



## REQUEST FOR AND RECEIPT OF SUPPLIES (Chapter 31 - Vocational Rehabilitation)

**PRIVACY ACT INFORMATION:** No benefits may be paid unless a completed application form has been received (38 C.F.R. 21.212 and 21.224). The information requested on this form is necessary to determine your entitlement to the benefit for which you have applied. The responses you submit are considered confidential, (38 U.S.C. 5701), formerly 3301. They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education and Vocational Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

### SECTION A: TO BE SUBMITTED TO THE DEPARTMENT OF VETERANS AFFAIRS

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN <div style="background-color: yellow; height: 15px; width: 100%;"></div>	REHABILITATION GOAL <div style="background-color: yellow; height: 15px; width: 100%;"></div>	VA FILE NUMBER
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ADDRESS TO WHICH SUPPLIES MAY BE DELIVERED TO VETERAN (*Number and Street or Rural Route, City or P.O., State and Zip Code*)

### INSTRUCTIONS

#### REHABILITATION PROVIDER

#### REHABILITATION PROVIDER (Continued)

A. The Department of Veterans Affairs (VA) may furnish supplies to the veteran named above, who is entering into or is already taking part in a VA rehabilitation, independent living, or employment assistance program, if all of the following conditions are met:

1. The facility/employer requires all persons being trained for or employed in the same occupational or independent living goal to personally possess the same books, tools, and other supplies; and
2. The veteran does not already possess the required items; and
3. The VA case manager has determined the supplies may be provided in accordance with limitations and restrictions found in 38 U.S.C. and applicable federal regulations.

B. VA will not furnish tools or other supplies which commonly are on hand for use of all trainees or employees or which the veteran already owns.

C. If items are required under the conditions stated in A, and are not being requested merely because the veteran desires them, request these supplies by completing the section immediately following these instructions. You may continue to list required items on another VA For 28-1905m. Additional pages may be used if necessary.

D. In Section B, please sign and complete the Request and Certification of Establishment section.

#### VETERAN

A. In Section B, the veteran's signature acknowledges that he or she does not already possess the required items.

B. The veteran must complete Section C of this form and return it to the VA case manager to report receipt of items.

### SECTION B: REQUEST AND CERTIFICATION OF FACILITY OR ESTABLISHMENT

#### TYPE OF PROGRAM

On-Job Training    
  Educational or Vocational Training    
  Independent Living    
  Employment    
  Other (*Specify*)

(1)	ITEM NO. <i>(If applicable)</i>	NAME OF ARTICLE AND DESCRIPTION <i>(Catalog identification, size, etc.)</i>	QUANTITY <i>(Set, pair, etc.)</i>	ESTIMATED COST
<input type="checkbox"/>				

SIGNATURE AND TITLE OF OFFICIAL	DATE
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NAME AND ADDRESS OF FACILITY OR ESTABLISHMENT (*Number and street or rural route, city or P.O., state and Zip Code*)

SIGNATURE OF VETERAN ( <i>Please sign in ink.</i> ) <div style="background-color: yellow; height: 15px; width: 100%;"></div>	DATE <div style="background-color: yellow; height: 15px; width: 100%;"></div>	SIGNATURE OF CASE MANAGER ( <i>Please sign in ink.</i> ) <div style="background-color: yellow; height: 15px; width: 100%;"></div>	DATE
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