



COSUMNES RIVER COLLEGE

VETERANS  
RESOURCE  
C E N T E R

## DIRECTIONS FOR COMPLETING AND SUBMITTING THIS PACKET

**DISCLAIMER:** Unfortunately, Cosumnes River College's Veterans Resource Center **does not** allow for the downloading of documents from Google Drive or the iCloud, so if you attach the documents directly from there, they will be removed by the system.

Instead save your forms to your desktop. Once they are completed re-save the document and email as an attachment to [CRC-VRC@crc.losrios.edu](mailto:CRC-VRC@crc.losrios.edu)

When sending this completed packet via email, in the subject line, **please enter your "FIRST NAME, LAST NAME, and STUDENT ID #"**. For questions, you can either call us at 916-691-7455, or email us at the above mentioned address

Any additional required documents can be emailed to the same email listed above.

**NOTE:** This form must be completed on a computer or tablet, utilizing a PDF reader such as Adobe Acrobat Reader. You can then delete them from your desktop/laptop/tablet once completed.

# VA Educational Benefits Checklist- Chpts. 1606/1607

## 1. CRC APPLICATION

Online at <http://www.crc.losrios.edu>

(If you have already applied and have a student ID number go to Step 2)

For questions call: (916) 691-7411

## 2. Apply for Financial Aid

Online at: <https://studentaid.ed.gov/sa/fafsa>

Please see "Financial Aid Disclosure for Veterans/Dependents" as you may eligible to receive Financial Aid, in conjunction to VA Education Benefit- highly encouraged.

For assistance call: (916) 691-7325

or email: [crc-finaid@crc.losrios.edu](mailto:crc-finaid@crc.losrios.edu)

## 3. First time using VA Educational Benefits at any institution:

- ❖ File the application for VA Education Benefits (22-1990) online at: <https://www.va.gov/education/how-to-apply/>

**Note:** Please make sure to print the confirmation page and provide to the VRC.

**or**

### Transfer student continuing VA Educational Benefits at CRC:

If you have already used VA Educational benefits at a previous institution:

File the application to transfer VA Education Benefits, by submitting VA form **22-1995 (included in this packet)** and provide to the VRC.

## 4. VA Educational Program Planner

Make a counseling appointment for a VA Educational Plan

By phone: (916) 691-7316

Online: <https://tinyurl.com/6nc6efz7>

The Department of Veterans Affairs mandates that students select a major. You can only receive payment for courses that are required according to your major.

**Official transcripts from all non-Los Rios colleges and military transcripts need to be on file prior to seeing a counselor.**

## 5. All students

Submit the following documentation to the VRC:

- ❖ Notice of Basic Eligibility (DD 2384-1)
- ❖ Completed VA form 22-1990 or 22-1995 (as listed above in items 1 and 2)
- ❖ CRC Enrollment Status Form
- ❖ CRC Veterans Intake and Statement of Understanding
- ❖ Cover sheet
- ❖ Residency packet – if you are not a CA resident.
- ❖ Transcripts from any other colleges MUST BE SUBMITTED within 30 days
  1. Unofficial Transcripts: Can be sent to directly to the VRC (until official copy is received)
  2. Official Transcripts: Please have the institution send them direct to our Admissions office by mail or via email to [admissions@crc.losrios.edu](mailto:admissions@crc.losrios.edu)

## VA Educational Benefits Checklist- Chpts. 1606/0607

### 6. Enroll

- ❖ Make sure to enroll in courses listed in your VA Planner
- ❖ Submit *Enrollment Status* form every semester (once enrolled)
- ❖ Pay for fees and purchase parking permit (decal)

In person: College Center Bldg., Business Services –Cashier Window 4

- ❖ Get Student Access card (Student ID)

In person: College Center Bldg., Admissions and Records Office –Window 7

Changes to your schedule after initial certification can cause delays in payments or overpayments with the Department of Veterans Affairs. Notify the CRC Veterans Resource Center **immediately** if you make changes to your schedule.

