OMB Approved No. 2900-0265 Respondent Burden: 15 minutes Expiration Date: XX/XX/XXXX

(2)

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. 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 (First-Middle-Last)						
2. SOCIAL SECURITY NUMBER OF CLAIMANT	3. DATE OF BIRTH			4. VA FILE NUMBER (If applicable)		
	_	-				
5. CLAIMANT'S MAILING ADDRESS (Number and street of No. & Street	or rural route, city or P.O., St	ate and ZIP	Code and Cou	ntry)		
Apt./Unit Number City						
State/Province Country	ZIP Code/Postal Code			_		
6.TELEPHONE NUMBER (Include Area Code) — — —		7. E-MAIL	ADDRESS	I agree to receive electronic correspondence from VA in regards to my claim.		
Enter International Phone Number (If applicable)						
8. GENDER OF CLAIMANT	9. RELATIONSHIP OF CLAIM	ANT TO VET	ΓERAN			
C MALE	SELF C	CHILD (SPOUSE			
C FEMALE	STEPCHILD C	ADOPTED CH	HILD C S	SURVIVING SPOUSE		
10. ARE YOU A CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE WITH A DISABILITY SEEKING SPECIAL RESTORATIVE TRAINING?	11. ARE YOU A CHILD, SPOU SURVIVING SPOUSE WIT SEEKING SPECIAL VOCA	H Á DISABIL	.ITY	2. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS?		
C YES C NO	O YES O NO		(YES O NO		
SECTION II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY						
13. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (First- Middle Initial -Last)						
14. SOCIAL SECURITY NUMBER	15. DATE OF BIRTH (MM-	DD-YYYY)		16. VA FILE NUMBER (If applicable)		
	_	_				
17. BRANCH OF SERVICE	18. SERVICE NUMBER			19. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W. (MM-DD-YYYY)		
SECTION III - SPECIAL INFORMATION CONCERNING CLAIMANT						
20. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?						
○ YES ○ NO						
21. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH? 22. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE						

YES

NO

23. HAVE YOU EVER APPLIE	D FOR ANY OF THE FOLLOWING VA BENEFITS? (Cha	eck all that apply)			
A. VETERAN READINES	SS AND EMPLOYMENT (Chapter 31)				
B. O VETERANS' EDUCAT	TION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit)			
C. O SURVIVORS' AND DE	EPENDENTS EDUCATIONAL ASSISTANCE (Chapter 35)	5)			
	please specify the following: NOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFIT	тѕ			
VA FILE NUMBER OR SOCIA	AL SECURITY NUMBER				
D. OTHER (Specify)					
E. O NONE					
	SECTION IV - CLAIMAN	NT'S MILITARY SERVICE			
	ED ON ACTIVE DUTY IN THE ARMED FORCES? (Includive duty for training of 6 months or more) (If "NO," skip this pa		aining for a period of 3 months or more		
C YES C NO					
	25. SERVICE (Enter the following information for each pert	INFORMATION iod of active duty. Attach a con-	v of vour DD214.		
If you have alr	eady sent VA a DD214, do not send one with this			·ks.)	
25A. DATE ENTERED ACTIVE DUTY	Month Day Year — —	25B. DATE SEPARATED FROM ACTIVE DUTY	Month Day	Year	
25C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	C ARMY C NAVY C MARINE C COAST GUARD C OTHER (Specify)	CORPS AIR FORCE	○ SPACE FORCE		
25D. CHARACTER OF DISCHARGE					
25A. DATE ENTERED ACTIVE DUTY	Month Day Year — —	25B. DATE SEPARATED FROM ACTIVE DUTY	Month Day	Year	
25C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	C ARMY C NAVY C MARINE CORPS C AIR FORCE C SPACE FORCE C COAST GUARD C OTHER (Specify)				
25D. CHARACTER OF DISCHARGE					
25A. DATE ENTERED ACTIVE DUTY	Month Day Year — —	25B. DATE SEPARATED FROM ACTIVE DUTY	Month Day —	Year	
25C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	COAST GUARD OTHER (Specify)	E CORPS AIR FORCE	C SPACE FORCE		
25D. CHARACTER OF DISCHARGE					
25A. DATE ENTERED ACTIVE DUTY	Month Day Year — —	25B. DATE SEPARATED FROM ACTIVE DUTY	Month Day	Year	
25C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	C ARMY C NAVY C MARINE C COAST GUARD C OTHER (Specify)	E CORPS AIR FORCE	○ SPACE FORCE		
25D. CHARACTER OF					

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26. 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.)				
	AND SIGNATURE OF CLAIMANT t Complete This Part)			
I CERTIFY THAT all statements in my application are true and cor				
27A. SIGNATURE OF CLAIMANT	27B. DATE SIGNED (MM-DD-YYYY)			
PENALTY : The law provides severe penalties (including fine and/or imprifact you know to be false, or for fraudulent receipt of any document you are	sonment) for willfully submitting any statement or evidence of a material not entitled to.			
	RENT, GUARDIAN, OR CUSTODIAN eted if you are a minor child)			
28. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)				
29A. SIGNATURE OF (Check one)	9B. DATE SIGNED (MM-DD-YYYY)			
PARENT GUARDIAN CUSTODIAN				
30. TELEPHONE NUMBER OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area	Code). 31. DATE REFERRED TO VR & E (MM-DD-YYYY)			
-				
PRIVACY ACT NOTICE: The responses you submit are considered confidentia				

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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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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.

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

<u>Please complete only those areas which are applicable to you.</u> 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 9. "Child" includes adopted children and stepchildren who are members of the Veteran's or individual's household. Married children are eligible.

Item 23C. 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 23E. 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.

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