

. Current Ed Cert IVR Script

I. Initial Access of Record: All callers will first hear:

A. Greeting:

1. *Welcome to the Department of Veterans Affairs Education Certification system.*
(Phrase name: EdCertGreeting)

2. The system will speak:

"If you have a touch-tone phone and you are calling to certify that the status of your enrollment has not changed since last month, please press "1".

"If there are changes to report in your educational status, press "2."

"If you need other information about VA educational benefits, press "3."

"If you wish to hear information about why this certification is required, press "4."

"If you wish to hear information about how long it will take you to complete this certification, press "5."

"If you do not have a touch-tone phone, we are unable to process your certification on this system."

"To hear this message again, press the star key."

(Phrase name: CertMainMenu)

B. Pressing "2", Callers with a change to report:

These callers will hear this message:

"To report a change in your enrollment status, dates of enrollment, or the number of hours or units for which you're currently enrolled, please visit our website at www.gibill.va.gov and click on WAVE, or call 1-888-GIBILL1 if you do not have access to the Web. Also, be sure to notify your school's VA Certifying Official of the changes. Thank you for calling." Terminate call.

(Phrase name: ToReportAChange)

C. Pressing "3", Non-touchtone callers, or callers making no inputs:

Callers will be advised to visit the Education website or call 1-888-GIBILL1 during normal business hours. Play these messages:

D

"For information regarding Educational benefits, please visit our website at www.gibill.va.gov, You may also reach a VA Educational specialist by calling 1-888-GIBILL1 during regular business hours Monday through Friday.

(Phrase name: ForInformation)

Thank you for calling." Terminate call.

(Phrase name: ThankYouForCalling)

D. Pressing "4"

Play this message:

We will use the information you provide to determine your continuing eligibility for education benefits and proper amount payable. Under title 38, section 3684 of the United States Code, we cannot pay you any additional benefits until we receive this information. Your responses are considered confidential under title 38, section 5701 of the United States Code, and may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register. Information you provide may be verified through computer matching programs with other agencies.

(Phrase name: InfoWhyRequired)

Then return caller to CertMainMenu.

E. Pressing "5"

Play this message:

We estimate that it will take the average person about 4 minutes a month to provide the information requested. That includes the time for reviewing instructions, gathering the information needed and completing the verification. VA may not conduct or sponsor, and you are not required to respond to a collection of information unless the collection has a valid OMB Control Number. The OMB Control Number for monthly verification of enrollment is 2900-0465 based on VA Form 22-8979, Monthly Verification of Enrollment. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, call 1-888 442-4551 for mailing information on where to send your comments.

D

(Phrase name: InfoHowLong)

Then return caller to CertMainMenu).

Processing Requests for Certification

Pressing "1":

1. Callers pressing "1" will hear this message:

"Please enter your VA claim number, followed by the pound sign."

(Phrase name: EnterClaimNumber)

2. If no response.

- a. Re-prompt after 30 seconds; NOTE: Application is not currently doing this.
- b. If no response after an additional 30 seconds, play this message:

"Since you did not respond, we are unable to process your certification. If you have questions about certification, please visit our website at www.gibill.va.gov. You may also reach a VA Educational specialist by calling 1-888-GIBILL1 during regular business hours Monday through Friday.

(Phrase name: YouDidNotRespond)

Thank you for calling.

(Phrase name: ThankYouForCalling)

3. If inputs are made, the system will look for either 8 or 9 digits.

- a. If less than 8 digits are input and:
 - 1) A pound sign is input or
 - 2) There is an interval of 10 seconds after the last <8 digit input, or
- b. If more than 9 digits are input

Re-prompt for the file number by playing this message:

"You did not enter the correct number of digits for a VA claim number. Your VA claim number is either your social security number or an 8-digit number assigned to you by VA. If you have a question regarding your correct VA claim number, please visit our website at www.gibill.va.gov. You may also reach a VA Educational specialist by calling 1-888-GIBILL1 during regular business hours Monday through Friday. Please re-enter your VA claim number, followed by the pound sign.

D

(Phrase name: EnteredWrongNumberOfDigits)

b. If the caller again enters less than 8 digits or more than 9, play the above message again.

c. If the caller again enters less than 8 digits, or more than 9, play this message:

"We are unable to process your certification. If you have questions about certification, please visit our website at www.gibill.va.gov. You may also reach a VA Educational specialist by calling 1-888-GIBILL1 during regular business hours Monday through Friday.

(Phrase name: MustUseMailedForm)

"Thank you for calling."

(Phrase name: ThankYouForCalling)

d. Under these three (3) circumstances:

- 1) If there are eight digits input, followed by a pound input;
- 2) If there were nine digits, followed by a pound input;
- 3) If there were eight or nine digits and no input within 10 seconds;

the system will look to Characters 10-18 of the record extract for a match and play this message:

"Please hold while we access your record."

