VA | U.S. Department of Veterans Affairs

PERSONALIZED CAREER PLANNING AND GUIDANCE (PCPG)
Information and Instructions for Completing this Application

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NOTE: VA Form 27-8832 is available on the internet at www.va.gov/vaforms.

PCPG BENEFITS ARE AVAILABLE IF YOU MEET ONE OF THE FOLLOWING CONDITIONS:

- You are a Veteran eligible for a educational benefit;
- You were discharged or released from active duty no more than 1 year ago under conditions other than dishonorable;
- You are currently on active duty with 6 months or less remaining before your scheduled release or discharge from service;
- You are an eligible dependent if you have Transfer of Entitlement (TOE) under Post-9/11 GI Bill (Chapter 33) benefits.

You may receive guidance on the following:

- **Education and Career Assessment Services** - this process can assist in developing a personalized plan for your next career steps. This includes an explanation of test results, exploration of potential objectives and assistance in developing a successful program.
- **Employment Services** - this process can assist to identify a suitable career goal, develop a plan, and identify resources for goal achievement.
- **Educational Services** - this process can assist to identify educational/vocational goals, develop a plan, and identify resources for goal achievement.
- **Counseling Services** - this process is an additional support service available for previous applicants who need extra assistance and were referred within the past year. It can provide supportive counseling to help address concerns and barriers.

HOW TO APPLY FOR PCPG BENEFITS

Apply online at Educational And Career Counseling (VA Chapter 36) | Veterans Affairs or complete this application and mail it to: Personalized Career Planning and Guidance (PCPG), Department of Veterans Affairs, P.O. Box 5210, Janesville, WI 53547-5210.

APPLICATION INSTRUCTIONS

Please complete only those areas which are applicable to you. The number on the instructions matches the item numbers on the application. Items not mentioned are self-explanatory. If you have a question, please contact VA at 1-800-827-1000 and request help.

Item 4. VA may have assigned the Veteran or Service member an eight-digit VA file number. If you know the number, write it in the space provided.

Item 13. "Child" includes biological, adopted children, stepchildren, or married children who have received Transfer of Entitlement with educational benefits remaining.

IMPORTANT: Do not use this form to apply for:

- Veteran Readiness and Employment (VR&E) benefits (Chapter 31), use VA form 28-1900, *Application for Veteran Readiness and Employment for Claimants with Service-connected Disabilities.*.
- Veteran's Education Assistance (Chapter 30, 32, 33, or 1606), use VA Form 22-1990, *Application for VA Education Benefits.*
- Survivors' and Dependents' Educational Assistance (Chapter 35), use VA Form 22-5490, *Dependents' Application for VA Education Benefits.*

These forms are available on the Internet at www.va.gov/vaforms.

OMB Approved No. 2900-0265
Respondent Burden: 15 minutes
Expiration Date: 07/31/2029

VA U.S. Department of Veterans Affairs

VA DATE STAMP
(For VA Use Only)

PERSONALIZED CAREER PLANNING AND GUIDANCE/CHAPTER 36

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. Ask us a question or call us toll-free at 1-800-698-2411 (TTY:711). VA forms are available at www.va.gov/vaforms. After completing the form, if returning the form by mail send to: Personalized Career Planning and Guidance, Department of Veterans Affairs, Evidence Intake Center, P.O. Box 5210, Janesville, WI 53547-5210.

SELECT THE SERVICES YOU ARE REQUESTING: (Check **ALL** that apply)

☐ Education and Career Assessment Services ☐ Employment Services ☐ Education Services ☐ Counseling Services

SECTION I - VETERAN SERVICE MEMBER INFORMATION

(This section should be completed by all applicants)

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 VETERAN SERVICE MEMBER (First-Middle-Last)

NOTE: Complete **ONE** of the following, either 2A, 2B, or 2C.

