Chapter 35 New Student Enrollment Checklist

HAVE YOU EVER USED YOUR BENEFITS BEFORE? Yes/No

SCC Campus To Do List:

☐ Complete Application for Admission via Online (www.solano.edu.)
  **Required Prior to appointment with Veterans Counselor**

☐ Obtain Username, Password, & SCC email address

☐ Request Transcripts from previous school(s) to be sent to Admissions and Records **Unofficial Transcripts REQUIRED to be brought to appt. with Veterans Counselor**

☐ New Student Orientation Can be completed online or in person. Please print confirmation of completed orientation to submit to the Veterans Affairs Center (http://www.solano.edu/orientation/)
  *Exempt if previously attended college.*

☐ Take the English and Math Assessment/Complete the Online or In Person Orientation. **Required prior to appt. with Veterans Counselor. Exempt needed if English and/or Math course(s) were taken at another college**

☐ Schedule an appointment with the SCC Veteran Affairs Center to meet with a VA Counselor for an Education Plan (Required in order to receive Veterans Education Benefits)

☐ Register for classes

☐ View/Print your Schedule

☐ Apply for Financial Aid (http://www.fafsa.ed.gov)
  **Recommended**

Your SCC Veterans Center To Do List: Complete and Submit

☐ Certificate of Eligibility (Complete GI Bill application from VONAPP at if no Certificate of Eligibility.)
  www.gibill.va.gov
  o VA Form 22 – 5490 Never used benefits before (Print copy with confirmation for records.)
  o VA Form 22 – 5495 – Previously used benefits (Print copy with confirmation for records)

☐ Copy of Certificate of Eligibility (Once you have received it from VA)

☐ Complete Transcript Student Obligation Form

☐ Copy of Schedule and Bill (Printed from MySolano Acct. under Student Tab)

☐ Complete Enrollment Status Form

☐ Transcripts bring copies of any unofficial transcripts you have from previous colleges

☐ Advance Payment (If applicable)

☐ Complete Mandatory Veterans Online Benefit Overview Please print confirmation of completed orientation to submit to the Veterans Affairs Center.
  (http://www.solano.edu/veterans/index.php)

  **Submit copy of Certificate of Eligibility when received if not available at time of New Student Packet Submission**

  Dependent Children Only

  Complete Cal Vet Fee Waiver application form DVS 40 and submit it to the Solano County Veteran Affairs Office.
NAME: ______________________________________  SCC ID#: ______________  Last four of SSN: _______

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

OFFICE USE ONLY
LIST PRIOR COLLEGES FOR TRANSFER OF CREDITS  APPROXIMATE UNITS
ON FILE  DATE P/C SENT  INIT

STUDENT OBLIGATIONS:

________ 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 a Status Form with the Solano Community College, Veterans Affairs 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 Affairs 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, or Chapter 1607 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/default.cfm)

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

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_____________________

White Copy: VA Office  Yellow Copy: Student
**Enrollment Status Form**

Veterans Affairs Center 4000 Suisun Valley Road, Bldg 400 Rm 429 Fairfield, Ca 94534 – 3197
Office: (707) 864-7105 Fax: (707) 646-2092 Email: Veterans@solano.edu

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Student ID</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>VA File # (If dependent)</td>
<td>Phone</td>
<td>Email</td>
</tr>
</tbody>
</table>

**Term to be certified:**  
- [x] Spring 20____  
- [ ] Summer 20____  
- [ ] Fall 20____

**Benefits:**  
- [x] Ch 30  
- [x] Ch 31  
- [ ] Ch 33 Vet  
- [x] Ch 33 Dep  
- [ ] Ch 35  
- [ ] Ch 1606  
- [ ] Ch 1607

(If dependent, are you: Spouse or Child)

<table>
<thead>
<tr>
<th>Courses Added (e.g. Engl 001)</th>
<th>Units</th>
<th>Office Use</th>
<th>Course Dropped</th>
<th>Units</th>
<th>Today’s Date</th>
<th>Office Use</th>
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</table>

**Total**

**Advance Payment (Ch 30, 31, 35, 1606 & 1607 ONLY):** Do you want advance payment of benefits?  
- [x] Yes  
- [ ] No

(Advance Payment Requirements: There's more than 30 days between terms and break pay won't be paid, and the student is enrolled at least halftime, and the VA receives the advance payment request at least 30 days but not more than 120 days before the enrollment period.)

