OMB Approved No. 2900-0265 Respondent Burden: 30 minutes Expiration Date: 11/30/2018

Department of Veterans	VA DATE STAMP (For VA Use Only)						
EDUCATIONAL/VO	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
PRIVACY ACT INFORMATION: The VA will not of under the Privacy Act of 1974 or Title 38, Code of Fed Compensation, Pension, Education, and Vocational Rel to respond is required to obtain or retain benefits. Givin under Title 38 USC 5101 (c) (1). The VA will not denote is required by a Federal Statute of law in effect prior necessary to determine maximum benefits under the laprovided by applicants, recipients, and others may be su RESPONDENT BURDEN: We need this information VR&E services provide. Title 38, United States Code, to review the instructions, find the information, and concontrol number is displayed. You are not required to numbers can be located on the OMB Internet Page information on where to send comments or suggestions INTERNET VERSION AVAILABLE -You me	isclose information collected on this form to are real Regulations 1.576 for routine uses identified abilitation and Employment Records - VA, public g us your SSN account information is mandatory of an individual benefits for refusing to provide he to January 1, 1975, and still in effect. The requirement of the verification through computer matching to determine if the veteran and other beneficiallows us to ask for this information. We estimate the first thing the veteran and other beneficiallows us to ask for this information. We estimate the veteran accordance of the veteran and other beneficiallows us to ask for this information. We estimate the veteran and other beneficiallows us to ask for this information if this in at www.reginfo.gov/public/do/PRAMain . If the about this form.	ny source other than w d in the VA system of ished in the Federal Ro o. Applicants are requi is or her SSN unless the juested information is infidential (38 U.S.C. 2 programs with other ag iaries are eligible for of the that you will need a a collection of information number is not displayed desired, you can call	hat has been authorized records, 58VA21/22/28, egister. Your obligation red to provide their SSN red disclosure of the SSN considered relevant and (701). Any information rencies. Sounseling services that a verage of 30 minutes ion unless a valid OMB d. Valid OMB control 1-800-827-1000 to get				
	PART I - CLAIMANT INFO	RMATION					
NAME OF CLAIMANT (First-Middle-Last) 1B. SOCIAL SECURITY NUMBER OF APPLICANT	2C. DATE OF BIRTH		1C. VA FILE N	UMBER (If applicable)			
	_	_					
2B. APPLICANT'S E-MAIL ADDRESS							
2A. GENDER OF APPLICANT MALE SELF SPOUSE SURVIVING SPOUSE 3A. RELATIONSHIP OF APPLICANT TO VETERAN ADOPTED CHILD SURVIVING SPOUSE 3B.TELEPHONE NUMBER (U.S. 10-digit or International 15-digit) - SB.TELEPHONE NUMBER (U.S. 10-digit or International 15-digit)							
3C. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) No. & Street Apt./Unit Number City							
State/Province Country	ZIP Code/Postal Code		_				
4A. ARE YOU A CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE WITH A DISABILITY SEEKING SPECIAL RESTORATIVE TRAINING?	E SEEKING SPECIAL VOCATION.	SURVIVING SPOUSE WITH A DISABILITY SEEKING SPECIAL VOCATIONAL TRAINING?		5. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS?			
<u> </u>							
PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY 6A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (First- Middle -Last)							
6B. SOCIAL SECURITY NUMBER	7. DATE OF BIRTH (MM-DD-YY	7. DATE OF BIRTH (MM-DD-YYYY)		NUMBER (If applicable)			
8. BRANCH OF SERVICE	9. SERVICE NUMBER	9. SERVICE NUMBER		H OR DATE LISTED CTION OR P.O.W. (MM-DD-YYYY)			
PART III - SPECIAL INFORMATION CONCERNING APPLICANT							
11. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING? YES NO							
12A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH? YES NO							

