



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

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.

CRC VA Educational Benefits Checklist -Chpt. 35

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

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

- ❖ File the application for VA Education Benefits (22-5490) 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 **22-5495 (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:

- ❖ 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 22-5490 or 22-5495 (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.
- ❖ **Provide first 5 digits of the Veterans SSN**
- ❖ 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

CRC VA Educational Benefits Checklist

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



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)?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> VA Mental Health | <input type="checkbox"/> Food Sources |
| <input type="checkbox"/> Disability Support Services | <input type="checkbox"/> American Legion | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Transfer Services | <input type="checkbox"/> Women Veterans Alliance | <input type="checkbox"/> 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:

- 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 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.

Student Signature

Date

Name (Please Print)

10/22/2021



**DEPENDENTS' REQUEST FOR CHANGE OF PROGRAM
 OR PLACE OF TRAINING
 (Under Provisions of Chapters 33 and 35, Title 38, U.S.C.)**

INTERNET VERSION AVAILABLE - You may complete and submit your application online at www.benefits.va.gov/gibill.

PART I. APPLICANT INFORMATION

1. NAME (First, Middle Initial, Last)		VA DATE STAMP (For VA Use Only)		
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER			
4. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH			
6. CURRENT MAILING ADDRESS (Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)				
7. TELEPHONE NUMBER(S) (Include Area Code)				
PRIMARY		SECONDARY		
8. EMAIL ADDRESS (If applicable)				
9. DIRECT DEPOSIT (Complete this item only if you wish to start, change or stop direct deposit) (See Instructions, page 3, Item 9 for more information on Direct Deposit)				
NOTE - To prevent possible delays in payment, claimants are encouraged to use Direct Deposit and set up a Electronic Funds Transfer (EFT). <input type="checkbox"/> START OR CHANGE DIRECT DEPOSIT (Attach a voided personal check or provide the information requested in Items A thru D below) <input type="checkbox"/> STOP EFT				
A. TYPE OF ACCOUNT	B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		D O N O T F I L L	D O N O T F I L L	
10. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED				
A. NAME	B. ADDRESS	C. TELEPHONE NUMBER		

PART II. QUALIFYING INDIVIDUAL INFORMATION

11. NAME OF INDIVIDUAL ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED (First, Middle, Last)		
12. SOCIAL SECURITY NUMBER OR VA FILE NUMBER		13. BRANCH OF SERVICE
14. DATE OF BIRTH	15. DATE OF DEATH OR DATE LISTED AS MIA OR POW	16. IS QUALIFYING INDIVIDUAL CURRENTLY ON ACTIVE DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO
17. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		
18. DO YOU OR THE QUALIFYING INDIVIDUAL ON WHOSE ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING FELONY AND/OR WARRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PART III. APPLICANT'S MILITARY SERVICE INFORMATION
 (NOTE: Chapter 35 benefits are not payable while an eligible person is on active duty)

19. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "No," skip to Part IV) <input type="checkbox"/> YES <input type="checkbox"/> NO			
20. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART IV - BENEFIT AND TYPE OF EDUCATION OR TRAINING

21A. TYPE OF BENEFIT

- CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRY SCHOLARSHIP)
- CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)

21B. TYPE OF TRAINING

- COLLEGE OR OTHER SCHOOL
- NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
- FARM COOPERATIVE
- CORRESPONDENCE COURSE (*DEA Children not eligible*)
- LICENSING OR CERTIFICATION TEST
- FLIGHT TRAINING (*Fry Scholarship only*)
- APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING

22. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE (e.g., *Bachelor of Arts in Accounting, Welding Certificate, Police Officer*)

23. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING TO PURSUE?

24. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU PLAN TO ATTEND (*if applicable*)

Cosumnes River College
8401 Center Parkway
Sacramento, CA 95823

25. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF **CURRENT** OR **OLD** SCHOOL OR TRAINING ESTABLISHMENT

26. TELL US **WHEN** AND **WHY** YOU STOPPED (or will stop) TRAINING AT YOUR OLD (or current) SCHOOL OR TRAINING ESTABLISHMENT

PART V - REMARKS AND CERTIFICATION

27. REMARKS (*If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet of paper*)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

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.

28A. SIGNATURE OF APPLICANT (*DO NOT PRINT*)

**Sign Here
In INK**

28B. DATE SIGNED

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: ___/___/___