OMB Approved No. 2900-0009
Respondent Burden: 15 minutes

Department of Veterans Affairs

DISABLED VETERANS APPLICATION FOR VOCATIONAL REHABILITATION
(Chapter 31, Title 38, U.S.C.)

PURPOSE OF VOCATIONAL REHABILITATION: Vocational Rehabilitation provides services and assistance to certain veterans with disabilities to get and keep a suitable job. If employment is not reasonably feasible, vocational rehabilitation may be able to provide services to support veterans with disabilities to achieve maximum independence in their daily living activities.
IMPORTANT: To see if you should fill out this form, please read the information on back.

1. FIRST, MIDDLE, LAST NAME OF VETERAN	2. SOCIAL SECURITY NO.	3. VA FILE NO. *(If different, from Item 2)*	4. DATE OF BIRTH *(Month, Day, Year)*

5A. MAILING ADDRESS *(No. and street or rural route, City, State and ZIP Code)*	6. DAYTIME TELEPHONE NO. *(Include Area Code)*	8. VA OFFICE WHERE RECORDS ARE LOCATED
5B. E-MAIL ADDRESS OF VETERAN *(If, available)*	7. EVENING TELEPHONE NO. *(Include Area Code)*	9. NUMBER OF YEARS OF EDUCATION

10. IF YOU ARE MOVING WITHIN THE **NEXT 30 DAYS**, GIVE US YOUR NEW ADDRESS

11. LIST ANY PREVIOUS VOCATIONAL REHABILITATION PROGRAMS YOU HAVE BEEN IN AND GIVE THE DATES *(Include both VA and non-VA programs)*

PROGRAM	DATE

DO NOT WRITE IN THIS SPACE (VA DATE STAMP)

12. SERVICE INFORMATION (Enter the following information for each period of active duty. Show ALL active duty)

SERVICE NUMBER *(Prefix and suffix)* (A)	BRANCH OF SERVICE (B)	DATE ENTERED ACTIVE DUTY (C)	DATE LEFT ACTIVE DUTY (D)	TYPE OF SEPARATION OR DISCHARGE (E)

13. IF YOU ARE NOW WORKING (Enter the following information for your current job)

A. NAME AND ADDRESS OF EMPLOYER	B. DUTIES OF YOUR JOB	C. MONTHLY SALARY OR WAGES

14. IF YOU ARE NOW HOSPITALIZED, WHAT IS THE NAME AND ADDRESS OF YOUR HOSPITAL?

15A. WHAT IS YOUR DISABILITY RATING?	15B. WHAT IS THE NATURE OF YOUR DISABILITY (DISABILITIES)?

16. DID YOU SERVE IN: *(Check ALL that apply)*

- ☐ WORLD WAR II
- ☐ POST WORLD WAR II ERA
- ☐ KOREAN CONFLICT
- ☐ POST KOREAN CONFLICT
- ☐ VIETNAM
- ☐ POST VIETNAM
- ☐ GULF WAR
- ☐ OPERATION ENDURING FREEDOM
- ☐ OPERATION IRAQI FREEDOM

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 statements concerning a material fact in a claim of vocational rehabilitation benefits is a punishable offense that may result in fine or imprisonment or both.

17A. SIGNATURE OF APPLICANT *(Do not print)* ***(Sign in ink)***	17B. DATE SIGNED

SUPERSEDES VA FORM 28-1900, JUN 1999, WHICH WILL NOT BE USED.

VOCATIONAL REHABILITATION FOR SERVICE-DISABLED VETERANS

TO APPLY OR RECEIVE INFORMATION AND ASSISTANCE:

- To apply, submit this completed application to the nearest VA office.
- You may obtain information and assistance from any VA office or on line at http://www.vba.va.gov/bln/vre/index.htm.
- Local representatives of veteran's service organizations and the American Red Cross also have information and forms available.

EVALUATION : If you have a VA combined service-connected disability rating of 10 percent or more and you apply for vocational rehabilitation, we will provide you a comprehensive evaluation. During this evaluation, a VA counselor will work with you to answer a variety of questions. Such as:

1. Do you meet the basic entitlement requirements?
2. Are you within the time limit for receiving this benefit? (This is generally 12 years from the date VA notified you that you had at least a 10% service-connected disability.)

PLANNING AND COUNSELING: Your counselor must first determine that you meet the entitlement requirements and an employment or independent living goal is reasonably feasible. Then your counselor will help you develop a plan of services and assistance to assist you to reach your employment goal. Counseling will be available throughout your program to help you with problems that may arise.

REHABILITATION SERVICES: Not all vocational rehabilitation programs involve training. You may only need employment services to help you get a suitable job. If a VA counselor determines that you need training to reach your vocational goal, your VA counselor will also determine the number of months of training you need. You may train in a vocational school, a special rehabilitation facility, an apprenticeship program, other on-job training position, a college, or a university.

If training is appropriate, VA will provide medical and dental care treatment, employment assistance to get and keep a suitable job, and other services you may need. If a vocational goal is not currently feasible for you, VA may provide services and assistance to improve your capacity for living independently.

SUPPORT: VA may pay for tuition, fees, books, equipment, tools, or other supplies you need to succeed in your program. During your program, you may qualify for a monthly subsistence allowance to help you meet your living expenses. The allowance you receive depends on your type of training, rate of attendance, and number of dependents. You will receive this allowance in addition to any VA compensation or military retired pay you may receive.

PRIVACY ACT: 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 (i.e. VA needs the information this form requests to help determine your eligibility to the benefit) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records, and published in the Federal Register. Your obligation to respond is required to obtain benefits. Giving us your Social Security Number (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.

RESPONDENT BURDEN: Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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.html#VA.** If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.