



VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

VETERAN READINESS AND EMPLOYMENT (VR&E) QUESTIONNAIRE

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 6. VA will use this form to assist in the determination of entitlement to Chapter 31 benefits. For more information, contact VA 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 INFORMATION

NOTE: You may *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. NAME (First, Middle Initial, Last)

2. VA FILE NUMBER

3. DATE OF BIRTH (MM/DD/YYYY)

4. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

5. TELEPHONE NUMBER (Include Area Code)

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

Enter International Phone Number (If applicable)

7. GENDER

MALE FEMALE NON BINARY/THIRD GENDER

8. MARITAL STATUS

MARRIED DIVORCED SEPARATED WIDOWED NEVER MARRIED

SECTION II: EMERGENCY CONTACT INFORMATION

9. CONTACT'S NAME (First, Middle Initial, Last)

10. CONTACT'S TELEPHONE NUMBER (Include Area Code)

11. CONTACT'S RELATIONSHIP TO CLAIMANT (Describe)

Enter International Phone Number (If applicable)

SECTION III: CLAIMANT'S BACKGROUND INFORMATION

12. HOW DO YOU EXPECT THIS PROGRAM TO HELP YOU? (Explain)

13. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN PURSUING? (Explain)

14. HAVE YOU EVER PARTICIPATED IN OR ARE CURRENTLY PARTICIPATING IN A VA EDUCATION BENEFIT PROGRAM?

YES NO

SECTION III: CLAIMANT'S BACKGROUND INFORMATION (Continued)

15. HAVE YOU EVER PARTICIPATED IN A PROGRAM OF VOCATIONAL REHABILITATION BEFORE?
 YES NO *(If "Yes," complete Item 16)*

16. CHECK ALL THAT APPLY IN WHICH YOU HAVE PARTICIPATED
 WORKER'S COMP PRIVATE VA VOCATIONAL REHABILITATION
 STATE VOCATIONAL REHABILITATION OTHER *(Explain)*

17. LIST ANY TYPE OF SERVICES YOU WERE PROVIDED *(i.e., training, medical, vocational testing, functional capacities, job search activities):*

SECTION IV: CIVILIAN EMPLOYMENT

(Please fill out each area as completely as possible. If you have a resume attach it to the completed form)

18. CIVILIAN EMPLOYMENT HISTORY: Please start with your most current position.

JOB TITLE	DATES (MM/DD/YYYY)	AVERAGE GROSS MONTHLY SALARY
	FROM - -	\$.00
	TO - -	

COMPANY NAME

STATUS

FULL TIME

PART TIME

DESCRIBE JOB DUTIES IN DETAIL

REASON FOR LEAVING

JOB TITLE	DATES (MM/DD/YYYY)	AVERAGE GROSS MONTHLY SALARY
	FROM - -	\$.00
	TO - -	

COMPANY NAME

STATUS

FULL TIME

PART TIME

DESCRIBE JOB DUTIES IN DETAIL

REASON FOR LEAVING

JOB TITLE	DATES (MM/DD/YYYY)	AVERAGE GROSS MONTHLY SALARY
	FROM - -	\$.00
	TO - -	

COMPANY NAME

STATUS

FULL TIME

PART TIME

DESCRIBE JOB DUTIES IN DETAIL

REASON FOR LEAVING

SECTION IV: CIVILIAN EMPLOYMENT (Continued)
 (Please fill out each area as completely as possible. If you have a resume attach it to the completed form)

JOB TITLE	DATES (MM/DD/YYYY)	AVERAGE GROSS MONTHLY SALARY
	FROM - -	\$.00
	TO - -	

COMPANY NAME	STATUS
	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME

DESCRIBE JOB DUTIES IN DETAIL

REASON FOR LEAVING

SECTION V: MILITARY WORK HISTORY
 (Please fill out the following area as completely as possible)

