



Chapter 30, 31, 33, & 1606 Veteran New Student Checklist

Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

SCC Campus To Do List:

****Required** Prior to appt. with counselor**

- ◇ Complete Application for Admission Online (www.solano.edu)
- ◇ Obtain Username and Password
- ◇ Request Transcripts from military and previous school(s) be sent to Admissions and Records
****Unofficial Transcripts REQUIRED** to be brought to appt. with counselor**
 - **Army, Navy, Marines, Coast Guard**
<https://jst.doded.mil/jst>
 - **Air Force**
<https://airuniversity.af.edu>
- ◇ New Student Orientation Can be completed online or in person. Please print confirmation of completed orientation to submit to the Veterans Resource Center (<http://www.solano.edu/orientation/>)
****Exempt if previously attended college.****
- ◇ Schedule an appointment with the SCC Veterans Resource Center to meet with a counselor for an Education Plan
- ◇ Register for classes
- ◇ Apply for Financial Aid (<http://www.fafsa.ed.gov>) ****Recommended****

SCC Veterans Center To Do List:

- ◇ Verification of Entitlement
Never Used Benefit Before:
 - Certificate of Eligibility (COE) **–OR–**
 - Print-off of the confirmation page that you submitted VA Form 22-1990 on www.va.gov**Previously Used Benefit:**
 - Certificate of Eligibility (COE) **–AND–**
 - Print-off the confirmation that you submitted VA Form 22-1995 on www.va.gov
- ◇ CH 1606 Only (If no COE) - Notice of Basic Eligibility (NOBE) from your unit.
- ◇ Kicker Paperwork (If applicable)
- ◇ - **Veterans**
 - DD-214 member copy 4, copy 2, or copy 7 to the Veterans Resource Center
 - **Active Duty**
LES or Military Orders
- ◇ Complete Veterans Online Benefit Overview (<http://www.solano.edu/veterans/overview/>)
- ◇ Bring copies of any unofficial transcripts from previous colleges
- ◇ Complete Transcript and Student Obligation Form
- ◇ Complete Intake Form
- ◇ Complete Enrollment Status Form
- ◇ Complete Evaluation of Military Credit Substitution Waiver
- ◇ Copy of Schedule and Bill (Printed from MySolano Acct. under Student Tab)



Veterans Education Benefit Monthly Pay Rate Effective October 1, 2021

Veterans Resource Center
Building 2700 Room 2750
4000 Suisun Valley Road
Fairfield, CA 94534-3197
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Spring & Fall Term Units: Full-time = 12+, ¾ Time = 9 – 11, ½ Time = 6 – 8

Chapter 30 – Montgomery GI Bill (3 years or more of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$2,150.00	\$1,612.50	\$1,075.00	Tuition & Fees only
Chapter 30 – Montgomery GI Bill (Less than 3 years of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,744.00	\$1,308.00	\$872.00	Tuition & Fees only

Chapter 31 – Veterans Readiness & Employment (VRE)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate No Dependents	\$670.77	\$504.01	\$337.23	N/A
One Dependent	\$832.03	\$624.93	\$417.83	N/A
Two Dependents	\$980.49	\$733.06	\$491.14	N/A

Add for additional dependents Full-time=\$71.45, 3/4 time=\$54.97 & ½ time=\$36.66

Chapter 33 – Post 9/11 GI Bill													
BAH rates vary according to number of units enrolled. Anything under full time will be prorated.													
To receive <i>FULL</i> BAH for a regular semester you need to have 12+ units, you will <i>NOT</i> receive BAH if you are below 6.5 units.													
To calculate your BAH rate using the chart, multiply your full BAH rate by the multiplier under the number of units in which you are enrolled. (EX: If your full BAH rate is \$2,727.00 per month and you are enrolled in 9 units you would use 2727 x .8)													
BAH rate for <i>exclusively online training</i> (no classroom instruction) is \$871													
Units	≥12	11.5	11	10.5	10	9.5	9	8.5	8	7.5	7	6.5	6.5>
Multiplier	1	1	.9	.9	.8	.8	.8	.7	.7	.6	.6	.5	0

Chapter 35 – Dependents Educational Assistance				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,298.00	\$1,026.00	\$753.00	Tuition & Fees only

Chapter 1606 – Montgomery GI Bill Selected Reserve				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$407.00	\$305.00	\$203.00	\$101.75

Monthly Pay Rates Obtained From: https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp
<https://www.defensetravel.dod.mil/site/bahCalc.cfm> (Chapter 33)
https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp (Chapter 31)

ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS

All Chapters					
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time	Min. Req. for BAH
10-Week Course	7 units	5 units	3.5 units	<3.5 units	3.5 units
9-Week Course	6 units	4.5 units	3 units	<3 units	3.5 units
8-Week Course	5.5 units	4 units	3 units	<3 units	3 units
7-Week Course	5 units	3.5 units	2.5 units	<2.5 units	3 units
6-Week Course	4 units	3 units	2 units	<2 units	2.5 units
5-Week Course	3.5 units	2.5 units	2 units	<2 units	2 units
4-Week Course	3 units	2 units	1.5 units	<1.5 units	1.5 units
3-Week Course	2 units	1.5 units	1 unit	<1 unit	1.5 units

**** Calculations based on: (# Credits × 18 ÷ weeks = credit hour equivalents) with 6 being ½ time. ****





Transcript and Student Obligation Form

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Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Name	Last 4 SSN	Student ID
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TRANSCRIPT INFORMATION:

Did you attend a previous college other than Solano Community College? Yes No

Do you have a degree (undergraduate and/or graduate)? Yes No

Name of College(s)	OFFICE USE ONLY		
	In File	Date Received	Initials

Read and Initial:

_____ I understand that if I am receiving Chapter 33 benefits, I am required to verify my enrollment at the end of each month. I must contact the regional VA Education Office at 1-888-442-4551 at the end of every month or opt into text message verification by contacting the regional VA Education Office to request it. A failure to do so will result in an interruption in my benefits.

_____ I understand that I am required to have an Education Plan written by a VA-approved counselor prior to being certified.

_____ I understand that I am required and that it is my responsibility to have any and all Official Transcripts sent to Solano Community College, Admissions and Records prior to my third semester of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that it is my responsibility to complete an Enrollment Status Form with the Solano Community College, Veterans Resource Center each semester in order to continue my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that I am required to inform the Solano Community College, Veterans Resource Center of any and all changes to my schedule during the Semester. A failure to do so may result in an overpayment on my part, which would result in a debt with the US Department of Veterans Affairs.

_____ I understand that if I am receiving Chapter 30 or Chapter 1606 benefits, I am required to verify my enrollment at the end of each month. A failure to do so will result in an interruption in my benefits. (Verification of Enrollment Information: 1-877-823-2378 or <https://www.gibill.va.gov/wave>)

_____ I authorize any staff member in the Solano Community College, Veterans Resource Center to discuss my case with any US Department of Veterans Affairs Representative.

_____ I understand that I am required and that it is my responsibility to submit a copy of my Certificate of Eligibility for my education benefit within one semester of utilizing the benefit. A failure to do so may result in an interruption in my Education Benefits.

_____ I understand that the VA has changed their opinion on CA Community College W grades and now are considered to be non-punitive grades. Students receiving GI Bill benefits may be required to repay some or all of the money received for each W grade they receive. Currently the VA has not determined an effective date. More information will be provided after an effective date is confirmed.

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me.

SIGNATURE _____ DATE _____

CHAPTER 33 – POST 9/11 GI BILL (CH33) RECIPIENTS

MONTHLY VERIFICATION REQUIREMENT

All CH33 recipients are **REQUIRED** to verify their enrollment through the VA at the end of every month to receive your monthly housing allowance.

You can either call them at the end of every month, or you can opt into text message verification. To call them and to opt into text message verifications you will need to contact the Muskogee VA Regional Office at 1-888-442-4551.

Failure to verify your enrollment 2 months in a row will result in the VA withholding your monthly housing allowance until you can contact them.

For more information on the requirement to verify your enrollment at the end of every month please visit the VA's website at:

https://benefits.va.gov/gibill/isaksonroe/verification_of_enrollment.asp

IN-PERSON CLASS REQUIREMENT UPDATE

H.R. 5545 – Remote Act, which allows students using CH33 to receive the full housing stipend while taking all online classes during COVID expires on June 1st, 2022.

CH33 Students are now **REQUIRED** to enroll in **ONE** in-person course to receive the full housing stipend for Summer and Fall 2022.

