OMB Approved No. 2900-0265 Respondent Burden: 30 minutes

8

Department of Veterans Affairs

EDUCATIONAL/VOCATIONAL COUNSELING APPLICATION

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies. RESPONDENT BURDEN: We need this information to determine if the veteran and other beneficiaries are eligible for counseling services that VR&E services

RESPONDENT BURDEN: We need this information to determine if the veteran and other beneficiaries are eligible for counseling services that VR&E services provide. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

suggestions about this form.							
INTERNET VERSION AVAILABLE -Y	'ou may download	this application f	orm at ww	w.va.gov/va	forms		
	P	ARTI - APPLICAL	NT INFOR	MATION			
1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST)		1B. SOCIAL S	1B. SOCIAL SECURITY NUMBER OF APPLICANT			1C. VA FILE NUMBER (If known)	
2A. SEX OF APPLICANT MALE FEMALE		2B. APPLICAN	B. APPLICANT'S E-MAIL ADDRESS			2C. DATE OF BIRTH	
3A. RELATIONSHIP OF APPLICANT TO VE		3B. APPLICANT'S TELEPHONE NUMBER (Including Area Code)					
SELF SURVIVING SPOUS	PRIMARY PHO	PRIMARY PHONE NUMBER (Where a message			OTHER PHONE NUMBER		
TOUR CONTROL OF THE T	can be left)	can be left)					
SPOUSE STEPCHILD	HILD						
3C. MAILING ADDRESS OF APPLICANT $\langle N \rangle$	umber and street or r	ural route, city or P.O	O., State and	d ZIP Code)			VA DATE STAMP (For VA Use Only)
4A. ARE YOU A CHILD, 14 YEARS OR OLD SPOUSE, OR SURVIVING SPOUSE WIT DISABILITY SEEKING SPECIAL RESTO TRAINING?	SURVIVING SPOUSE	OU A CHILD, SPOUSE, OR VING SPOUSE WITH A DISABILITY NG SPECIAL VOCATIONAL TRAINING? ES NO 5. HAVE YOU RECEIVED AN INFORMATION PAI EXPLAINING SURVIVORS' AND DEPENDENT EDUCATIONAL ASSISTANCE BENEFITS? YES NO				SURVIVORS' AND DEPENDENTS' AL ASSISTANCE BENEFITS?	
PART II - INFORMATI	ON CONCERNING	DISABI ED OR D	FCEASED	VETERAN	OR INDIVID	IALIC	ON ACTIVE DUTY
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		6C. VA FILE NUMBER (If known)					
7. DATE OF BIRTH	8. BRANCH OF SER	VICE	9. SERVIC	RVICE NUMBER			10. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.
PART III - SPECIAL INFORMATION CONCERNING APPLICANT							
11. IF YOU ARE THE SPOUSE OF A DISA	BLED VETERAN, IS A	DIVORCE OR ANNU	ILMENT PE	NDING?			
12A. IF YOU ARE THE SURVIVING SPOUS REMARRIED SINCE HIS OR HER DEA	VETERAN, HAVE YO	U	12B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE			GE AT TIME OF REMARRIAGE	
13. HAVE YOU EVER APPLIED FOR ANY O	F THE FOLLOWING \	/A BENEFITS? (Che	ck applicab	le box(es))			
A. VOCATIONAL REHABILITATION BEI	NEFITS (Chapter 31)						
B. VETERANS' EDUCATION ASSISTAN	ICE BASED ON YOUR	R OWN SERVICE (Sp	pecify benef	it)			
C. DEPENDENTS' EDUCATIONAL ASS	ISTANCE (Chapter 3:	5)					
D. SURVIVORS' AND DEPENDENTS E	DUCATIONAL ASSIST	TANCE (Complete Ite	ems I 4A and	d 14B) on reve	rse)		
E. OTHER (Specify)							
F. NONE							

NOTE: COMPLETE ITEMS 14A	AND 14B ONLY IF YOU CHECKED ITEM 13	BD						
14A. NAME OF VETERAN ON WHOS	SE ACCOUNT YOU PREVIOUSLY CLAIMED BENE	FITS 14B. VETERANS FILE NUMBER 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 C. BRA	ANCH OF SERVICE OR RESE OR GUARD COMPONENT	RVE	D. CHARACTER OF DISCHARGE				
form to help us match your answers Security Number on each additional		ed, please attach separate she	ets of paper.					
	PART V - CERTIFICATION AND SI (All Applicants Must Con	mplete This Part)		11 1. 0				
I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. 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 (L	18B. DATE SIGNED							
SIGN HERE IN INK								
PART VI - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN (This section must be completed if you are a minor child)								
19A. NAME OF PARENT, GUARDIAN		19B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (<i>Include Area Code</i>).						
20A. SIGNATURE OF (Check one) (PARENT GUARDIAN	DO NOT PRINT) CUSTODIAN	20B. DATE SIGNED		20C. DATE REFERRED TO VR & E				
SIGN HERE IN INK								