19. MILITARY WORK HISTORY: Please start with your most current Military Occupation Specialty (MOS).

BRANCH OF SERVICE: ARMY NAVY MARINES COAST GUARD AIR FORCE SPACE FORCE

JOB TITLE	DATES (MM/DD/YYYY)	AVERAGE GROSS MONTHLY SALARY
	FROM - -	\$.00
	TO - -	

LIST ANY HONORS AND COMMENDATIONS	RANK
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DESCRIBE JOB DUTIES IN DETAIL

BRANCH OF SERVICE: ARMY NAVY MARINES COAST GUARD AIR FORCE SPACE FORCE

JOB TITLE	DATES (MM/DD/YYYY)	AVERAGE GROSS MONTHLY SALARY
	FROM - -	\$.00
	TO - -	

LIST ANY HONORS AND COMMENDATIONS	RANK
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DESCRIBE JOB DUTIES IN DETAIL

BRANCH OF SERVICE: ARMY NAVY MARINES COAST GUARD AIR FORCE SPACE FORCE

JOB TITLE	DATES (MM/DD/YYYY)	AVERAGE GROSS MONTHLY SALARY
	FROM - -	\$.00
	TO - -	

LIST ANY HONORS AND COMMENDATIONS	RANK
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DESCRIBE JOB DUTIES IN DETAIL

SECTION VI: ADDITIONAL EMPLOYMENT INFORMATION
 (Please fill out the following area as completely as possible)

20. WHAT WORK SKILLS DID YOU USE IN YOUR CURRENT OR PREVIOUS POSITIONS THAT YOU THINK YOU MAY BE ABLE TO USE IN A NEW JOB?

21. PLEASE EXPLAIN WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT OF 3 MONTHS OR LONGER:

SECTION VII: EDUCATION AND TRAINING

Please fill out the area below regarding your education/training background as completely as possible.
 Please include vocational, college, on-the-job, and other training. NOTE: Please include civilian and military schools/training.

22. INDICATE HIGHEST LEVEL COMPLETED:

- SOME HS
 HS
 GED
 ASSOCIATE
 BACHELOR
 MASTER
 POST GRADUATE

Please provide "Area of Study" in the space below:

NOTE: Attach college transcript if applicable and available.

23A. LIST CERTIFICATES/LICENSES (<i>Apprentices or journeyman card, truck driver/CDL, etc.</i>)	23B. DATE EXPIRES (MM/DD/YYYY)
	- -
	- -
	- -

SECTION VIII: LIST AND DESCRIBE ALL OF YOUR SERVICE-CONNECTED AND NON SERVICE-CONNECTED DISABILITY(IES)
 (Please list the disability(ies) in order of severity)

24A. SERVICE-CONNECTED DISABILITY(IES)	24B. WHAT DIFFICULTIES ARE YOU EXPERIENCING DUE TO YOUR DISABILITY(IES)?
25A. NON SERVICE-CONNECTED DISABILITY(IES)	25B. WHAT DIFFICULTIES ARE YOU EXPERIENCING DUE TO YOUR DISABILITY(IES)?

SECTION VIII: LIST AND DESCRIBE ALL OF YOUR SERVICE-CONNECTED AND NON SERVICE-CONNECTED DISABILITY(IES)

(Continued)

25C. HAS/HAVE YOUR SERVICE CONNECTED DISABILITY(IES) AFFECTED YOU IN THE FOLLOWING AREAS OF WORK? (Check all that apply)

- JOB PERFORMANCE
 JOB OPPORTUNITIES
 CO-WORKER RELATIONS
 OTHER (Please explain)
 JOB SATISFACTION
 MISSED WORK TIME
 MANAGER RELATIONS