E. No Match Cases

1. If no record match is found in the record extract database, the system will play this message:

"You have entered xxxxxxxx (claim number). We are unable to locate a record under that number. Please reenter your file number."

2. The system will then follow the routine in section D above.

3. If no record is found the second time, the system will play this message:

"We are unable to process your certification. If you have questions about certification, please visit our website at www.gibill.va.gov. You may also reach a VA Educational

D

specialist by calling 1-888-GIBILL1 during regular business hours Monday through Friday.

"Thank you for calling."

(Phrase name: ThankYouForCalling)

(Phrase name: MustUseMailedForm) – Change

F. Record Extract Located

1. If the veteran's input of his/her claim number matches a record in the extract, there will be a security prompt:

"Please enter the first five digits of your ZIP code."

2. If inputs are made, the system will look for 5 digits.

a. If less than 5 digits are input, and there is an interval of 15 seconds after the last (<5) digit input,

or

If more than 5 digits are input:

"You did not enter the correct number of digits. Please re-enter the first five digits of your ZIP code."

(Phrase name: ReenterZipCode)

b. If the caller again enters less than 5 digits, replay the above message.

c. If the caller again enters less than 5 digits, play this message:

"We are unable to process your certification. If you have questions about certification, please visit our website at www.gibill.va.gov. You may also reach a VA Educational specialist by calling 1-888-GIBILL1 during regular business hours Monday through Friday."

(Phrase name: MustUseMailedForm)

"Thank you for calling."

(Phrase name: ThankYouForCalling)

D

3. The ZIP entered will be compared to characters 35-39 of the file line. If ZIP Code entry does not match:

a. Play this message:

"You have entered xxxxx (ZIP code).

(Phrase name: YouHaveEntered)

This ZIP code does not match the one we have on your records. Please re-enter your ZIP code. If you have questions about certification, please visit our website at www.gibill.va.gov. You may also reach a VA Educational specialist by calling 1-888-GIBILL1 during regular business hours Monday through Friday.

(Phrase name: ZipDoesNotMatch)

b. If the ZIP is re-entered and matches the one on the extract, see G below.

c. If the ZIP again does not match, play this message:

"You have entered xxxxx (ZIP code)."

(Phrase name: YouHaveEntered)

Since this ZIP code does not match the one we have on your records, we are unable to process your certification. If you have questions about certification, please visit our website at www.gibill.va.gov. You may also reach a VA Educational specialist by calling 1-888-GIBILL1 during regular business hours, Monday through Friday.

(Phrase name: ZipRetryMismatch)

Thank you for calling." Terminate call.

(Phrase name: ThankYouForCalling)

G. Record Extract Matches Claim Number and ZIP Code

1. If the system has been able to locate a record extract from the claim number entered, and the ZIP code entered matches the one on the extract, the application will compare the current date with the dates in **characters 27-34 of the file extract line, (Date Last Certified)** and **characters 54-61, (Award No Pay Date)**.

D

a. If the current date is earlier than the last day of the current month and the DLC (characters 27-34 of the file extract line) is equal to the first day of the current month, the veteran has already certified through WAVE, by placing a previous IVR call, or by contacting an Educational Specialist through 1-888-GIBILL1. Or he or she may be attempting to certify for the next month. Play this message:

"Our records show that you have already certified your continued enrollment through last month. If you have not received a check and more than (variable e.g. 10)..."

(Phrase name: AlreadyCertified

days have elapsed since you certified, please hang up and visit our website www.gibill.va.gov or call 1-888-GIBILL1 during normal business hours Monday through Friday for assistance. If you are calling to certify for this month, please place your call on or after the last day of the month. Thank you for calling.

(Phrase name: DaysSinceYouCertified

EXAMPLE: The above message would be played if the caller called on May 26, 1999 and the date last certified on line 3 of the sample file extract was May 1, 1999, but not if the call was received on May 31, 1999.

b. If the current date is the last day of the month and the DLC is equal to or earlier than the first day of the current month;

or

If the current date is earlier than the last day of the month and the month of the DLC is earlier than the current month;

Then the system will produce a transaction as outlined in section 4.6 above.

c. The system will verify to the caller that the certification has been processed:

1) If the application has based the date in characters 17-24 of the transaction line on the date shown by characters 54-61 of the file extract line (i.e. the last day of the month and year in characters 27-34 is later than the day before the date in characters 54-61) play this message:

"Thank you. You are now certified through (Variable: the date one day earlier than the date in characters 54-61),

D

(Phrase name: YouAreCertified)

the end of your last enrollment period.

