

**AUTHORIZATION TO SCHOOL,
ON-JOB TRAINING ESTABLISHMENT, OR FACILITY****SECTION A - CLAIMANT'S IDENTIFYING DATA**

1. NAME AND MAILING ADDRESS OF CLAIMANT

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2. VA FILE NUMBER

3. BENEFIT TYPE (*Check one*)☐ Chapter 31☐ Chapter 35 SRT☐ Chapter 35 SVT**SECTION B - FACILITY OR VENDOR AND AUTHORIZED SERVICES**

4. NAME OF SERVICE OR ASSISTANCE

5. ENROLLMENT PERIOD

6. FACILITY CODE

7A. NAME AND ADDRESS OF FACILITY OR SERVICE PROVIDER (*Vendor*)

8. SPECIFIC AUTHORIZED ITEMS

7B. EMAIL ADDRESS OF FACILITY OR SERVICE PROVIDER)

9A. NAME OF VR&E COUNSELOR AND ADDRESS OF REGIONAL OFFICE

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9B. EMAIL ADDRESS OF VR&E COUNSELOR

10A. SIGNATURE OF VR&E COUNSELOR

10B. DATE SIGNED

INSTRUCTIONS TO SCHOOL, ON-JOB TRAINING ESTABLISHMENT, OR FACILITY

This form authorizes training or services to be provided to a claimant at your facility under Vocational Rehabilitation and Employment as follows:

CHAPTER 31

This form only authorizes a Chapter 31 claimant's participation in the following programs: On-Job Training (OJT), Apprenticeship, Non-Paid Work Experience (NPWE), Community-based Work Experience (CWE), or other specialized programs. The program is identified in Section B, Item No. 4, Name of Service or Assistance. Any additional costs or fees for training are authorized in a separate electronic authorization form.

For certification of attendance and training rate, the training facility must complete VA Form 28-1905c, *Monthly Record of Training and Wages*, which must be sent to the VR&E Counselor listed in Section B, Item No. 9A of this form.

Section B, Item No. 8 identifies authorized special items or supplies required in the claimant's training.

CHAPTER 35

This form authorizes training, education, and services to be provided for Chapter 35 claimants under Specialized Vocational Training or Special Restorative Training.