VETERAN'S SSN	
VETERAIN 5 55IN	

13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))									
A. O VOCATIONAL REHABILITA	TION BENEFITS (Chapter 31)								
B. VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit)									
C. O DEPENDENTS' EDUCATIONAL ASSISTANCE (Chapter 35)									
D. O SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B) on reverse)									
E. OTHER (Specify)									
F. NONE									
NOTE: COMPLETE ITEMS 14A AND 14B ONLY IF YOU CHECKED ITEM 13D									
14A. NAME OF VETERAN ON WHO	OSE ACCOUNT YOU PREVIOUSLY CL	14B. VETERANS FILE NUMB	ER OR SOCIAL SECURITY NUMBER						
PART IV - APPLICANT'S MILITARY SERVICE									
15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part V) YES NO									
16. SERVICE INFORMATION									
(Enter the following information for each period of active duty. Attach a copy of your DD214. If you have already sent VA a DD214, do not send one with this application)									
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY		SERVICE OR RESERVE RD COMPONENT	D. CHARACTER OF DISCHARGE					
17. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and Social Security Number on each additional page)									
PART V - CERTIFICATION AND SIGNATURE OF APPLICANT									
	(All Applica	nts Must Comple	ete This Part)						
	ements in my application are tr								
PENALTY : Willfully false statements as to a material fact in a claim for counseling benefits is a punishable offense and may result in in the forfeiture of these or other benefits and in criminal penalties.									
18A. SIGNATURE OF APPLICANT 18B.			18B. DATE SIGNED (MM-DD-Y	. DATE SIGNED (MM-DD-YYYY)					
PART VI - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN (This section must be completed if you are a minor child)									
19A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)									
20A. SIGNATURE OF (Check one) 20B. DATE SIGNED (MM-DD-YYYY)									
O PARENT O GUARDIAN CUSTODIAN									
19B. TELEPHONE NUMBER OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code). 20C. DATE REFERRED TO VR & E (MM-DD-YYYY)									
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EDUCATIONAL/VOCATIONAL COUNSELING APPLICATION

Information And Instructions For Completing This Application (Please keep these instructions for future reference)

This VA form 28-8832 is also available on the Internet at www.va.gov/vaforms.

VA EDUCATIONAL AND VOCATIONAL COUNSELING HELP IS AVAILABLE FREE OF CHARGE if you meet <u>one</u> of the following conditions:

- 1. You are a veteran or dependent eligible for educational benefits under a program that VA administers;
- 2. You were discharged or released from active duty under honorable conditions not more than 1 year ago;
- 3. You are on active duty and 6 months or less remain before your scheduled release or discharge from service.

You may get counseling about any matter, including personal problems, related to:

- Counseling to facilitate career/occupational decisions for civilian or military occupations
- Adjustment counseling to address personal problems that may interfere with achieving any educational or employment goal
- Educational/Vocational counseling to help you develop a training, educational or employment plan
- Explanation of test results, exploration of potential objectives and assistance in developing a successful program

What is discussed in counseling depends on you, your situation and needs. You can learn more about yourself; career opportunities and requirements; training possibilities; sources of financial aid; and how to carry through on plans that you make.

HOW TO GET COUNSELING

Complete this application and send it to the nearest United States Department of Veterans Affairs office. If you have received a DD214, you should attach a copy of it, unless you are still on active duty or if you are applying as a dependent of a veteran. VA will arrange for a counselor to meet with you. There is no charge for counseling, but you will have to pay your own travel. (*Please note*: counseling is not available in foreign countries except the Republic of the Philippines)

APPLICATION INSTRUCTIONS

<u>Please complete only those areas which are applicable to you.</u> The number on the instructions matches the item numbers on the application. Items not mentioned are self-explanatory. If you have a question *please* phone 1-800-827-1000 and request help.

Item 2C. VA may have assigned the veteran or individual an eight-digit file number. If you know the number, write it in the space provided.

Item 3A. "Child" includes adopted children and step children who are members of the veteran's or individual's household. Married children are eligible.

Item 13F. Check this box if you have never applied for VA educational benefits.

Item 14A and B. If you have previously applied for benefits as the dependent child or spouse of a veteran who is permanently and totally disabled due to service-connected disabilities or who died on active duty, write the name of the person (parent or spouse) under whom you received these benefits in Item 14A and the file number or social security number in 14B.

This form is an application for counseling only. **Do not** use this form to apply for VOCATIONAL REHABILITATION AND EMPLOYMENT BENEFITS (Chapter 31) (use the VA form 28-1900, *Disabled Veterans Application For Vocational Rehabilitation*) or for VETERAN'S EDUCATION ASSISTANCE (Chapter 30, 32, 33, 1606 or 1607) (use the VA Form 22-1990, *Application For VA Education Benefits*). These forms are available on the Internet at www.va.gov/vaforms.

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