(Phrase name: EndOfEnrollment)

*You will receive your payment for this period in approximately 7-10 days.
Good-bye."*

(Phrase name: WillReceivePayment)

SAMPLE CASE 1:

File Extract Record:

111223333111223333197011012001040119002
LVSTUBS31620010615A

Call Received: June 30, 2001

Transaction Line:

LVSTUBS33111223320010614316AP

Caller Hears:

*"Thank you. You are now certified through June 14, 2001, the end of
your last enrollment period. You will receive your payment for this
period in approximately 7-10 days. Good-bye.*

- 2) If the application has based the date in characters 17-24 of the transaction line on the current date, (i.e. the last day of the month and year of the month preceding the current date or the current date itself if the call is received on the last day of the month) play this message:

*"Thank you. You are now certified through (Variable: the date one day
earlier than the date in characters 54-61),*

(Phrase name: YouAreCertified)

*You will receive your monthly payment for this period in approximately
7-10 days. Good-bye.*

(Phrase name: WillReceivePayment)

D

SAMPLE CASE 2:

File Extract Record:

**111223333111223333197011012001060119002
LVSTUBS31620010915B**

Call Received: June 30, 2001

Transaction Line:

LVSTUBS33111223320010701316BP

Caller Hears:

"Thank you. You are now certified through June 30, 2001. You will receive your monthly payment for this period in approximately 7-10 days. Good-bye.

D



Veterans Benefits Administration

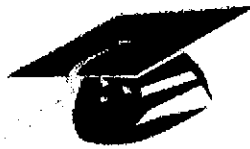
GIBILL Homepage

Frequently Asked Questions

Lost PIN/ Password

Login Instructions

Policies & Disclaimers



W.A.V.E. Web Automated Verification of Enrollment

You have reached a web server that is the property of the United States Government. Unauthorized use of this system will result in criminal prosecution.

NOTE: You MUST have a current or active benefit award for MGIB-Active Duty (Chapter 30) or MGIB Selected Reserve (Chapter 1606) in our system. REAP (Chapter 1607) students do not have to verify at this time.

First Time Users - Please review the Log-in Instructions

First Name: [input field]

Last Name: [input field]

File Number: [input field]

Password/PIN: [input field]

LOG IN

NOTICE:

- When you are finished using W.A.V.E., make sure that you click on the icon labeled "LOGOUT". Failure to do so will prevent you from logging back in for up to 25 minutes. This site uses a cookie. The cookie does not contain any personal information. The cookie is used to store two numbers, a sequential number (ID) and a random number (token), both generated by the web server. The web server uses these to identify web page content to be sent to the browser.

W.A.V.E. Privacy Information





W.A.V.E. Privacy Information

User: **Not Logged In**

Privacy Act and Paperwork Reduction Act Notice

When asking people for personal information, the Department of Veterans Affairs (VA) must follow the Privacy Act of 1974, the Paperwork Reduction Act of 1995, and Office of Management and Budget (OMB) regulations.

Why do we need this information?

We need this information to determine your continuing eligibility for education benefits and the proper amount payable.

What authority do we have to collect this information?

Title 38 United States Code, section 3684 authorizes us to collect this information. You don't have to complete this form and we can't require you to respond unless this form's OMB Control Number (2900-0465) is valid. The OMB Internet Home Page (www.whitehouse.gov/OMB/index.html) shows the OMB Control Numbers for VA approved forms.

What happens if you don't give us this information?

If you don't give us this information, we may be unable to give you the benefit you're asking for. Giving this information is required for receiving a benefit.

Can we give this information to people outside VA?

We can release information outside VA only when the Privacy Act of 1974 or our confidentiality law (38 USC 5701) allows it. These laws allow us to release the information you put on this form to people outside VA in certain situations. You can find the situations and information when we can release your information in the description of VA's systems of records in the Federal Register. In some cases, the law allows us to release information even if you don't agree to it.

Some examples of situations where information might be released to people outside VA include:

- communicating with members of Congress or other representatives to answer an inquiry you requested
- collecting debts owed the Federal Government
- enforcing civil or criminal law
- comparing with information kept by other Federal agencies

The information we receive may be used to establish or verify your eligibility for VA benefits and debt collection. In all other cases, we must get your written permission before we give information to people outside VA.

How long will it take to complete this form?

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We estimate you'll need about 4 minutes to complete this form. This includes the time to read the instructions, gather the necessary information, and fill out the form.

Do you have comments about the time needed to complete this form?

If you have comments about how long it took you to complete the form or have any suggestions for reducing this time, please call 1-888-442-4551 and ask where you should send your comments.