### Description of Veterans Affairs Forms:

- 22-1990 (Chapters 33, 30 & 1606) submit this form when applying for benefits for the first time or when changing chapters
- 22-1995 (Chapters 33, 30, 1606 & Transfer of Entitlement Program) submit this form when transferring schools or if you have already applied for benefits before
- 22-5490 (Chapter 35 & Fry Scholarship) submit this form when applying for benefits for the first time
- 22-5495 (Chapter 35 & Fry Scholarship) submit this form when transferring schools or if you have already applied for benefits before
- 22-1990E (Dependent Chapter 33-Transfer of Entitlement Program) submit this form when approved for transfer of entitlement

Cosumnes River College  
Veterans Resource Center  
Phone (916) 691-7455  
Fax (916) 691-7467  
Monday – Thursday: 8am to 4pm  
Department of Veterans Affairs 1-888-442-4551  
[www.gibill.va.gov](http://www.gibill.va.gov)



**Veterans Intake Form**

Name \_\_\_\_\_ Student # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_ Semester/Year \_\_\_\_\_

- Ch 33** Post 9/11 G.I. Bill
- Ch 31** Vocational Rehab
- Ch 33-TOE**
- Ch 1606** Guard/Reserve
- Ch 35** Dependent/Survivors
- Ch 30** Montgomery G.I. Bill

**Current Objective:** Please indicate intended major and goals. Must be a degree or certificate program offered through CRC or a CSU/UC transfer program.

- Certificate Major \_\_\_\_\_
- AA or AS Degree Major \_\_\_\_\_
- Transfer Major \_\_\_\_\_ Transfer Institution \_\_\_\_\_

\*Are you interested in information below (check all that apply)?

- Tutoring
- VA Mental Health
- Food Sources
- Disability Support Services
- American Legion
- Employment
- Transfer Services
- Women Veterans Alliance
- Child Care

**Official Transcripts** – Official transcripts from all previous colleges and universities attended MUST be on file prior to making appointment with counselor for VA Educational Planner.

I understand that my VA Educational benefits may be affected if relevant information is withheld and if changes in educational status are not reported.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

- DD-214 (member 4 copy)
- Certificate of Eligibility (COE)
- VA Application (VA form 1990, 5490, 1995 or 5495)
- CRC VA Statement of Understanding Form
- CRC VETERANS AND DEPENDENTS ENROLLMENT STATUS FORM
- VA EDUCATION PLAN Date: \_\_\_\_\_
- Veterans SSN \_\_\_\_\_ Dependent # \_\_\_\_\_
- DND posted for Chapter 33, 33-TOE and 31
- Priority Registration (Chapter 33, 33-TOE and 31 only)



# VETERANS COVER SHEET

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

VA File number or SS#: \_\_\_\_\_ Chapter: \_\_\_\_\_ Semester/year: \_\_\_\_\_

**CURRENT OBJECTIVE:** Please indicate your major listed on your VA Educational Plan.

Degree /Certificate: \_\_\_\_\_ Major: \_\_\_\_\_ College: \_\_\_\_\_

Yes, I attended and have transcripts from other colleges outside the Los Rios District. Please list below.

Colleges attended:	Official	Unofficial
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

No, I did not attend and do not have transcripts from other colleges.

I understand that prior to petitioning for graduation, I must have official transcripts from other colleges on file at CRC.

I understand that my VA educational benefits may be affected if any information provided to CRC is inaccurate or incomplete.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Veterans Resource Center**  
**STATEMENT OF STUDENT UNDERSTANDING AND RESPONSIBILITIES**