**Read and Initial:**
- [ ] 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 a Status Form with the Solano Community College, Veterans Affairs 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 Affairs 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, or Chapter 1607 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/default.cfm)
- [ ] I understand that if I am enrolled in a variable unit course, I will only be paid for 1 unit through the end of the term. Once the grade is posted for all completed units, I will receive back pay from the first day of the semester.

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__________________________
# Advance Payment Request Form

## Veterans Affairs Center
4000 Suisun Valley Road, Building 400, Room 429
Fairfield, Ca 94535-3197
Office: (707) 864-7105 Fax: (707) 646-2092
Veterans@solano.edu

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Student ID</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>VA File # (if dependent)</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Term to be certified:**
- [ ] Spring 20____
- [ ] Summer 20____
- [ ] Fall 20____

**Benefits:**
- [ ] Ch 30
- [ ] Ch 31
- [ ] Ch 35*
- [ ] Ch 1606
- [ ] Ch 1607

*If dependent, are you: Spouse or Child

**Number of units planning to enroll in & the length of the courses:**
(Example: List the number of unit - 16-wk 12 units)

<table>
<thead>
<tr>
<th>4-wk</th>
<th>6-wk</th>
<th>8-wk</th>
<th>10-wk</th>
<th>16-wk</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

When requesting Advance Pay the student receives 6-weeks of their education benefit stipend in advance. By signing below I understand the process and that it has been explained to me by the Office of Veteran Affairs staff.

Student Signature: __________________________ Date: ______________

---

**Receipt of Advance Payment Check**
(Complete this portion after check is received.)

I certify that I am enrolled in _______ units and have notified the Veterans Affairs Office of any change in my enrollment status.

Student Signature: __________________________ Date: ______________

---

**For VA Office use only after check is received (attach photo copy of check)**

Were there changes to enrollment? No [ ] Yes [ ] Explain: __________________________

(If student is not enrolled DO NOT ISSUE check!)

Date check given to student: ______________

Enrollment Status Form and Schedule/Receipt Required.

Issuer Signature: __________________________

Dates of attempts to contact student when check was received by VA Office:

__________, __________, __________, __________, __________, __________, __________, __________

Additional Comments:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Veterans Education Benefit Monthly Pay Rate  
Effective October 1, 2014  
Veterans Affairs Center 4000 Suisun Valley Road, Fairfield CA, 94534-3197  
Office: (707) 864-7105 Fax: (707) 646-2092

| Chapter 30 (3 years or more of Service) |
|-----------------|-----------------|-----------------|-----------------|
| Enrollment Status | Full-Time | ¼ Time | ½ Time | Less than ½ time |
| Monthly Rate | $1,717 | $1,287 | $858.50 | Tuition & Fees only |

| Chapter 30 (Less than 3 years of Service) |
|-----------------|-----------------|-----------------|-----------------|
| Enrollment Status | Full-Time | ¼ Time | ½ Time | Less than ½ time |
| Monthly Rate | $1,395 | $1,046.25 | $697.50 | Tuition & Fees only |

**Add for additional dependents Full-time=$64.28, 3/4 time=$49.44 & ½ time=$32.98**

**Chapter 31**

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¼ Time</th>
<th>½ Time</th>
<th>Less than ½ time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Rate No Dependents</td>
<td>$603.33</td>
<td>$453.33</td>
<td>$303.33</td>
<td>N/A</td>
</tr>
<tr>
<td>One Dependent</td>
<td>$748.38</td>
<td>$562.10</td>
<td>$375.82</td>
<td>N/A</td>
</tr>
<tr>
<td>Two Dependents</td>
<td>$881.93</td>
<td>$659.36</td>
<td>$441.76</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Chapter 32**