26. ARE ANY OF YOUR DISABILITIES IMPROVING?

- YES NO

27. ARE ANY OF YOUR DISABILITIES STABLE?

- YES NO

28. ARE ANY OF YOUR DISABILITIES WORSENING?

- YES NO

29. DO YOU RECEIVE OR HAVE A PENDING CLAIM FOR ANY OF THE FOLLOWING? (Check all that apply)

- RETIREMENT (*Military/civilian*)
 WORKERS COMPENSATION BENEFITS
 WELFARE ASSISTANCE
 DISABILITY PENSION (*Military/civilian*)
 SOCIAL SECURITY DISABILITY INCOME (SSDI/SSI)
 MEDICARE/MEDICAID
 UNEMPLOYMENT
 TOTAL DISABILITY BASED ON INDIVIDUAL UNEMPLOYABILITY (TDIU)
 OTHER

SECTION IX: MEDICAL TREATMENT

(Please describe ALL medical treatment you are receiving outside of VA)

30A. CONDITION	30B. NAME OF MEDICAL FACILITY	30C. HOW OFTEN ARE YOU SEEN FOR TREATMENT

31A. DO YOU HAVE MEDICAL NEEDS THAT ARE NOT BEING MET? (If "Yes," complete Item 31B)

- YES NO

31B. WHAT WOULD HELP ADDRESS YOUR UNMET MEDICAL NEEDS?

SECTION X: MISCELLANEOUS
(The following information will be used for employment planning purposes)

32. HOW FAR ARE YOU WILLING TO COMMUTE FOR WORK AND OR SCHOOL?

Number of miles **OR** Number of hours

33. DO YOU HAVE A VALID DRIVER'S LICENSE?

YES NO

34. ARE YOU WILLING TO RELOCATE FOR A JOB?

YES NO

35. IF YOU HAVE HAD A HISTORY OF OR ARE CURRENTLY DEALING WITH LEGAL ISSUES, PLEASE SELECT AND DESCRIBE BELOW:

BANKRUPTCY MISDEMEANOR FELONY PROBATION PAROLE OTHER N/A

36. IF YOU HAVE HAD AND/OR PRESENTLY HAVE SUBSTANCE ABUSE ISSUES, PLEASE SELECT AND DESCRIBE BELOW:

ALCOHOL DRUGS (*Illicit*) DRUGS (*Prescription*) OTHER

37. IF YOU HAVE A HISTORY OF OR ARE CURRENTLY IN ON-GOING TREATMENT(S) FOR SUBSTANCE ABUSE(S), PLEASE DESCRIBE BELOW:

38. DID ANYONE HELP YOU COMPLETE THIS FORM?

YES NO

39. DATE COMPLETED (MM/DD/YYYY)

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PROTECTION OF PRIVACY INFORMATION STATEMENT
 (For use by counselees and rehabilitation program participants)

I have been informed and understand that the information requested in this and any later interviews is requested under the authorization of Title 38, United States Code, 1.576, Veterans Benefits. This information is needed to assist in vocational and educational planning, to authorize my receipt of rehabilitation services, to develop a record of my vocational progress, and to assure I obtain the best results from my rehabilitation program. I understand that the information I provide will not be used for any other purpose and that my responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act of 1974, including the routine uses identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Generally, disclosures under the authority of a routine use will be made to develop my claim for vocational rehabilitation benefits under title 38, United States Code.

My giving the requested information is voluntary. I understand that the following results might occur if I do not give this information:

- (1) I may not receive the maximum benefit either from counseling or from my education or rehabilitation program.
- (2) If certain information is required before I may enter a VA program, my failure to give the information may result in my not receiving the education or rehabilitation benefit for which I have applied.
- (3) If I am in a program in which information on my progress is required, my failure to give this information may result in my not receiving further benefits or services.

My failure to give this information will not have a negative effect on any other benefit to which I may be entitled.

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief. I realize that making willful false statements concerning a material fact in a claim of Chapter 31 benefits is a punishable offense that may result in fine or imprisonment, or both. (Reference: 38 U.S.C. 3802(a))

SIGNATURE OF CLAIMANT

DATE SIGNED (MM/DD/YYYY)

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PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). Your obligation to respond is required in order to obtain benefits. VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: This form is used to determine entitlement to Chapter 31 benefits (38 U.S.C. 3106). Title 38, United States Code allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.