[MAIN PAGE](#) [FAQ](#) [HELP/INFO](#) [CONTACT](#) [LOG OUT](#)

E



Veterans Benefits Administration

STELL HOMEPAGE

Frequently Asked Questions

Lost PIN/Password

LOGIN Instructions

Policies & Disclaimers



W.A.V.E. Web Automated Verification of Enrollment

Main Login

You have reached a web server that is the property of the United States Government. Unauthorized use of this system will result in criminal prosecution.

NOTE: You MUST have a current or active benefit award for MGIB-Active Duty (Chapter 30) or MGIB Selected Reserve in our system.

First Time Users - Please review the Log-in Instructions

First Name:

Last Name:

File Number:

Password/PIN:

LOG IN

- **NOTICE:** When you are finished using W.A.V.E., make sure that you click on the icon labeled "LOGOUT". Failure to do so will prevent you from logging back in for up to 25 minutes.

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Change Password (Required on first login)

Change Password/PIN

user: ssiyth

Please enter the information below to permanently change your password.

Note: Passwords may be alphanumeric, up to six characters in length.

Old Password:

New Password:

Verify New Password:

*****WARNING***** It is your responsibility to keep your WAVE password confidential and secure.

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Dear Sir/Madam:

Benefit Status Information

Verify Monthly Enrollment Status

Your Last Wave Verification

Direct Deposit Enrollment Form

Email Address Settings

Change Password

Exit Wave

Note:

- We are experiencing a high volume of returned Email. Please verify the Email address you provided WAVE by using the 'Email Address Settings' link above. If the address is incorrect simply correct the address displayed in the field and resubmit the form by clicking the SEND button.
- All automated Email messages generated by the WAVE application will come with a "FROM" address of: **WAVE@vba.va.gov**. If you are using any Email filters, you may need to adjust your filters to allow these messages to be placed in your "Inbox".

FIRST PAGE

U

Welcome back, Salazar Slytherin!

Verify Enrollment page (From Main Menu)

You have successfully logged into the WAVE system on Jan 16, 2003. You last visited our site on Mon, November 18, 2002 at 2:06 PM.

Full Name: Salazar Slytherin
File Number: 999999997
Address: 4 Privet Drive
Little Whinging
Surrey
Zip Code: 54321

If your address is incorrect, please click the "Change Address" button below. You will then be able to submit your address change information to your RPO using the WAVE email system.

[Change Address](#) [Change Login Password](#)

Instructions for verification:
Period(s) to be Verified: Shows your enrollment as reported by your school from the date of your last verification. If the information shown is correct, click the "Submit Enrollment" button. If the information is not correct, click the "Change Enrollment" button. You will then be sent to a page where you can correct your information.

Note: The first date shown is the first date to be verified and may not be the beginning date of your enrollment period. Dates shown may include normal breaks between school terms and within terms.

Periods to be Verified

The following enrollment period must be verified for payment:

| Begin Date | End Date | Credits | Training Time |
|----------------|------------------|---------|---------------|
| October-1-2002 | December-31-2002 | 12 | Full Time |

[Submit Enrollment](#) [Change Enrollment](#) [Benefit Status](#)

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2ND PAGE

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http://10.2.17.32/wave_production/scripts/submt_0979.cfm?Submit=Y

Department of Veterans Affairs
Benefits Administration

Verify Enrollment page

Submit Your Enrollment

User: sslych

I CERTIFY THAT the following information is true and correct to the best of my knowledge and belief for the period(s) shown below.

| Start Date | End Date | Hours | Training Time |
|----------------|------------------|-------|---------------|
| October-1-2002 | December-31-2002 | 12 | Full Time |

PENALTY - Willful false reports concerning benefits payable by VA may result in a fine, imprisonment, or both.

Submit

Edit

**NO CHANGE
PAGE 1**

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http://10.2.17.32/wave_production/scripts/submit_8979.cfm?NCDone=Y

Department of Veterans Affairs
Benefits Administration

Verify Enrollment Complete - Success

Your Verification of Form 8979 Is Complete

User: sslyth

Thank you Salazar Slycerin for verifying your enrollment. The information shown below will be submitted to your Regional Processing Office for processing during the next regular business day. WAVE will not show that your record is updated until the Regional Processing Office has completed all of their actions.

| Start Date | End Date | Hours | Training Time: |
|----------------|------------------|-------|----------------|
| October-1-2002 | December-31-2002 | 12 | Full Time |

PENALTY - Willful false reports concerning benefits payable by VA may result in a fine, imprisonment, or both. You may print a copy of your verification of enrollment for your records by using the browser's print button.

Benefit Status

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*NO
CHECK
PAGE 2*

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W.A.V.E.

Web Automated Verification of Enrollment

New Case Change Enrollment Example

You have reached a web server that is the property of the United States Government. Unauthorized use of this system will result in criminal prosecution.

NOTE: You MUST have a current or active benefit award for MGIB-Active Duty (Chapter 30) or MGIB Selected Reserve in our system.

First Time Users - Please review the Log-in Instructions

| | |
|---------------|------------|
| First Name: | Godric |
| Last Name: | Gryffindor |
| File Number: | 9999999999 |
| Password/PIN: | |

LOG IN

NOTICE:

- When you are finished using W.A.V.E., make sure that you click on the icon labeled "LOGOUT". Failure to do so will prevent you from logging back in for up to 25 minutes.

CHANGE
DATE

M

Veterans Benefits Administration

MGIB Homepage

Frequently Asked Questions

Lost PIN/Password

Log-in Instructions

Privacy & Disclosures

Verify Your Enrollment

Verify Enrollment from Main Menu

Welcome back, Godric Gryffindor!

You have successfully logged into the WAVE system on Jan 16, 2003. You last visited our site on Tue, December 10, 2002 at 3:42 PM.

Full Name: Godric Gryffindor
File Number: 999999999
Address: 4 Privet Drive
Little Whinging
Surrey
Zip Code: 54321

If your address is incorrect, please click the "Change Address" button below. You will then be able to submit your address change information to your RPO using the WAVE email system.

[Change Address](#) [Change Login Password](#)

CHANGES
W1

Instructions for verification:

Period(s) to be Verified: Shows your enrollment as reported by your school from the date of your last verification. If the information shown is correct, click the "Submit Enrollment" button. If the information is not correct, click the "Change Enrollment" button. You will then be sent to a page where you can correct your information.

Note: The first date shown is the first date to be verified and may not be the beginning date of your enrollment period. Dates shown may include normal breaks between school terms and within terms.

Periods to be Verified

The following enrollment period must be verified for payment:

| Begin Date | End Date | Credits | Training Time |
|----------------|------------------|---------|---------------|
| October-1-2002 | December-15-2002 | 7 | Half Time |

[Submit Enrollment](#)

[Change Enrollment](#)

[Benefit Status](#)

Change Enrollment (click EDIT button)



USER: GGRYFF

Full Name: Godric Gryffindor
File Number: 9999999999

Periods to be Verified:

The period(s) listed below must be verified for payment. To correct a period, click "Edit" next to the period you wish to correct. Enter the correct information for the selected period in the form provided.

Please be sure to notify your school of all changes made below.

*CHANGE
INFORM GRYFF
III*

| Begin Date | End Date | Hours | Remaining Time | EDIT |
|----------------|------------------|-------|----------------|------|
| October-1-2002 | December-15-2002 | 7 | Half Time | |

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http://10.2.17.32/wave_production/scripts/correcd_8979_form.cfm

Department of Veterans Affairs
Veterans Benefits Administration

Change Enrollment Screen

Direct Your Enrollment

Student: Gryff

Full Name: Godric Gryffindor
File Number: 999999999

Use this form to correct the information for the award period shown:

| Begin Date | End Date | Hours | Training Time |
|----------------|------------------|-------|---------------|
| October-1-2002 | December-15-2002 | 7 | Half Time |

Date of Change: If you withdrew from all classes,
 Total Hours After Change: enter 0 for the total number of hours after change.

Reason For Change:

Date of Change: If you withdrew from all classes,
 Total Hours After Change: enter 0 for the total number of hours after change.

Reason For Change:

Date of Change:


*CHANCE
 14509999999
 III*

Use this form to correct the information for the award period shown:
Change Enrollment Screen (Bottom Portion)

| Begin Date | End Date | Hours | Rating Time |
|----------------|------------------|-------|-------------|
| October-1-2002 | December-15-2002 | 7 | Half Time |


Date of Change: If you withdrew from all classes, enter 0 for the total number of hours after change.

Total Hours After Change:

Reason For Change: 


Date of Change: If you withdrew from all classes, enter 0 for the total number of hours after change.

Total Hours After Change:

Reason For Change: 

Date of Change: If you withdrew from all classes, enter 0 for the total number of hours after change.

Total Hours After Change:

Reason For Change: 

SAVE

CANCEL

*CHADICE
IN FARM BRICK
W*

Change Enrollment Confirmation of User Input Screen



Student: GCMYH

I CERTIFY THAT the following information is true and correct to the best of my knowledge and belief for the period highlighted below.

| Start Date | End Date | Hours: | Training Time: |
|--------------------|------------------|------------|--|
| October-1-2002 | December-15-2002 | 7 | Half Time |
| New Start Date(s): | | New Hours: | Reason(s) For Change: |
| Nov-04-2002 | | 5 | My dog had puppies and I had to care for them. |

PENALTY - Willful false reports concerning benefits payable by VA may result in a fine, imprisonment, or both.

SAVE

BACK

MAIN PAGE FAQ HELP/INFO CONTACT LOG OUT

Handwritten: CHANCE FOR PUPPIES

Handwritten: AI

http://102.17.32/wave_production/scripts/submit_8979.cfm?CHDone=Y

Department of Veterans Affairs
Veterans Benefits Administration

Change Enrollment Success Screen

Your Verification of Form 8979 Is Complete

User: cgriff

Thank you Godric Gryffindor for verifying your enrollment. The information shown below will be submitted to your Regional Processing Office for processing during the next regular business day. WAVE will not show that your record is updated until the Regional Processing Office has completed all of their actions.

| Start Date | End Date | Hours | Training Time |
|----------------|------------------|-------|---------------|
| October-1-2002 | December-15-2002 | 7 | Half Time |

| New Start Date(s) | New Hours | Reason(s) For Change |
|-------------------|-----------|--|
| Nov-04-2002 | 5 | My dog had puppies and I had to care for them. |

PENALTY - Willful false reports concerning benefits payable by VA may result in a fine, imprisonment, or both. You may print a copy of your verification of enrollment for your records by using the browser's print button.

Benefit Status

[MAIN PAGE](#) [FAQ](#) [HELP/INFO](#) [CONTACT](#) [LOG OUT](#)

*CHANGE
1/15/05 MGS/104*

U

Department of Veterans Affairs
Veterans Benefits Administration

Student: sslyth

Benefit Status page

INTERNAL USE ONLY

Thank you for using WAVE to check your benefit status. Please note that it takes 3 to 5 days to process all on-line verifications through the WAVE system. The information provided below is the most current information we have on file in this system for payments made to you. If you do not see payment information for a certification you submitted using our system, please check back again later.

Payee Information:

Full Name: Salazar Slytherin
Claim Number: 999999997
Address: 4 Privet Drive
Little Whinging
Surrey
Zip Code: 54321

If your address is incorrect, please click Change Address. You will then be able to submit your address change information to your RPO using the WAVE email system.

Your Last Verification Information:

Last Check or Direct Deposit Amount: \$272.00

Your School Attendance:

The following information is taken directly from your VA record. The dates displayed may or may not actually represent dates your training started or stopped. For example, if you were paid across a break the date will not show the start of the next semester, and a date of October 1, generally represents a rate change. Due to space limitations we have only displayed a limited amount of information.

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Your address is incorrect, please click [Change Address](#). You will then be able to submit your address change information to your RPO using the WAVE email system.

Benefit Status page - 2

Your Last Verification Information:
 Last Check or Direct Deposit Amount: \$272.00

11/15/05 ONLY

Your School Attendance:
 The following information is taken directly from your VA record. The dates displayed may or may not actually represent dates your training started or stopped. For example, if you were paid across a break the date will not show the start of the next semester, and a date of October 1, generally represents a rate change. Due to space limitations we have only displayed a limited amount of information.

| Start Date: | End Date: | Credits: | Status: |
|-------------|-------------|----------|-----------|
| Oct-01-2001 | Sep-07-2002 | 12 | Full Time |
| Sep-08-2002 | | 12 | Full Time |
| Oct-01-2002 | Sep-06-2003 | 12 | Full Time |

W

Enrollment Requiring Verification:

| Start Date: | End Date: | Credits: | Status: |
|----------------|------------------|----------|-----------|
| October-1-2002 | December-31-2002 | 12 | Full Time |

Additional Educational Benefits Information:
 Benefits are not payable after: Oct-28-2005

[Verify Enrollment](#)

WAVE Information Center

Change Address page



To contact the VA Regional Office, please complete the form below.

To: buffrpo@vba.va.gov

Subject: Address Change Notification

Your Email Address: _____

Name: _____
Please enter a valid email address.

File Number: _____
Please enter your file number without dashes.

Address: _____

Address line 2: _____

Address line 3: _____

Address line 4: _____

Address line 5: _____

Address line 6: _____

SEND

[MAIN PAGE](#) [FAQ](#) [HELP/INFO](#) [CONTACT](#) [LOG OUT](#)

INFORMATIVE ONLY

W

Department of Veterans Affairs
Veterans Benefits Administration

Direct Deposit page

Online Direct Deposit Enrollment

US9 SSVth

ATTENTION VA BENEFICIARY!
WE'VE MADE ENROLLING IN DIRECT DEPOSIT EASIER THAN EVER!

Direct deposit is the safest, fastest and most efficient method to receive your payment. In addition, you no longer have to worry about your check being late, lost or stolen. If you would prefer to mail this form instead of submitting it online, take a look at our Direct Deposit printer-friendly page (displayed in a new browser window).

