

DIRECTIONS FOR COMPLETING AND SUBMITING 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

When sending this completed packet via email, in the <u>subject line</u>, 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.

| 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 |
| 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 |
| ☐ 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 transcrips need to be on file prior to seeing a counselor. |
| □ 5. All students |
| Submit the following documentation to the VRC: |
| DD-214 member 4 copy |
| If applicable, provide Kicker/College Fund Contract Certificate of Eligibility (Post-9/11® GI BILL student – The online equivalent of this form can also be obtained |
| online by going to https://www.va.gov/education/gi-bill/post-9-11/ch-33-benefit/) |
| 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 |
| • Cover sheet |

- ❖ Residency packet if you are not a CA resident.
- ❖ Do Not Drop form for CH. 33/ 33-TOE
- ❖ 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

□6. Enroll

- ❖ Make sure to enroll in courses listed in your VA Planner
- Submit Enrollment Status form every semester (once enrolled)
- Purchase parking permit (decal) and holder

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



Veterans Intake Form

| Name | | | Student # | | | |
|--|---|----------------------------------|--|---|--|--|
| Address | | | | | | |
| Phone # | Email | Address | | Semester/Year | | |
| □ Ch 33 Post 9/11 G | .I. Bill | □ Ch 31 Vo | cational Rehab | | | |
| □ Ch 33 -TOE | | □ Ch 1606 | Guard/Reserve | | | |
| □ Ch 35 Dependent/ | Survivors | □ Ch 30 M | ontgomery G.I. Bi | II | | |
| Current Objective: Pthrough CRC or a CS | | = | goals. Must be a d | legree or certificate program offered | | |
| □ Certificate | Major | | | | | |
| □ AA or AS Degree | Major | | | | | |
| □ Transfer | Major | 1 | Fransfer Institution | n | | |
| *Are you interested | in information b | elow (check all tha | t apply)? | | | |
| prior to making appo | - Official transcri pintment with co y VA Educational | unselor for VA Edu | ion rans Alliance us colleges and ur icational Planner. | Food Sources Employment Child Care niversities attended MUST be on file information is withheld and if changes | | |
| Signature | | | Date | | | |
| ☐ Certificate o | mber 4 copy) of Eligibility (COE) on (VA form 199 | 0, 5490, 1995 or 5 | | | | |
| | ement of Unders | Standing Form DENTS ENROLLMEN | IT STATUS FORM | | | |
| □ VA EDUCAT | ION PLAN | Date: | | | | |
| ☐ Veterans SS | | Dependent # | # | | | |
| • | for Chapter 33, | | 4 1) | | | |
| □ Priority Reg | istration (Chapte | r 33, 33-TOE and 3 | I only) | | | |



VETERANS COVER SHEET

| Name: | Student ID: | | | | | |
|--|-------------------------------|----------------------|-------------------|--|--|--|
| VA File number or SS#: | Chapter: | Semeste | nester/year: | | | |
| CURRENT OBJECTIVE: Please indicate your | major listed on your VA Ed | ucational Plan. | | | | |
| Degree /Certificate: Major: | College: | | | | | |
| ☐ Yes, I attended and have transcripts from o | other colleges outside the Lo | | | | | |
| Colleges attended: | | Official | Unofficial | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| □ No, I did not attend and do not have transc | ripts from other colleges. | | | | | |
| I understand that prior to petitioning for gradfile at CRC. | luation, I must have officia | l transcripts from o | other colleges o | | | |
| understand that my VA educational benefit naccurate or incomplete. | s may be affected if any in | formation provided | l to CRC is | | | |
| Student's Signature | Dat | | | | | |

Do Not Drop Request

| Name: | Stud | lent ID: | | | | | | | |
|--|--|---------------------------|--|--|--|--|--|--|--|
| What semester/year will you | begin using your VA education benefits? | | | | | | | | |
| | Drop" hold is for recipients of VA education be r a percentage of by the Department of Veter ng dropped for non-payment. | | | | | | | | |
| understand that my tuition/fees may NOT be paid in full by the Department of Veterans Affairs. I am responsible for payment whether or not I receive my VA education benefits. | | | | | | | | | |
| I understand that I must notifievery semester to avoid being | fy the CRC Veterans Resource Center immedia g dropped for non-payment. | ately after enrolling for | | | | | | | |
| | understand that the <u>Department of Veterans Affairs does NOT pay non-residency tuition</u> . If I am classified as a non-resident, I am responsible for those charges. | | | | | | | | |
| | I understand that I must notify the CRC Veterans Resource Center if I decide not to use my VA education benefits. I am responsible for dropping any courses which I do not attend. | | | | | | | | |
| I understand that this is only a <u>temporary hold</u> and will be removed if I do not return within <u>30 days</u> after the semester starts to submit the documents required to initiate my VA education benefits. If I fail to return, the hold will be removed without notification, and I may be dropped from all my courses for non-payment. | | | | | | | | | |
| I have read and unders | tand all of the above. | | | | | | | | |
| Student's Signature: | | Date: | | | | | | | |
| Day Phone: | Evening Phone: | | | | | | | | |
| FOR OFFICE USE ONLY: | | | | | | | | | |
| □Post 9/11 GI Bill - Chapter 33 | □Post 9/11 Transfer of Entitlement Program | ☐ Fry Scholarship | | | | | | | |
| (Circle) Resident or Non-Reside | ent Received a | nd Verified By: | | | | | | | |
| VA Certifying Official | <u> </u> | Date | | | | | | | |
| DND will be removed on: | | | | | | | | | |

