



Department of Veterans Affairs

**VA DATE STAMP**  
(For VA Use Only)

**PERSONALIZED CAREER PLANNING AND GUIDANCE**

**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://iris.custhelp.va.gov>, or call us 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/vaforms](http://www.va.gov/vaforms). After completing the form, if returning the form by mail send to: Veteran Readiness and Employment (VR&E) Intake Center, Department of Veterans Affairs, P.O. Box 5210, Janesville, WI 53547-5210.

**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. NAME OF CLAIMANT <i>(First-Middle-Last)</i>		
2. SOCIAL SECURITY NUMBER OF CLAIMANT - -	3. DATE OF BIRTH - -	4. VA FILE NUMBER <i>(If applicable)</i>
5. CLAIMANT'S MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and ZIP Code and Country)</i> No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code -		
6. TELEPHONE NUMBER <i>(Include Area Code)</i> - -	7. E-MAIL ADDRESS <input type="radio"/> I agree to receive electronic correspondence from VA in regards to my claim.	
Enter International Phone Number <i>(If applicable)</i> <input type="text"/>		
8. RELATIONSHIP OF CLAIMANT TO VETERAN <input type="radio"/> SELF <input type="radio"/> CHILD <input type="radio"/> SPOUSE <input type="radio"/> STEPCCHILD <input type="radio"/> ADOPTED CHILD <input type="radio"/> SURVIVING SPOUSE		
9. ARE YOU A CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE WITH A DISABILITY SEEKING SPECIAL RESTORATIVE TRAINING? <input type="radio"/> YES <input type="radio"/> NO	10. ARE YOU A CHILD, SPOUSE, OR SURVIVING SPOUSE WITH A DISABILITY SEEKING SPECIAL VOCATIONAL TRAINING? <input type="radio"/> YES <input type="radio"/> NO	11. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS? <input type="radio"/> YES <input type="radio"/> NO

**SECTION II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY**

12. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED <i>(First- Middle Initial -Last)</i>		
13. SOCIAL SECURITY NUMBER - -	14. DATE OF BIRTH <i>(MM-DD-YYYY)</i> - -	15. VA FILE NUMBER <i>(If applicable)</i>
16. BRANCH OF SERVICE	17. SERVICE NUMBER	18. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W. <i>(MM-DD-YYYY)</i> - -

**SECTION III - SPECIAL INFORMATION CONCERNING CLAIMANT**

19. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING? <input type="radio"/> YES <input type="radio"/> NO	
20. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH ? <input type="radio"/> YES <input type="radio"/> NO	21. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE

22. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? *(Check all that apply)*

- A.  VETERAN READINESS AND EMPLOYMENT *(Chapter 31)*
- B.  VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE *(Specify benefit)* \_\_\_\_\_
- C.  SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE *(Chapter 35)*

**If Item 22C is checked, please specify the following:**

NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

VA FILE NUMBER OR SOCIAL SECURITY NUMBER

D.  OTHER *(Specify)* \_\_\_\_\_

E.  NONE

**SECTION IV - CLAIMANT'S MILITARY SERVICE**

23. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? *(Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Section V.)*

- YES  NO

**24. SERVICE INFORMATION**

*(Enter the following information for each period of active duty. Attach a copy of your DD214. If you have already sent VA a DD214, do not send one with this application.) (If additional space is needed use Item 25, Remarks.)*

24A. DATE ENTERED ACTIVE DUTY	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	24B. DATE SEPARATED FROM ACTIVE DUTY	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
24C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	<input type="radio"/> ARMY <input type="radio"/> NAVY <input type="radio"/> MARINE CORPS <input type="radio"/> AIR FORCE <input type="radio"/> SPACE FORCE <input type="radio"/> COAST GUARD <input type="radio"/> OTHER (Specify)		
24D. CHARACTER OF DISCHARGE			
24A. DATE ENTERED ACTIVE DUTY	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	24B. DATE SEPARATED FROM ACTIVE DUTY	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
24C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	<input type="radio"/> ARMY <input type="radio"/> NAVY <input type="radio"/> MARINE CORPS <input type="radio"/> AIR FORCE <input type="radio"/> SPACE FORCE <input type="radio"/> COAST GUARD <input type="radio"/> OTHER (Specify)		
24D. CHARACTER OF DISCHARGE			
24A. DATE ENTERED ACTIVE DUTY	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	24B. DATE SEPARATED FROM ACTIVE DUTY	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
24C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	<input type="radio"/> ARMY <input type="radio"/> NAVY <input type="radio"/> MARINE CORPS <input type="radio"/> AIR FORCE <input type="radio"/> SPACE FORCE <input type="radio"/> COAST GUARD <input type="radio"/> OTHER (Specify)		
24D. CHARACTER OF DISCHARGE			
24A. DATE ENTERED ACTIVE DUTY	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	24B. DATE SEPARATED FROM ACTIVE DUTY	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
24C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	<input type="radio"/> ARMY <input type="radio"/> NAVY <input type="radio"/> MARINE CORPS <input type="radio"/> AIR FORCE <input type="radio"/> SPACE FORCE <input type="radio"/> COAST GUARD <input type="radio"/> OTHER (Specify)		
24D. CHARACTER OF DISCHARGE			