**CHAPTER 32 PAY RATE IS DETERMINED ON A CASE BY CASE BASIS.**

**Chapter 33**

BAH rates vary according to number of units enrolled. Anything under full time will be prorated.  
To receive FULL BAH for a regular semester you need to have 12+ units, you will NOT 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 $1593/mo and you are enrolled in 9 units you would use 1593 x .8)

<table>
<thead>
<tr>
<th>Units</th>
<th>12</th>
<th>11.5</th>
<th>11</th>
<th>10.5</th>
<th>10</th>
<th>9.5</th>
<th>9</th>
<th>8.5</th>
<th>8</th>
<th>7.5</th>
<th>7</th>
<th>6.5</th>
<th>6.5&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiplier</td>
<td>1</td>
<td>1</td>
<td>.9</td>
<td>.8</td>
<td>.8</td>
<td>.7</td>
<td>.7</td>
<td>.6</td>
<td>.6</td>
<td>.5</td>
<td>.5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

| Chapter 35 |
|-----------------|-----------------|-----------------|-----------------|
| Enrollment Status | Full-Time | ¼ Time | ½ Time | Less than ½ time |
| Monthly Rate | $1018 | $763 | $506 | Tuition & Fees only |

| Chapter 1606 |
|-----------------|-----------------|-----------------|-----------------|
| Enrollment Status | Full-Time | ¼ Time | ½ Time | Less than ½ time |
| Monthly Rate | $367 | $274 | $182 | $91.75 |

| Chapter 1607 |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Enrollment Status | Full-Time | ¼ Time | ½ Time | Less Than ½ time |
| Monthly Rate for service of 2 years or more | $1,373.60 | $1030.20 | $686.80 | Tuition & Fees only |
| Service of 1 year but less than 2 years | $1030.20 | $772.65 | $515.10 | Tuition & Fees only |
| Service of 90 days but less than 1 year | $686.80 | $515.10 | $343.40 | Tuition & Fees only |
## ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¾ Time</th>
<th>½ Time</th>
<th>Less than ½ time</th>
<th>Min. Req. for BAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Week Course</td>
<td>7 units</td>
<td>5 units</td>
<td>3.5 units</td>
<td>&lt;3.5 units</td>
<td>3.5 units</td>
</tr>
<tr>
<td>9-Week Course</td>
<td>6 units</td>
<td>4.5 units</td>
<td>3 units</td>
<td>&lt;3 units</td>
<td>3.5 units</td>
</tr>
<tr>
<td>8-Week Course</td>
<td>5.5 units</td>
<td>4 units</td>
<td>3 units</td>
<td>&lt;3 units</td>
<td>3 units</td>
</tr>
<tr>
<td>7-Week Course</td>
<td>5 units</td>
<td>3.5 units</td>
<td>2.5 units</td>
<td>&lt;2.5 units</td>
<td>3 units</td>
</tr>
<tr>
<td>6-Week Course</td>
<td>4 units</td>
<td>3 units</td>
<td>2 units</td>
<td>&lt;2 units</td>
<td>2.5 units</td>
</tr>
<tr>
<td>5-Week Course</td>
<td>3.5 units</td>
<td>2.5 units</td>
<td>2 units</td>
<td>&lt;2 units</td>
<td>2 units</td>
</tr>
<tr>
<td>4-Week Course</td>
<td>3 units</td>
<td>2 units</td>
<td>1.5 units</td>
<td>&lt;1.5 units</td>
<td>1.5 units</td>
</tr>
<tr>
<td>3-Week Course</td>
<td>2 units</td>
<td>1.5 units</td>
<td>1 units</td>
<td>&lt;1 units</td>
<td>1.5 units</td>
</tr>
</tbody>
</table>

** Calculations based on: ( # Credits × 18 ÷ weeks = credit hour equivalents ) with 6 being ½ time. **
Documents Required to Process Fee Waiver Applications

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Veteran’s Name</th>
</tr>
</thead>
</table>

1. Completed application (DVS 40) signed by student and veteran/parent. 

2. Verification of veteran’s Service Connected disability. 

3. Student’s birth certificate. 

4. Verification of student’s income for ____________(Year). 

   A. Complete copy of IRS Form 1040 that was filed with the IRS  
   Or copy of California Franchise Tax Board (FTB) Form 540. 

