



Department of Veterans Affairs

VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

REQUEST AND AUTHORIZATION FOR SUPPLIES
(Chapter 31 - Veteran Readiness and Employment)

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to submit a request for assistance with obtaining goods and/or services for Chapter 31 benefits. For more information, contact us at <https://www.va.gov/contact-us/>, or call us toll-free at 800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms. After completing the form, if returning by mail, mail to: Veteran Readiness and Employment (VR&E) Intake Center, Department of Veterans Affairs, P.O. Box 5210, Janesville, WI 53547-5210.

SECTION I: CLAIMANT'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completing by hand, print neatly and legibly in ink, and completely fill in each applicable circle to help expedite the processing of the form.

1. CLAIMANT'S NAME *(First, Middle Initial, Last)*

2. VA FILE NUMBER

3. REHABILITATION PLAN GOAL

4. ADDRESS WHERE SUPPLIES WILL BE DELIVERED TO CLAIMANT *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

Apt./Unit Number

City

State/Province

Country

ZIP Code

5. TELEPHONE NUMBER *(Include Area Code)*

Enter International Phone Number *(If applicable)*

6. EMAIL ADDRESS *(Optional)* I agree to receive electronic correspondence from VA in regards to my claim.

SECTION II: REQUEST AND CERTIFICATION OF TRAINING AND EMPLOYMENT FACILITY

The Department of Veterans Affairs (VA) will furnish goods and/or services to the claimant named above, who is participating in a rehabilitation plan of services if one of the following criteria applies - 1). The goods and/or services are required for one of the following reasons: to be used by all individuals in the claimant's program, to compensate for the effects of the claimant's disabilities, or to allow the claimant to function more independently and lessen his or her dependence on others [38 CFR 21.212(b)], or 2). The VA case manager has determined that the goods and/or services are needed and both of the following criteria are met - a). The items are generally owned and used by students or employees pursuing the training, independent living, or employment objective, and b) individuals who do not have the items would be placed at a distinct disadvantage [38 CFR 21.212(d)].

If the facility or employer requires the claimant to personally possess the goods and/or services, the facility representative or employer must specify these and sign in Section III below. If the VA case manager determines that the goods and/or services are needed or required, signature from the facility or employer representative is not necessary. The case manager must review the request and sign in Section III below. The claimant's signature in Section III verifies that the requested items are needed or required based on the conditions listed above and will be used during his or her rehabilitation plan of services.

7. NAME OF ITEM AND DESCRIPTION	8. QUANTITY	9. ESTIMATED COST
		\$
		\$
		\$
		\$