For Students Receiving VA Educational Benefits

NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

- I understand that once I have enrolled into **any** course, I am responsible for the payment for that course(s), whether or not I receive my VA educational benefits. I further understand that if I use Post- 9/11 – Chapter 33 benefits, I must notify the CRC Veterans Office when I add classes every semester to avoid being dropped for nonpayment.
- I understand that Department of Veterans Affairs requires me to have all prior college credits evaluated. I also understand that it is my responsibility to request and provide CRC with official transcripts from all other colleges outside of Los Rios Community College District.
- I understand that the VA requires me to select a major, and I must submit a VA Educational Program Planner in order to receive VA educational benefits. The VA will only approve courses for payment that are required according to my VA educational plan at CRC.
- I understand that if I add, drop, stop attending or change my schedule in any way, I must notify the CRC Veterans Resource Center immediately of this change. I also understand that the CRC Veterans Office cannot certify or make changes to my enrollment status until my classes have been officially added from the waiting list and show as *enrolled* on my records.
- I understand that courses which do not meet during the full semester session will be reported to the VA according to the start and end dates of these classes, i.e., first 8 weeks, second 8 weeks, etc., and that this may affect my VA educational benefits.
- I understand that VA regulations required that the Veterans Services Office adjusts and reports the enrollment certification to the VA Office. The school determines by checking the instructor’s records for the last date of attendance; this may affect the VA educational benefits with an overpayment. (This is the case if an F grade is received for a class in which VA educational benefits had being received).
- If a withdrawal or other punitive grade is assigned, an overpayment may be charged to the student. Per the VA – if an individual does not complete a course and does not substantiate mitigating circumstances for not completing that enrollment they will be charged with an overpayment equal to the amount of ALL educational assistance paid for that period of time.
- The VA does not allow payment for the following classes: physical education or athletic-related course, recommended courses, and courses which are not transferable or not counted towards an AA/AS degree or certificate program unless: 1) it is listed in the catalog as a required prerequisite for your goal; 2) concurrent enrollment in such a class is listed as required by the catalog; or 3) it has been identified as a required elective by your counselor. In addition, the VA will not pay for remedial courses unless your assessment test scores justify the need.
- For continued payment, the VA requires that you make satisfactory progress towards your goal. This means maintaining a 2.0 cumulative GPA and completing at least 50% of your units each term. CRC is required to report a termination of your benefits if you go on academic or progress dismissal. Counseling is required prior to readmit after dismissal.
- I understand that the Department of Veterans Affairs does NOT pay non-residency tuition. If I am classified as a non-resident, I am responsible for those charges.
- File Enrollment Status Form** All veterans and dependents are required to file an **Enrollment Status Form** with the CRC **Veterans Resource Center** **EACH** semester. This form is your notification to our office that you want to use you VA education benefits again next semester– we **never** assume that you want to use your benefits.



**Monthly self-verification**

In addition to the above requirement, **Chapter 30, 1606 and 1607 and Post-9/11 - Chapter 33\*** (\*effective 8/1/2021) students must, on **the last day of each month**, verify their enrollment with the VA for the previous month before the payment is made. The veteran has two methods to self-verify: 1) online service at <https://gibill.custhelp.va.gov/app/home> or 2) by phone at 1-877-823-2378. Failure to verify on a monthly basis will result in nonpayment.

**\*Chapter 31 and 35 students do not self-verify.**

**Students Using Post 9/11 GI Bill (Chapter 33):**

For more information visit the VA Website at [www.gibill.va.gov](http://www.gibill.va.gov) for the most current updates.

*I have read and fully understand the information given to me in this contract. I understand that failure to follow this information could result in a reduction or cancellation of my benefits. If I have any questions, I will contact the college's VA certifying official for clarification.*

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Student Signature

Date

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Name (Please Print)

10/22/2021

## VETERANS AND DEPENDENTS ENROLLMENT STATUS FORM

**Instructions:**

All veterans or dependents currently using their benefits need to file this form at the end of every semester to ensure that they are certified for the following semester or session. CRC does not automatically certify future enrollments to keep your benefits coming. That is your responsibility. Failure to follow these instructions will result in a delay of benefit payments. If you are not a "continuing" CRC veteran, do not file this form. Instead, make an appointment with the VA certifying official. Please allow 30 days for processing of your certification.

**Name** \_\_\_\_\_  
Last First MI

**Student ID Number** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Fall** \_\_\_ **Spring** \_\_\_ **Summer** \_\_\_ **Year** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone Home** \_\_\_\_\_  
**Work** \_\_\_\_\_  
**Cell** \_\_\_\_\_

**ENROLLMENT STATUS THIS SEMESTER:**

- Enrolled at CRC only
- Concurrently enrolled at other college(s) \_\_\_\_\_  
List colleges attending this semester (other than CRC)
- I have a **current VA Educational Program Planner on file** Yes No
- Chapter 33 only: will you receive the BOG fee waiver?** Yes No

**VETERAN/DEPENDENT CHAPTER:**     30     31     33     35     1606     1607

**CLASS SCHEDULE:**

<u>Class Name and Code Number (i.e. POLS 300)</u>	<u>Units</u>	<u>Class Name and Code Number (i.e. POLS 300)</u>	<u>Units</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Units Registered for Benefits** \_\_\_\_\_

I understand that I must notify the VA certifying official IMMEDIATELY whenever I add or drop a class or repeat a class for which I have received credit already. I acknowledge that these courses are outlined on my VA Educational Program Planner as classes needed to meet requirements for my goal. I authorize the personnel in the CRC Veterans Services Office to provide to and receive information from the Department of Veteran Affairs regarding my program.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**STAFF USE ONLY:**