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 <u>any</u> course, I am responsible for the payment for that course(s), whether or not I |
|---|
| receive my VA educational benefits. <u>I further understand that if I use Post- 9/11 – Chapter 33 benefits, I must notify the CRC</u> |
| 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 <u>I must submit a VA Educational Program Planner</u> 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 <i>enrolled</i> 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 <u>F grade</u> 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. |

| Mont | hly self-verification |
|--------------------------------|---|
| In add | dition to the above requirement, Chapter 30, 1606 and 1607 and Post-9/11 - Chapter 33* (*effective 8/1/2021) |
| stude | nts must, on the last day of each month, verify their enrollment with the VA for the previous month before the |
| paym | ent is made. The veteran has two methods to self-verify: 1) online service at https://gibill.custhelp.va.gov/app/home |
| or 2) l | by phone at 1-877-823-2378. Failure to verify on a monthly basis will result in nonpayment. |
| *Cha | pter 31, 33 and 35 students do not self-verify. |
| Stude | ents Using Post 9/11 GI Bill (Chapter 33): |
| For m | ore information visit the VA Website at www.gibill.va.gov for the most current updates. |
| | |
| | |
| | d fully understand the information given to me in this contract. I understand that failure to follow this information a reduction or cancellation of my benefits. If I have any questions, I will contact the college's VA certifying official |
| for clarification | |
| | |
| | |
| Student Signat | ure Date |
| Student Signat | ure Date |
| Student Signat Name (Please F | |

10/22/2021

8401 Center Parkway, Sacramento, CA 95823-5704

916-691-7455/Fax: 916-691-7467

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 | | | | Stude | nt ID Nur | nber | | |
|--|--|--------------------|-----------------|-------------------|-----------------|--------------------|---------------|---------------|
| Last | First | | MI | | | | | |
| ailing Address | | | | Fall | _Spring_ | Summer _ | Year_ | |
| | | | | Phone | e Home | | | |
| | | | | | | | | |
| nail | | | | | Cell | | | |
| NROLLMENT STATUS DE Enrolled at Concurrent | | college(s) | | | | | | |
| | | | | | tending this se | emester (other tha | n CRC) | |
| | rent VA Education only; will you receive | | | Yes Yes | | No No | | |
| ETERAN/DEPENDENT | CHAPTER: | 30 🗆 31 | □ 33 | □ 35 | □ 1606 | □ 1607 | | |
| CLASS SCHEDULE: | | | | | | | | |
| SLASS SCHEDULE. | | | | | | | | |
| Class Name and Cod | <u>de Number (i.e. PC</u> | OLS 300) Un | its <u>Clas</u> | s Name and | d Code Nu | umber (i.e. PO | LS 300) | <u>Unit</u> : |
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| understand that I must no eceived credit already. I | | | | | | | | |
| quirements for my goal. | | | | | | | | |
| epartment of Veteran Afl | | | cicians sei | vices Office it | o provide io | and receive iiii | omianom ne | ,,,, |
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| Tuition & Fees: | | | | | | | | |
| eceived By: | Date: / / | Processes | d Rv. | Date: | , , | | | |
| occived by | Duic// | 1 10063360 | л Dy | Dale, | // _ | | | |