VRC Staff will notify students if anything changes. For more information on the Remote Act please visit the VA's website at: <https://benefits.va.gov/gibill/remotect.asp>



Enrollment Status Form

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**If you do not submit a schedule/bill with your Enrollment Status Form, your paperwork will not be processed.
Obtain from: <http://my.solano.edu> -> Student Tab (Left Side) -> Registration Box -> View/Print Schedule and Bill**

Name		Last 4 SSN		Student ID		
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____						
Benefit: <input type="checkbox"/> CH30 <input type="checkbox"/> CH31 <input type="checkbox"/> CH33 Veteran <input type="checkbox"/> CH33 Dependent <input type="checkbox"/> CH35 <input type="checkbox"/> CH1606 <input type="checkbox"/> Fry Scholarship						
Are you utilizing Solano College DSP (Disability Services Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has your contact information changed recently (If Yes, update below)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address			City		State	Zip
Phone			Email			
Course(s) Added Ex: ENGL 001	Units	Office Use	Course(s) Dropped Ex: ENGL 001	Units	Today's Date	Office Use
Total Units:			Total Units:			

Read and Initial:

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I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me. I certify that: I am legally enrolled in the above courses, I am not repeating any course for which I have previously received credit, and all information provided is current and correct.

SIGNATURE _____

DATE _____



Intake Form

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Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Name		Student Full SSN		Student ID
VA File Number (Veterans SSN – CH35 Only)			CH35 Only—Are you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Address	City	State	Zip	
Phone		Email		

CHECK ALL THAT APPLY: Are you interested in information about...

- | | | | |
|-----------------------------------------------|------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> VA Healthcare | <input type="checkbox"/> Food Sources | <input type="checkbox"/> Book Assistance |
| <input type="checkbox"/> VR&E (CH31) | <input type="checkbox"/> Free Tutoring | <input type="checkbox"/> Housing | <input type="checkbox"/> EDD Unemployment |
| <input type="checkbox"/> VA Disability Claims | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Solano County VSO |
| <input type="checkbox"/> Work Study | <input type="checkbox"/> Classroom Accommodations (9-Line) | <input type="checkbox"/> Other: _____ | |

If you are the Veteran (Don't answer if you're a dependent):

Branch of Service: _____ Discharge Date: _____

Do you have a disability rating with the VA? No Yes

Do you have health insurance? No Yes

Is your health insurance through the VA? No Yes

SIGNATURE _____ DATE _____

****VETERANS RESOURCE CENTER STAFF ONLY****

Referrals Made:

<input type="checkbox"/>	Financial Aid
<input type="checkbox"/>	Vocational Rehabilitation
<input type="checkbox"/>	Disability Claims
<input type="checkbox"/>	Health Insurance
<input type="checkbox"/>	Free Tutoring

<input type="checkbox"/>	Personal Counseling
<input type="checkbox"/>	Food Sources
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Legal Aid
<input type="checkbox"/>	Book Assistance

<input type="checkbox"/>	EDD Unemployment
<input type="checkbox"/>	VSO
<input type="checkbox"/>	Work-Study
<input type="checkbox"/>	Other
<input type="checkbox"/>	Accommodations (DSP)

Notes:

Admissions and Records Petition Substitution of Degree Requirements

Rec'd By: _____

Date: _____



Graduation: (expected)

Fall Spring Summer Year: _____

SCCID#: _____

Major: _____

Name: _____

Email Address: _____

Address: _____

Date of Birth: _____

City/ State/Zip: _____

Select one:

Major Requirement (Must have signature of School Dean)

- Substitution (Course for course **ONLY**. Course descriptions/syllabus and official transcript must be provided) Work
- Experience (Must attach a letter from employer certifying that work performed complies with course syllabus)

General Education Requirement (GE): (Approval/denial given by A&R Dean or Designee)

- Substitution only (Course descriptions/syllabus and transcript must be attached)
- DD295 or DD214 with Honorable Discharge (Dean signature is not required)
(Meets requirements for SCC GE Option A Health and Kinesiology & CSU GE Option C Area E)
- Waiver of GE requirements due to a previously completed BA/BS degree from a regionally accredited college or university. Official transcript evaluation by Solano is required.

Course Title or Work Experience	CourseTitle/Number	Semester Units	Grade	College Where Taken	Semester/Year	SCC Class Title / # you wish to substitute for: (Example: ENGL 001)	Approve/Deny

Reason for Request:(to be completed by student)

Counselors Notes:

Student's Signature (Required)

Date

Telephone No.

OFFICE USE ONLY

Action of Dean of School (major requirement) or A&R Dean or designee (GE requirement)

- Denied** - The requested substitution or waiver *does not* meets the spirit of intent of the requirement. Approved Waiver
- Approved Substitution** - The requested substitution meets the spirit of intent of the requirement. Credit-by-Exam

Faculty Recommendation (optional): _____

Print Faculty Name: _____
(Required only if Faculty input is requested by Dean)

Date: _____ Print Dean's Name: _____
(Required)

Dean Signature: _____
(Required)

Date: _____ Print A&R Dean or designee Name: _____ Sign: _____

Comments: