OMB Approved No. 2900-0009
Respondent Burden: 15 minutes
Expiration Date: 12/31/2028

VA | U.S. Department of Veterans Affairs

APPLICATION FOR VETERAN READINESS AND EMPLOYMENT BENEFITS FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES

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

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden information on page 3. Use this form to apply for Chapter 31 Benefits. For more information contact us online at www.va.gov/contact-us or call 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/find-forms. If returning the completed form, send to: Department of Veterans Affairs, Veteran Readiness and Employment (VR&E) Intake Center, P.O. Box 5210, Janesville, WI 53547-5210.

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

SECTION I: VETERAN'S INFORMATION

1. VETERAN'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER — – –

3. VA FILE NUMBER *(If different from Item 2)*

4. DATE OF BIRTH *(MM-DD-YYYY)* – –

5. MAILING ADDRESS *(Number and street or rural route, City, State and ZIP Code, **OR** write "None," if no mailing address)*

NOTE: If you have created your profile in VA.gov, the address you provided in your profile must match the address you provided on this form to avoid delays in processing your application.

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

6. MAIN TELEPHONE NUMBER *(Include Area Code, or check "None" if no available telephone number)* – –

☐ None

Enter International Phone Number *(If applicable)* _____

7. CELL PHONE NUMBER *(Include Area Code, or check "None" if no available cell phone number)* – –

☐ None

8. E-MAIL ADDRESS OF VETERAN

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

9. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS, PROVIDE YOUR NEW ADDRESS BELOW

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

10. NUMBER OF YEARS OF EDUCATION *(Highest level of education)*

SECTION II: 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 Title 38, United States Code of Federal Regulations 1.576, Veterans Benefits. This information is needed to assist in vocational and educational planning, to authorize my receipt of rehabilitation services, to develop a record of my vocational progress, and to assure I obtain the best results from my 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 VA only if the disclosure is authorized under the Privacy Act of 1974, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Generally, disclosures under the authority of a routine use will be made to develop my claim for 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 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 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.

☐ I acknowledge I have read the Protection of Privacy Information Statement.

SECTION III: CERTIFICATION AND SIGNATURE

I HEREBY CERTIFY THAT the information I have entered on this form is true and complete to the best of my knowledge and belief. I realize that making willful false claims and statements for Chapter 31 benefits is a punishable offense that may result in a fine or imprisonment, or both. *(Reference: 31 U.S.C. 3802(a))*

11A. SIGNATURE OF VETERAN	11B. DATE SIGNED *(MM-DD-YYYY)*
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INSTRUCTIONS FOR APPLYING FOR CHAPTER 31 BENEFITS

A. INFORMATION AND ASSISTANCE:

- To apply for Chapter 31 benefits, you may submit this completed application form to the Department of Veterans Affairs, Veteran Readiness and Employment (VR&E) Intake Center, P. O. Box 5210, Janesville, WI 53547-5210 or apply online at www.va.gov.
- You may obtain information and assistance from any Veterans Benefits Administration office or online at https://ask.va.gov.
- You may obtain assistance from a VA-accredited representative or Veterans Service Organization by visiting https://www.va.gov/get-help-from-accredited-representative/.

NOTE: You will not be denied Chapter 31 benefits if you do not have a mailing address as outlined in 38 U.S.C. 5126. However, if you do not have a mailing address, you need to write "NONE" on Question #5 and provide an alternative means of contact, either an address such as an address to a homeless shelter or P.O. Box or telephone number, so you can be scheduled for an initial evaluation appointment.

It is important that you check the box on Section II: Protection of Privacy Information Statement, to ensure that you will be provided appropriate vocational rehabilitation services. If you do not check the box, you will be required to sign a separate VA Form 28-8739a, Protection of Privacy Information Statement.

B. APPLICATION PROCESSING:

Your application will be processed upon receipt to determine if you meet the basic eligibility criteria. Below is the criteria that you must meet to be entitled to an initial evaluation and eligible for benefits under Chapter 31.

If you are a Veteran:

- **Compensable Service- Connected Disability Rating:**

You must have a qualifying compensable service-connected disability rating of at least 10 percent or more incurred or aggravated in service.

- **Qualifying Military Service:**

You must have a qualifying military service, served on active duty in the active military, naval, air, or space service.

- **Character of Service**:

- You must have been released or discharged unconditionally, having been eligible for complete separation from active service under honorable or other than dishonorable conditions, or
- You have completed a period of obligated service under other than dishonorable conditions despite a subsequent unconditional discharge, which the Department of Veterans Affairs (VA) considers issued under dishonorable conditions.

If you are a Service member awaiting discharge:

You are a Service member with an employment handicap who is hospitalized or receiving outpatient care for a service-connected disability pending discharge at a medical facility under contract or agreement with the Secretary concerned or under the jurisdiction of VA or the Secretary concerned, and you are suffering from disability(ies) that will likely be compensable at a rate of 20 percent or more

OR

You are a Service member who incurred a serious illness or injury in the line of duty that may render you unfit for duty.

Once you are determined to meet basic eligibility, you will receive an appointment letter for your initial evaluation to determine entitlement to Chapter 31 benefits. To establish entitlement to Chapter 31 benefits, you must meet one of these requirements:

- If your service-connected disability rating is 20% or higher, a Vocational Rehabilitation Counselor (VRC) must determine that you have an employment handicap.
- If your service-connected disability rating is 10%, a VRC must determine that you have a serious employment handicap.
- If you originally applied for Chapter 31 benefits after March 31, 1981, and before November 1, 1990; and you have at least a 10% service-connected disability rating, a VRC must determine that you have an employment handicap

If we are unable to establish your basic eligibility, we may need to request additional information from you to assist in establishing basic eligibility.

C. REAPPLICATION FOR CHAPTER 31 BENEFITS

If you previously applied for Chapter 31 services you can take one of the following actions:

1. If you disagree with the previous decision, and if you already submitted a request for a Supplemental Claim, Higher-Level Review, or an Appeal to the Board, you do not need to take action at this time. You must wait for the final decision on the review you requested.

2. If you want to reapply for services, you will need to complete this application and then if needed you may be asked to identify or provide new and relevant evidence to support your claim to be able to move forward with your request.

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). Your obligation to respond is required in order to obtain benefits. 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 (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response is required to obtain benefits (5 CFR 1320.8(b)(3)(iv)). Giving us your Social Security Number (SSN) information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c)(1). The VA will not deny benefits for any individual 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. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0009, and it expires 12/31/2028. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, 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 and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0009 in any correspondence. Do not send your completed VA Form 28-1900 to this email address.