			OMB Approved No. 2900-0061 Respondent Burden: 30 minutes Expiration Date: 07/31/2024			
Department of Veterans Affairs			VA DATE STAMP (DO NOT WRITE IN THIS SPACE)			
REQUEST AND AUTHORIZATION FOR SUPPLIES			``````````````````````````````````````			
(Chapter 31 - Veteran Readine INSTRUCTIONS: Before completing this form, read the Privacy Ad submit a request for assistance with obtaining goods and/or services for https://www.va.gov/contact-us/, or call us toll-free at 800-827-1000. (TDD), the Federal relay number is 711. VA forms are available at returning by mail, mail to: Veteran Readiness and Employment (VR& 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 G	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 Co	ode —					
5. TELEPHONE NUMBER (Include Area Code)						
Enter International Phone Number (If applicable)						
6. EMAIL ADDRESS (<i>Optional</i>) C 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	NC	8. QUANTITY	9. ESTIMATED COST			
			\$			
			\$			
			\$			
			\$			

				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
SECTION III: CERTIFICATION AND SIG	NATUR	RE			
I CERTIFY THAT I have filled this form out completely and that it is true and correct	ct to th	e best of n	ny knowled	lge and belief.	
10A. SIGNATURE AND TITLE OF TRAINING FACILITY OR EMPLOYER REPRESENTATIVE		0B. DATE SIGNED (MM/DD/YYYY)			
		-	_		
10C. NAME AND ADDRESS OF TRAINING FACILITY OR EMPLOYER (Number and Street or rural route, P.O. Box, City, State, ZIP Code and Country)					
Apt./Unit Number City					
State/Province Country ZIP Code	_				
10D. CLAIMANT SIGNATURE (REQUIRED)	10E.	DATE SIG	NED (MM/L	DD/YYYY)	
10F. CASE MANAGER SIGNATURE		_	_		
	10G.	_ DATE SIG	- NED (MM/I	DD/YYYY)	
	10G.	_ DATE SIG		DD/YYYY)	
PENALTV: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any state		_	_		
PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any state receipt of any document you are not entitled to.	tement or	evidence of a	material fact yo	ou know to be false, or for fraudulent	
	tement or attion to re or Title 3 aey owed us, and per ned in the	e evidence of a espond is requi 38, Code of Fec to the United S ersonnel admin e Federal Regis	material fact yc red in order to deral Regulation States, litigatior istration) as id- ter. Informatic	bu know to be false, or for fraudulent obtain benefits. VA will not disclose ns 1.576 for routine uses (i.e., civil or n in which the United States is a party entified in the VA system of records, on that you furnish may be utilized in	