



Department of Veterans Affairs

VA DATE STAMP
(For VA Use Only)

PERSONALIZED CAREER PLANNING AND GUIDANCE

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden information on page 3. Use this form to apply for Personalized Career Planning and Guidance (PCPG) benefits under title 38 United State Code (U.S.C.) Chapter 36. For more information, contact us at <https://www.va.gov/contact-us>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), The Federal relay number is 711. VA forms are available at www.va.gov/vaforms. After completing the form, if returning the form by mail send to: Veteran Readiness and Employment (VR&E) Intake Center, Department of Veterans Affairs, P.O. Box 5210, Janesville, WI 53547-5210.

SECTION I - CLAIMANT'S INFORMATION

NOTE: You may *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. NAME OF CLAIMANT (*First-Middle-Last*)

2. SOCIAL SECURITY NUMBER OF CLAIMANT

3. DATE OF BIRTH

4. VA FILE NUMBER (*If applicable*)

5. CLAIMANT'S MAILING ADDRESS (*Number and street or rural route, city or P.O., State and ZIP Code and Country*)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

6. TELEPHONE NUMBER (*Include Area Code*)

7. E-MAIL ADDRESS

☐ I agree to receive electronic correspondence from VA in regards to my claim.

Enter International Phone Number (*If applicable*)

8. RELATIONSHIP OF CLAIMANT TO VETERAN

☐ SELF ☐ CHILD ☐ SPOUSE ☐ STEPCCHILD ☐ ADOPTED CHILD ☐ SURVIVING SPOUSE

9. ARE YOU A CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE WITH A DISABILITY SEEKING SPECIAL RESTORATIVE TRAINING?

☐ YES ☐ NO

10. ARE YOU A CHILD, SPOUSE, OR SURVIVING SPOUSE WITH A DISABILITY SEEKING SPECIAL VOCATIONAL TRAINING?

☐ YES ☐ NO

11. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS?

☐ YES ☐ NO

SECTION II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

12. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (*First- Middle Initial -Last*)

13. SOCIAL SECURITY NUMBER

14. DATE OF BIRTH (*MM-DD-YYYY*)

15. VA FILE NUMBER (*If applicable*)

16. BRANCH OF SERVICE

17. SERVICE NUMBER

18. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W. (*MM-DD-YYYY*)

SECTION III - SPECIAL INFORMATION CONCERNING CLAIMANT

19. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?

☐ YES ☐ NO

20. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH ?

☐ YES ☐ NO

21. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE

22. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check all that apply)

A. ☐ VETERAN READINESS AND EMPLOYMENT (Chapter 31)

B. ☐ VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit) _____

C. ☐ SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Chapter 35)

If Item 22C is checked, please specify the following:

NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

VA FILE NUMBER OR SOCIAL SECURITY NUMBER

D. ☐ OTHER (Specify) _____

E. ☐ NONE

SECTION IV - CLAIMANT'S MILITARY SERVICE

23. 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 Section V.)

☐ YES ☐ NO

24. 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.) (If additional space is needed use Item 25, Remarks.)

24A. DATE ENTERED ACTIVE DUTY	Month Day Year	24B. DATE SEPARATED FROM ACTIVE DUTY	Month Day Year
24C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	<input type="radio"/> ARMY <input type="radio"/> NAVY <input type="radio"/> MARINE CORPS <input type="radio"/> AIR FORCE <input type="radio"/> SPACE FORCE <input type="radio"/> COAST GUARD <input type="radio"/> OTHER (Specify)		
24D. CHARACTER OF DISCHARGE			
24A. DATE ENTERED ACTIVE DUTY	Month Day Year	24B. DATE SEPARATED FROM ACTIVE DUTY	Month Day Year
24C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	<input type="radio"/> ARMY <input type="radio"/> NAVY <input type="radio"/> MARINE CORPS <input type="radio"/> AIR FORCE <input type="radio"/> SPACE FORCE <input type="radio"/> COAST GUARD <input type="radio"/> OTHER (Specify)		

SECTION V - CERTIFICATION AND SIGNATURE OF CLAIMANT

(All Claimant's Must Complete This Part)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

26A. SIGNATURE OF CLAIMANT

26B. DATE SIGNED (MM-DD-YYYY)

PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

SECTION VI - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN

(This section must be completed if you are a minor child)

27. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)

28A. COMPLETED BY (Check one)

☐ PARENT ☐ GUARDIAN ☐ CUSTODIAN

28B. DATE SIGNED (MM-DD-YYYY)

29. TELEPHONE NUMBER OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code).

30. DATE REFERRED TO VR & E (MM-DD-YYYY)