- DND indicator placed on record
- PS entry
- Tuition & Fees: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_





## REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

### PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT <i>(Last, First, Middle)</i>		<b>VA DATE STAMP</b> DO NOT WRITE IN THIS SPACE				
1B. MAILING ADDRESS <i>(Complete street address, City, State, and 9-digit ZIP Code)</i>						
1C. APPLICANT'S TELEPHONE NUMBER <i>(Including Area Code)</i>	1D. VA FILE NUMBER					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 2px 5px;">HOME <i>(include area code)</i></td> <td style="width: 50%; border: none; padding: 2px 5px;">MOBILE <i>(include area code)</i></td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td style="border: none; height: 20px;"></td> </tr> </table>	HOME <i>(include area code)</i>	MOBILE <i>(include area code)</i>			1F. SOCIAL SECURITY OF APPLICANT <i>(For transferability cases, enter the veteran's social security number)</i>	
HOME <i>(include area code)</i>	MOBILE <i>(include area code)</i>					
1E. APPLICANT'S E-MAIL ADDRESS <i>(if applicable)</i>						

### PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE <i>(Only Select One)</i>		
A. <input type="checkbox"/> CHAPTER 33 <i>(Post-9/11 GI BILL)</i>	C. <input type="checkbox"/> CHAPTER 32 <i>(Veterans Educational Assistance Program including section 903)</i>	E. <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM
B. <input type="checkbox"/> CHAPTER 30 <i>(Montgomery GI Bill - Active Duty)</i>	D. <input type="checkbox"/> CHAPTER 1606 <i>(Montgomery GI Bill- Selected Reserve)</i>	
3. HOW WILL YOU TAKE TRAINING?		
A. <input type="checkbox"/> SCHOOL ATTENDANCE	D. <input type="checkbox"/> COOPERATIVE TRAINING	G. <input type="checkbox"/> LICENSING & CERTIFICATION TEST
B. <input type="checkbox"/> CORRESPONDENCE	E. <input type="checkbox"/> TUITION ASSISTANCE TOP-UP <i>(Active Duty Only)</i>	H. <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
C. <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	F. <input type="checkbox"/> FLIGHT TRAINING	
4A. WHAT EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?	4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?	
4C. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND <i>(If applicable)</i>	4D. PROVIDE NAME AND COMPLETE ADDRESS OF PREVIOUS SCHOOL OR TRAINING ESTABLISHMENT <i>(If only changing schools, list current school.)</i>	
4E. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY. <i>(If applicable)</i>		

**PART III - DIRECT DEPOSIT INFORMATION**

5. DIRECT DEPOSIT (Complete this item only if you wish to start, change or stop direct deposit.) (See Instructions and Information, Page 3, Item number 5 for additional information regarding direct deposit.)

**NOTE:** To prevent possible delays in payment, claimants are highly encouraged to use Direct Deposit and set up an Electronic Fund Transfer (EFT.) Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (VEAP - Chapter 32) nor for Section 903.

START OR CHANGE EFT (Please attach a voided personal check or provide the information in items 5A through 5D below.)  STOP EFT

5A. TYPE OF ACCOUNT

CHECKING  SAVINGS

5B. NAME OF FINANCIAL INSTITUTION

5C. 9 DIGIT ROUTING OR TRANSIT NUMBER

5D. ACCOUNT NUMBER

**PART IV - MISCELLANEOUS INFORMATION**

6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)

QUESTIONS	YES	NO
6A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/>	<input type="checkbox"/>
6B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18 OR	<input type="checkbox"/>	<input type="checkbox"/>
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR	<input type="checkbox"/>	<input type="checkbox"/>
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	<input type="checkbox"/>	<input type="checkbox"/>
6C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	<input type="checkbox"/>	<input type="checkbox"/>

7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for **each period** of active service. (Don't report Active Duty for Training.)

7A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY	7B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	7C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If yes send in copies of your orders)		7D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	7E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS)
		YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)

8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee)

YES  NO

9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty)

YES  NO

10. REMARKS

**PART V - CERTIFICATION AND SIGNATURE OF APPLICANT**

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

**PENALTY** - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

11A. SIGNATURE OF APPLICANT (DO NOT PRINT)

11B. DATE SIGNED

**SIGN HERE IN INK** 