   THE TAX FORM MUST BE A SIGNED & DATED COPY OF THE ORIGINAL 

If you do not have a copy of the return: 

   B. Statement from IRS showing the Adjusted Gross Income.  
   Do not ask for a copy of the return, just ask for a statement,  
   as it is faster. 

If you did not file a return: 

   C. Statement from IRS or the FTB stating that there is no record of a  
   Return filed for that particular year. Must be dated after April 15. 

   ***IRS TELEPHONE # 1-800-829-1040 
   ***FTB TELEPHONE # 1-800-852-5711 

NOTE: ONLY ONE SCHOOL PER APPLICATION 

For Veterans Service Office Only 

Fee Waiver issued previously by Solano County VSO? ________________

If yes, what Academic Year _______________ and which school?__________________________

Supporting documents are attached / on file.

Signature ___________________________ Date ___________________________

Auditable Unit □ Yes □ No
I. STUDENT INFORMATION

Last Name: __________________________ First: __________________________ MI: _____
Social Security Number: ______-_______-______

Date of Birth: ____/____/______ Phone #: (______)_____--_________ Marital Status: □ Married □ Single
Your Email: __________________________

Street Address: __________________________________________ City: __________________________ State: ______ Zip: _______

YOUR relationship to veteran in Section III below: _________________________________________________

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? □ YES □ NO

ARE YOU receiving, OR ARE YOU CURRENTLY eligible to receive VA EDUCATIONAL BENEFITS UNDER CHAPTER 35? □ YES □ NO

ADJUSTED GROSS INCOME (AGI) of student from last year (January 1st through December 31st): $________________________

*NOTE: Refer to “HOW TO APPLY” on the reverse for required statements.

ANNUAL VALUE OF SUPPORT received from your parents - $ ___________ ___________ (Note: if entering $0.0 you must attach an explanation)

Note: examples of support include, but are not limited to: college housing, transportation, books, school supplies, medical care, etc.

*NOTE: Under Plan B, the total amount of the child’s income and value of support, as listed above, cannot exceed the “national poverty level” as determined by the U.S. Census Bureau and published by the California Department of Veterans Affairs.

II. SCHOOL INFORMATION

CALIFORNIA COLLEGE or UNIVERSITY you are attending or plan to attend: _______________________________________________

ACADEMIC YEAR for which you are requesting waiver of tuition/fees: _________________________________________________

*Note: Students must meet California residency requirements as determined by the school attending.

III. VETERAN INFORMATION

Name served under: Last Name: __________________________ First: __________________________ MI: ___________

Street Address: __________________________________________ City: __________________________ State: ______ Zip: _______

Telephone Number: (______)_____--_________ Branch of Service: ___________________ Service Number: ___________________

Date of Birth: ____/____/______ Date of Death (if applicable): ____/____/______ SSN#: ______-_______-_______

Dates of Active Duty service FROM: ___________________ UNTIL: ___________________

VA Claim #: ___________________

If the veteran is alive, current percentage of service-connected disability adjudicated by the military or USDVA: _________%

If the veteran is deceased, was the death "service-connected," or did the veteran have a service-connected disability at the time of death? □ YES □ NO

I hereby certify under penalty of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining educational benefits and is true, correct and complete. I authorize the California Department of Veterans Affairs (CalVet) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, and/or the Franchise Tax Board, to release information regarding the above service-connected disability rating and/or income to CalVet with the understanding that the department will keep such information confidential. Further, I understand that educational benefits may be denied if any information is found to be incomplete or inaccurate.

Signature of VETERAN (or Parent if Veteran not available): __________________________ Date: _____/______/_______

(If the Veteran is unable to sign, a statement as to why the veteran is unavailable must be attached)

Signature of STUDENT: __________________________ Date: _____/______/_______
WHAT ARE THE BENEFITS?
Waiver of all mandatory system wide tuition and fees at any State of California Community College, Campus of the University of California, or Campus of the California State University system. The waiver of fees is applicable only at these Colleges. Nothing shall prevent the above institutions from charging nonresident fees.