NOTE: The "Dept Collection Improvement Act of 1996" which was signed into law on April 26, 1996 required all Federal payments to be made by Electronic Funds Transfer (EFT or Direct Deposit) beginning January 1, 1999. Waivers will be available where the conversion from paper checks imposes a hardship.

OMB Approved No. 2900-0564
Respondent Burden: 2 minutes

NOTE: Please read the Privacy Act and Respondent Burden Information.

SECTION I - VA BENEFICIARY INFORMATION

NAME OF BENEFICIARY:

Salezar Sylvester

BENEFICIARY CLAIM NUMBER: 999999997

TYPE OF BENEFIT: Compensation or Pension Education

14 February 1999

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TYPE OF BENEFIT: Compensation or Pension Education **Direct Deposit page - 2**

VA CLAIM NUMBER OR SOCIAL SECURITY NUMBER: _____
TELEPHONE NUMBERS: (PLEASE PROVIDE YOUR TELEPHONE NUMBER IN THE EVENT THAT WE NEED TO CONTACT YOU.)
(INCLUDE AREA CODE)

Daytime: _____ Evening: _____

SECTION II - FINANCIAL INSTITUTION INFORMATION

Please provide the following information. You can call your financial institution or copy the information from a personal check.

ROUTING TRANSIT NUMBER: _____ (Must be 9 digits long)

ACCOUNT NUMBER: _____

(Please check the appropriate box:)

- Checking
- Savings

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

14 Form 07/02 ONLY

41

Direct Deposit page - 3

ADDRESS OF FINANCIAL INSTITUTION:

TELEPHONE NUMBER OF FINANCIAL INSTITUTION:

SECTION III - PAYEE CERTIFICATION

I certify that I am entitled to the payment above, and that I have read and understand this form. By submitting this form, I authorize my payment to be sent to the financial institution named above, to be deposited to the designated account.

YOUR E-MAIL ADDRESS:

YOUR MAILING ADDRESS:

Check here if this is a change of address:

SEND

RESET

ALL FINANCIAL INSTITUTIONS ONLY

W

Browser interface showing address bar with URL: http://10.2.17.32/wave/scripts/GeteMail.cfm

Department of Veterans Affairs
Veterans Benefits Administration

Update E-mail address from Main Menu

Navigation menu with icons and text: Mail Address Settings, User: SSlvth

We currently do not have an Email address on file for your account.

A couple of new and future enhancements to the WAVE system will require that we have your Email address. You are not required to provide us your Email address. However, having your Email address on file will allow the WAVE system to send your password to you should you forget it. We are also in the process of developing a notification that will be Emailed each month to veterans reminding them to verify their enrollment.

Note: All automated Email messages generated by the WAVE application will come with a "FROM" address of: WAVE@vba.va.gov. If you are using any Email filters, you may need to adjust your filters to allow these messages to be placed in your "Inbox".

Email Address: _____

Send me a monthly reminder when I have enrollments that require verification

I do not have and/or do not want to provide an Email address

SEND

14 JAN 1985

41



Frequently Asked Questions Link

Frequently Asked Questions

VA Educational Benefits

User: Not Logged In

- Which RPO office handles my claims?
- Can you change programs?
- Must you maintain satisfactory attendance, conduct, and progress?
- What must you do to qualify?
- What should you do if you disagree with a VA decision?
- How do you receive monthly payments?
- What should you do if you do not receive a check or verification form?
- May you attend part-time?
- Can you receive an advance payment?
- Can you receive payments by direct deposit?

Your Responsibilities

- Change in your enrollment
- Change of address
- Change in selected reserve status
- Change in dependency
- What happens if you change your enrollment?
- How can you prevent overpayments?
- What happens if you have an overpayment?

Can you change programs?

If you change your educational, professional, or vocational objective and this change requires a change in the courses you are taking, VA considers this a change of program. The law permits one change of program without prior VA approval if your attendance, conduct, and progress in the last program were satisfactory. VA may terminate additional changes if the program was not satisfactory. VA may

INFORMATIVE ONLY

ATTACHMENT F
Information collection calculations

The number of respondents (429,488) is based on the average yearly number of individuals we expect to collect this information from during the fiscal years 2006 through 2008. The frequency (verifications or responses per year) is based on our records for FY 2004 and 2005.

| Benefit | # of Trainees | Frequency/yr | # of Verifications/yr |
|---------------|----------------|--------------|-----------------------|
| Chapter 30 | 342,064 | 5.1 | 1,744,526 |
| Chapter 32 | 19 | 5.1 | 97 |
| Chapter 35 | 3,253 | 5.1 | 16,590 |
| Chapter 1606 | 84,152 | 4.2 | 353,438 |
| TOTALS | 429,488 | | 2,114,651 |