| Department of Veterans Af | fairs | | | | | | |
|---|---|----------------------------|--|--|--|--|--|
| REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING | | | | | | | |
| | PART I - IDENTIFICATION | AND PERSONAL INFOR | MATION | | | | |
| 1A. NAME OF APPLICANT (Last, First, Midd | VA DATE STAMP DO NOT WRITE IN THIS SPACE | | | | | | |
| 1B. MAILING ADDRESS (Complete street ad | dress, City, State, and 9-digit ZIP | Code) | | | | | |
| 1C. APPLICANT'S TELEPHONE N | NUMBER (Including Area Code) | 1D. VA FILE NUMBER | ₹ | | | | |
| HOME (include area code) | MOBILE (include area code | | | | | | |
| 1E. APPLICANT'S E-MAIL ADDRESS (if app | licable) | | TY OF APPLICANT (For transferability cases, 's social security number) | | | | |
| | PART II - YOUR P | PROGRAM INFORMATION | l . | | | | |
| 2. EDUCATION BENEFIT YOU WANT TO RE | ECEIVE (Only Select One) | | | | | | |
| A. CHAPTER 33 (Post-9/11 GI BILL) | Program includi | ing section 903) | E. TRANSFER OF ENTITLEMENT PROGRAM | | | | |
| B. CHAPTER 30 (Montgomery GI Bill Active Duty) | l - D. CHAPTER 1606 Selected Reserve | (Montgomery GI Bill- e) | | | | | |
| 3. HOW WILL YOU TAKE TRAINING? | | | | | | | |
| A. SCHOOL ATTENDANCE | D. COOPERATIVE | | G. LICENSING & CERTIFICATION TEST | | | | |
| B. CORRESPONDENCE C. APPRENTICESHIP OR ON-THE-JC | E. TUITION ASSIST (Active Duty Onl) DB | | H. NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT | | | | |
| TRAINING | F. FLIGHT TRAININ | IG | | | | | |
| 4A. WHAT EDUCATIONAL, PROFESSIONAL YOU WORKING TOWARD? | OR VOCATIONAL GOAL ARE | | HE PROGRAM YOU ARE REQUESTING? | | | | |
| 4C. IF CHANGING SCHOOLS, PROVIDE NA OF NEW SCHOOL OR TRAINING ESTAE TO ATTEND (<i>If applicable</i>) | | | MPLETE ADDRESS OF PREVIOUS SCHOOL OR IT (If only changing schools, list current school.) | | | | |
| 4E. TELL US WHEN AND WHY YOU STOPP SHEET IF NECESSARY. (<i>If applicable</i>) | ED TRAINING AT YOUR PRIOR SO | CHOOL OR ESTABLISHMENT. Co | ONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE | | | | |
| | | | | | | | |

| 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. | | | | | | | | | |
| | EFT (Please attach a voided personal | | | | | | | STO | OP EFT |
| 5A. TYPE OF ACCOUNT | | | | | | | | | |
| CHECKING | SAVINGS | | | | | | | | |
| 5B. NAME OF FINANCIAL INSTITUTION 5C. 9 DIGIT ROUTING OR TRANSIT NUMBER 5D. ACCOUNT NUMBER | | | | | | | | | |
| | PAR | T IV - I | MISCEL | LANE | OUS | INFORMA | TION | | |
| | 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 | | | | | | | | | |
| 6B. DO YOU HAVE ANY CH | ILDREN WHO ARE: | | | | | | | | |
| (1) UNDER AGE 18 OR | | | | | | | | | |
| (2) OVER 18 BUT UNDER | AGE 23, NOT MARRIED AND AT | TENDIN | IG SCHO | OL? OR | ! | | | | |
| (3) OF ANY AGE PERMAN | NENTLY HELPLESS FOR MENTA | L OR PH | YSICAL I | REASO | NS? | | | | |
| 6C. IS EITHER YOUR FATH | ER OR MOTHER DEPENDENT U | IPON YC | U FOR F | INANC | AL SUF | PPORT? | | | |
| active duty since your initia | ERVICE (PERIODS OF ACTIVE D al period of active duty if you have DD Form 214 for each period of a | not previ | iously rep | orted th | is inforr | nation. It will h | elp VA process your cl | | |
| 7A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY | D RESERVE OR GUARD 7B. BEGINNING AND ENDING ACTIVE DUTY FOR THIS 7D. WHAT W PERIOD? (If yes send in OF YOU | | | | | AS THE CHARACTER IF A (FEDER | | IF THIS ACTIVE DUTY IS AL GUARD DUTY, INDICATE AUTHORITY IS TITLE 10 RAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS) | |
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| ATTENDANCE AT A SER | E FULL TIME ASSIGNMENT E VICE ACADEMY; OR NON-C UITTAL, BEING AWOL, DESI | REDITA | ABLE TIM | ME (TI | ME LO | ST BECAUSI | E OF INDUSTRIAL (| | |
| 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) SIGN HERE IN INK 11B. DATE SIGNED | | | | | | | | | |

VA FORM 22-1995, JUL 2020 Page 2