25. 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 V - CERTIFICATION AND SIGNATURE OF CLAIMANT**  
(All Claimant's Must Complete This Part)

**I CERTIFY THAT** all statements in my application are true and correct to the best of my knowledge and belief.

26A. SIGNATURE OF CLAIMANT	26B. DATE SIGNED (MM-DD-YYYY)  — —
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**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.

**SECTION VI - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN**  
(This section must be completed if you are a minor child)

27. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)

28A. SIGNATURE OF (Check one) <input type="radio"/> PARENT <input type="radio"/> GUARDIAN <input type="radio"/> CUSTODIAN	28B. DATE SIGNED (MM-DD-YYYY)  — —
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29. TELEPHONE NUMBER OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code).  — —	30. DATE REFERRED TO VR & E (MM-DD-YYYY)  — —
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**PRIVACY ACT NOTICE:** 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 Vocational Rehabilitation 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:** This form is used to apply for Personalized Career Planning and Guidance benefits under title 38 U.S.C. Chapter 36. Title 38, United States Code, allows VA 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 Office of Management and Budget (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](http://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.

## PERSONALIZED CAREER PLANNING AND GUIDANCE (PCPG) APPLICATION

Information and Instructions for Completing this Application  
(Please keep these instructions for future reference)

**NOTE:** VA form 28-8832 is available on the Internet at [www.va.gov/vaforms](http://www.va.gov/vaforms).

**PCPG BENEFITS ARE AVAILABLE FREE OF CHARGE** if you meet **one** of the following conditions:

1. You are a Veteran or dependent eligible for educational benefits under a program that VA administers;
2. You were discharged or released from active duty under conditions other than dishonorable not more than 1 year ago;
3. You are on active duty and 6 months or less remain before your scheduled release or discharge from service.

You may receive guidance about any matter, including personal problems, related to:

- Guidance to facilitate career/occupational decisions for civilian or military occupations
- Adjustment counseling to address personal problems that may interfere with achieving any educational or employment goal
- Educational/Vocational guidance to help you develop a training, educational or employment plan
- Explanation of test results, exploration of potential objectives and assistance in developing a successful program

What is discussed depends on you, your situation and needs. You can learn more about yourself; career opportunities and requirements; training possibilities; sources of financial aid; and how to carry through on plans that you make.

### HOW TO GET PCPG BENEFITS

Complete this application and mail it to: **Veteran Readiness and Employment (VR&E) Intake Center, Department of Veterans Affairs, P.O. Box 5210, Janesville, WI, 53547-5210.** If you have received a DD214, you should attach a copy of it, unless you are still on active duty or if you are applying as a dependent of a Veteran. VA will arrange for a counselor to meet with you. There is no charge for PCPG benefits, but you will have to pay your own travel.

### 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 claimant an eight-digit file number. If you know the number, write it in the space provided.

**Item 8.** "Child" includes adopted children and stepchildren who are members of the Veteran's or individual's household. Married children are eligible.

**Item 22C.** If you have previously applied for benefits as the dependent child or spouse of a Veteran who is permanently and totally disabled due to service-connected disabilities or who died on active duty, write the name of the person (parent or spouse) under whom you received these benefits and the file number or social security number.

**Item 22E.** Check this box if you have never applied for VA educational benefits.

**IMPORTANT:** This form is an application for PCPG benefits **only**. Do not use this form to apply for VETERAN READINESS AND EMPLOYMENT BENEFITS (Chapter 31) (use the VA form 28-1900, *Disabled Veterans Application For Vocational Rehabilitation*) or for VETERAN'S EDUCATION ASSISTANCE (Chapter 30, 32, 33, 1606 or 1607) (use the VA Form 22-1990, *Application For VA Education Benefits*). These forms are available on the Internet at [www.va.gov/vaforms](http://www.va.gov/vaforms).