Chapter 30: Chapter 30 uses only electronic methods for respondents to submit the needed information. A respondent under chapter 30 can submit this information via touch tone telephone or via the Internet. If the respondent has changed his or her school attendance, that respondent can only submit this changed enrollment information via the Internet. So these responses are submitted as follows:

1. Touch tone telephone
2. Internet (enrollment was not changed)
3. Internet (enrollment was changed)

During fiscal years 2004 and 2005, 56% of all enrollments were submitted via the touch-tone telephone system and 44% were submitted via the Internet. Of all Internet submissions, 4.1% reported a change and 95.9% reported no change. The estimates below are average annual estimates over the next three years.

| Chapter 30 | # of Verifications | # Minutes Each | Total Minutes |
|----------------------|--------------------|----------------|------------------|
| Touch Tone Telephone | 976,935 | 1.0 | 976,935 |
| Internet change | 31,471 | 4.0 | 125,884 |
| Internet no changes | 736,120 | 1.5 | 1,104,180 |
| TOTALS | 1,744,526 | | 2,206,999 |

Chapter 32: Only those chapter 32 respondents attending Non-College Degree training have to submit this information. These respondents receive the paper version of VA Form 22-8979.

| Chapter 32 | # of Verifications | # Minutes Each | Total Minutes |
|---------------|--------------------|----------------|---------------|
| Paper only | 97 | 5.0 | 485 |
| TOTALS | 97 | | 485 |

Chapter 35: Only those chapter 35 respondents attending Non-College Degree training have to submit this information. These respondents receive the paper version of VA Form 22-8979.

| Chapter 35 | # of Verifications | # Minutes Each | Total Minutes |
|---------------|--------------------|----------------|---------------|
| Paper only | 16,590 | 5.0 | 82,950 |
| TOTALS | 16,590 | | 82,950 |

Chapter 1606. Chapter 1606 uses only electronic methods for respondents to submit the needed information. A respondent under chapter 1606 can submit this information via touch tone telephone or via the Internet. If the respondent has changed his or her school attendance, that respondent can only submit this changed enrollment information via the Internet. So these responses are submitted as follows:

1. Touch tone telephone
2. Internet (enrollment was not changed)
3. Internet (enrollment was changed)

During fiscal years 2004 and 2005, 53% of all enrollments were submitted via the touch-tone telephone system and 47% were submitted via the Internet. Of all Internet submissions, 4.1% reported a change and 95.9% reported no change.

| Chapter 1606 | # of Verifications | # Minutes Each | Total Minutes |
|----------------------|--------------------|----------------|---------------|
| Touch Tone Telephone | 187,322 | 1.0 | 187,322 |
| Internet change | 6,811 | 4.0 | 27,244 |
| Internet no changes | 159,305 | 1.5 | 238,958 |
| TOTALS | 353,438 | | 453,524 |

SUMMARY:

| Touch Tone Telephone | # of Verifications | # Minutes Each | Total Minutes |
|-----------------------------|--------------------|----------------|---------------|
| Chapter 30 | 976,935 | 1.0 | 976,935 |
| Chapter 1606 | 187,322 | 1.0 | 187,322 |
| TOTALS | 1,164,257 | | 1,164,257 |

| WAVE (Change) | # of Verifications | # Minutes Each | Total Minutes |
|----------------------|--------------------|----------------|---------------|
| Chapter 30 | 31,471 | 4.0 | 125,884 |
| Chapter 1606 | 6,811 | 4.0 | 27,244 |
| TOTALS | 38,282 | | 153,128 |

| WAVE (No Change) | # of Verifications | # Minutes Each | Total Minutes |
|-------------------------|--------------------|----------------|---------------|
| Chapter 30 | 736,120 | 1.5 | 1,104,180 |
| Chapter 1606 | 159,305 | 1.5 | 238,958 |
| TOTALS | 895,425 | | 1,343,138 |

| Paper | # of Verifications | # Minutes Each | Total Minutes |
|---------------|---------------------------|-----------------------|----------------------|
| Chapter 32 | 97 | 5.0 | 485 |
| Chapter 35 | 16,590 | 5.0 | 82,950 |
| TOTALS | 16,687 | | 83,435 |

| Benefit | # of Verifications | Total Minutes |
|----------------|---------------------------|----------------------|
| Ch 30 | 1,744,526 | 2,206,999 |
| Ch 32 | 97 | 485 |
| Ch 35 | 16,590 | 82,950 |
| Ch 1606 | 353,438 | 453,524 |
| TOTALS | 2,114,651 | 2,743,958 |