2. SOCIAL SECURITY NUMBER (SSN) – –

2B. INTEGRATION CONTROL NUMBER (ICN)

2C. ELECTRONIC DATA INTERCHANGE PERSONAL IDENTIFIER (EDIPI)

3. DATE OF BIRTH (MM-DD-YYYY) – –

4. VA FILE NUMBER *(If applicable)*

5. VETERAN/SERVICE MEMBER'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. E-MAIL ADDRESS ☐ I agree to receive electronic correspondence from VA in regards to my claim.

7.TELEPHONE NUMBER *(Include Area Code)* – –

Enter International Phone Number *(If applicable)* _____

NOTE: Enter the following information for each period of active duty service. If additional space is needed, use Item 21, Remarks

SERVICE DATES

8A. DATE ENTERED ACTIVE DUTY	Month	Day	Year	8B. DATE SEPARATED FROM ACTIVE DUTY OR PROJECTED SEPARATION DATE	Month	Day	Year

9A. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ COAST GUARD ☐ SPACE FORCE ☐ NOAA ☐ USPHS

9B. COMPONENT

☐ ACTIVE ☐ RESERVES ☐ NATIONAL GUARD

10. CHARACTER OF DISCHARGE

☐ HONORABLE ☐ OTHER THAN HONORABLE

11. ARE YOU CURRENTLY ATTENDING SCHOOL/TRAINING FACILITY?

☐ YES ☐ NO *(If "YES," What is the name of the school/training facility?)*

SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION
(Complete this section ONLY IF the claimant is NOT the veteran)

12. CLAIMANT'S NAME (First-Middle Initial-Last)

13. SOCIAL SECURITY NUMBER (SSN) – –

14. DATE OF BIRTH (MM-DD-YYYY) – –

15. VA FILE NUMBER *(If applicable)*

16. RELATIONSHIP TO VETERAN *(Check one)*

☐ SPOUSE ☐ CHILD

17. MAILING ADDRESS OF CLAIMANT *(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 –

18.TELEPHONE NUMBER *(Include Area Code)* – –

Enter International Phone Number *(If applicable)* _____

19. E-MAIL ADDRESS ☐ I agree to receive electronic correspondence from VA in regards to my claim.

20. ARE YOU CURRENTLY ATTENDING SCHOOL/TRAINING FACILITY?

☐ YES ☐ NO *(If "YES," What is the name of the school/training facility?)*

SECTION III - 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.)*

SECTION IV - CERTIFICATION AND SIGNATURE

22. **I CERTIFY THAT** I have completed this statement and that its information is true and correct to the best of my knowledge and belief.

22A. VETERAN/SERVICE MEMBER/CLAIMANT SIGNATURE *(REQUIRED)*

22B. DATE SIGNED (MM-DD-YYYY) – –

SECTION V - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN *(Alternate Signer)*

(NOTE: Required only if Item 22A is blank)

NOTE: An alternate signer signature will not be accepted unless a valid VA Form 21-0972, Alternate Signer Certification, is of record or attached to this request.

I certify that by signing on behalf of the claimant, that I am a court-appointed representative; OR, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; OR, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; OR, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; AND, that the claimant is under the age of 18; OR, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; OR, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary.

Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

SECTION V - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN *(Alternate Signer) (CONTINUED)*

(NOTE: Required only if Item 22A is blank)

23A. ALTERNATE'S SIGNATURE *(Check one)* ☐ PARENT ☐ GUARDIAN ☐ CUSTODIAN

23B. DATE SIGNED (MM-DD-YYYY)

☐☐ – ☐☐ – ☐☐☐☐

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

☐☐☐ – ☐☐☐ – ☐☐☐☐

Enter International Phone Number *(If applicable)* _____

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.

PRIVACY ACT NOTICE: The responses you submit are considered confidential (38 U.S.C. 5701). Your response is required 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. 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. You are required to provide your Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act and specifically may disclose them for purposes stated above.

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 2900-0265, and it expires 07/31/2029. 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. 2900-0265 in any correspondence. Do not send your completed VA Form 27-8832 to this email address.