WHO MAY APPLY?

1–Students must meet California residency requirements as determined by the school they will attend. The school will make final residency determinations.
2 - Students who meet the requirements of at least one of the following plans:

PLAN A: The spouse, child or unmarried surviving spouse or California certified registered domestic partner (RDP) of a veteran who is totally service-connected disabled or who has died of service-related causes, may qualify. The veteran must have served during a period of war declared by Congress, or been awarded a Campaign or Expeditionary Medal. This program does not have an income limit. A child must be under 27 years of age to receive the fee waiver benefit. The age limit is extended to 30 years of age if the child is a veteran. There are no age limits for a spouse, surviving spouse or RDP. *Note: a dependent cannot receive this benefit if they are in receipt of VA Chapter 35 benefits, OR,

PLAN B: The child (no age limit) of a veteran who has a service-connected disability, or had a service-connected disability at the time of death, or who died of service-related causes, may also qualify for a waiver of fees. The child's income, which includes the student’s ADJUSTED GROSS INCOME, PLUS THE VALUE OF SUPPORT provided by a parent, cannot exceed the "national poverty level” as published by the U.S. Census Bureau on December 31st of last year. *NOTE: This figure changes annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO).

OR,

PLAN C: Any dependent, non-remarried surviving spouse, or current RDP of a member of the California National Guard who was killed, permanently disabled or died of this disability that resulted from activation under Military and Veterans Code Section 146.

NOTE: Plan D benefits are available to Congressional Medal of Honor recipients and their children. If the CVSO cannot grant benefits under Plan A, B or C, the CVSO will forward application to the California Department of Veterans Affairs (Cal Vet) for further processing.

HOW TO APPLY:

1 This form must be fully completed, signed by the student and the veteran (or parent, but you must explain why the veteran is not available), and all questions must be answered. If a question does not apply, write "N/A". If neither parent is available to sign, please attach an explanation.

2 A Child, under PLAN B, must submit either a copy of their federal income tax form 1040 or state income tax form 540, from "Last Year" or, if a child does not have a copy of their income tax, or if a child did not file a return, they must submit a statement from the Internal Revenue Service (800-852-5711) or the Franchise Tax Board (800-829-1040) which must verify the amount of adjusted gross income or the fact that a return was not filed. **NOTE**: Current academic year entitlement is based upon last year’s adjusted gross income and value of support. i.e.: If applying for benefits for academic year 2012-2013, the total amount of your reported adjusted gross income and value of support from calendar year 2011 will be used to determine eligibility.

3 If you are a "child" of a veteran, you must attach a Verification of Dependency. Acceptable verifications include a Birth Certificate, Adoption Records, Court Order, or other Governmental Documents.

WHEN TO APPLY:
Always try to apply for these benefits prior to attending school. Benefits are awarded on an academic year basis and students are required to reapply each year for ongoing benefits. **NOTE**: The earliest effective date fee waiver benefits may be awarded is the first day of the academic year in which an application is received.

WHERE TO APPLY:
To obtain applications, information and to apply for benefits under this program, contact your local County Veterans Service Office (look in the "Government Listings" section of your telephone book under "County Government Offices"), or on their website at: www.cacvso.org.

YOU MAY BE ENTITLED TO ADDITIONAL VETERANS BENEFITS
TO FIND OUT MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT A WEBSITE AT:
www.cacvso.org or www.calvet.ca.gov

PRIVACY NOTIFICATION

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is voluntary and will be used for the purposes of identification and to determine eligibility for benefits under the provisions of the Military and Veterans Code, Sections 890 through 899 and 980 and Education Code, Section 66025.3. The program is administered by: Deputy Secretary, Veterans Services Division, 1227 "O" Street, Sacramento, CA 95814. Failure to provide requested information will result in the delay or denial of benefits. Individuals may review available personal records during normal business hours. Appeals of denied benefits shall be filed with the Veterans Services Division (note address above). Appeals must be in writing, stating the reasons you feel the benefits should be granted, and filed within 90 days after the date of the "letter of denial."