OMB Control No. 2900-0882
Respondent Burden: 10 minutes
Expiration Date: 02/29/2024

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

CHAPTER 31 REQUEST FOR ASSISTANCE

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to submit a request for assistance with your Chapter 31 benefits. For more information, contact us at https://www.va.gov/contact-us, or call us toll-free at 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.

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. CLAIMANT'S NAME (First, Middle Initial, Last)

2. VA FILE NUMBER

3. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

4. TELEPHONE NUMBER(S) (Include Area Code)

Daytime: – –

Cell phone: – –

International Telephone Number (If applicable):

5. E-MAIL ADDRESS (Optional) ◯ I agree to receive electronic correspondence from VA in regards to my claim.

SECTION II: ASSISTANCE YOU ARE REQUESTING
(IMPORTANT: Sections II and III must be completed in order to process your request)

6. SELECT THE ASSISTANCE YOU ARE REQUESTING, BELOW:

- ◯ WITHDRAW MY APPLICATION FOR CHAPTER 31 BENEFITS
- ◯ REQUEST FOR A REVOLVING FUND LOAN
- ◯ REQUEST FOR REIMBURSEMENT
- ◯ MITIGATING CIRCUMSTANCES FOR REDUCTION OR COMPLETE WITHDRAWAL FROM TRAINING
- ◯ OTHER (Specify)
- ◯ REQUEST TO DISCONTINUE MY CHAPTER 31 PROGRAM AND CLOSE MY CASE
- ◯ REQUEST FOR SUPPLIES OR EQUIPMENT TO PARTICIPATE IN MY REHABILITATION PROGRAM
- ◯ DISCUSS AN ISSUE/CONCERN REGARDING MY REHABILITATION SERVICES

SECTION III: ADDITIONAL INFORMATION NEEDED TO PROCESS REQUEST
(Use this section to describe and explain the reason for the requested assistance)

7. REMARKS

SECTION IV: CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have filled this form out completely and that it is true and correct to the best of my knowledge and belief.

8A. SIGNATURE OF CLAIMANT	8B. 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.

PRIVACY ACT NOTICE: 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, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response is voluntary.

RESPONDENT BURDEN: This form is used to submit a request for assistance by a Chapter 31 claimant. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.