



APPLICATION FOR COUNSELING

PRIVACY ACT INFORMATION: The 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 identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine if the veteran and other beneficiaries are eligible for counseling services that VR&E services provide. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INTERNET VERSION AVAILABLE -You may download this application form at www.va.gov/vaforms

PART I - APPLICANT INFORMATION

1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST)		1B. SOCIAL SECURITY NUMBER OF APPLICANT	AC. VA FILE NUMBER <i>(If known)</i>
2A. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		B. APPLICANT'S E-MAIL ADDRESS	
3A. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SELF <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		3B. APPLICANT'S TELEPHONE NUMBER <i>(Including Area Code)</i>	
		PRIMARY PHONE NUMBER (Where a message can be left) ()	OTHER PHONE NUMBER ()
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code)			VA DATE STAMP (For VA Use Only)
a. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? <i>(See Instructions)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		b. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL VOCATIONAL TRAINING? <i>(See Instructions)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
		5. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

a. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (FIRST- MIDDLE -LAST)			
B. SOCIAL SECURITY NUMBER		AC. VA FILE NUMBER <i>(If known)</i>	
7. DATE OF BIRTH	8. BRANCH OF SERVICE	9. SERVICE NUMBER	10. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

PART III - SPECIAL INFORMATION CONCERNING APPLICANT

11. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH ? <input type="checkbox"/> YES <input type="checkbox"/> NO	AB. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE
13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? <i>(Check applicable box(es))</i>	
A. <input type="checkbox"/> VOCATIONAL REHABILITATION BENEFITS (Chapter 31)	
B. <input type="checkbox"/> VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE <i>(Specify benefit)</i> _____	
C. <input type="checkbox"/> DEPENDENTS' EDUCATIONAL ASSISTANCE (Chapter 35)	
D. <input type="checkbox"/> SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE <i>(Complete Items a and AB) on reverse)</i>	
E. <input type="checkbox"/> OTHER <i>(Specify)</i> _____	
F. <input type="checkbox"/> NONE	

NOTE: COMPLETE ITEMS 14A AND 14B ONLY IF YOU CHECKED ITEM 13D

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS	14B. VETERANS FILE NUMBER OR SOCIAL SECURITY NUMBER
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PART IV - APPLICANT'S MILITARY SERVICE

15. 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 Part V)

YES NO

16. 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)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

17. 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)

PART V - CERTIFICATION AND SIGNATURE OF APPLICANT
 (All Applicants Must Complete This Part)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.
PENALTY: Willfully false statements as to a material fact in a claim for counseling benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

18A. SIGNATURE OF APPLICANT (<i>Do NOT Print</i>)	18B. DATE SIGNED
SIGN HERE IN INK ►	

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

19A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (<i>Type or print</i>)	19B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code), ()	
20A. SIGNATURE OF (<i>Check one</i>) (DO NOT PRINT) <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN	20B. DATE SIGNED	20C. DATE REFERRED TO VR & E
SIGN HERE IN INK ►		

APPLICATION FOR COUNSELING

Information And Instructions For Completing This Application (Please keep these instructions for future reference)

This VA form 28-8832 is also available on the Internet at www.va.gov/vaforms.

VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP IS 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 honorable conditions 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 get counseling about any matter, including personal problems, related to:

- Career choice and career preparation
- School or job training
- Job selection and job search

What is discussed in counseling 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 COUNSELING

Complete this application and send it to the nearest United States Department of Veterans Affairs office. To get the address of the local VA office call 1-800-827-1000 toll-free. 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 counseling, but you will have to pay your own travel. (Please note: counseling is not available in foreign countries except the Republic of the Philippines)

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 phone 1-800-827-1000 and request help.

Item 2C. VA may have assigned the veteran or individual an eight-digit file number. If you know the number, write it in the space provided.

Item 3A. "Child" includes adopted children and step children who are members of the veteran's or individual's household. Married children are eligible.

Item 13F. Check this box if you have never applied for VA educational benefits.

Item 14A and B. 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 in Item 14A and the file number or social security number in 14B.

This form is an application for counseling only. **Do not** use this form to apply for VOCATIONAL REHABILITATION AND EMPLOYMENT BENEFITS (Chapter 31) (use the VA form 28-1900, Disabled Veterans Application For Vocational Rehabilitation) or VETERAN'S EDUCATION ASSISTANCE (Chapter 30, 32, 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.