ESTABLISHMENT (Number and street or rural route, city or P.O. , State and Zip Code)
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CERTIFICATION OF VETERAN

TO THE DEPARTMENT OF VETERANS AFFAIRS: I do not already have in my possession any of the above-listed supplies which are usable and available for my use in my rehabilitation program.

DATE	SIGNATURE OF VETERAN
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CERTIFICATION OF VOCATIONAL REHABILITATION COUNSELOR

The above list of supplies is in accord with the limitations and restrictions found in 38 U.S. Code 1504 and in applicable VA Regulations.

DATE	SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST
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VA FORM 28-1905m

APR 1998