

Information and Instructions for Completing this Application

NOTE: VA Form 25-8832 is available on the internet at www.va.gov/vaforms.

PCPG BENEFITS ARE AVAILABLE IF YOU MEET ONE OF THE FOLLOWING CONDITIONS:

1. You are a Veteran eligible for a educational benefit;
2. You were discharged or released from active duty no more than 1 year ago under conditions other than dishonorable;
3. You are currently on active duty with 6 months or less remaining before your scheduled release or discharge from service;
4. You are an eligible dependent if you have Transfer of Entitlement (TOE) under Post-9/11 GI Bill (Chapter 33) benefits.

You may receive guidance on the following:

- **Education and Career Assessment Services** - this process can assist in developing a personalized plan for your next career steps. This includes an explanation of test results, exploration of potential objectives and assistance in developing a successful program.
- **Employment Services** - this process can assist to identify a suitable career goal, develop a plan, and identify resources for goal achievement.
- **Educational Services** - this process can assist to identify educational/vocational goals, develop a plan, and identify resources for goal achievement.
- **Counseling Services** - this process can assist as supportive counseling for recommendations to address concerns/barriers.

HOW TO APPLY FOR PCPG BENEFITS

Apply online at [Educational And Career Counseling \(VA Chapter 36\) | Veterans Affairs](#) or complete this application and mail it to: **Personalized Career Planning and Guidance (PCPG), Department of Veterans Affairs, P.O. Box 5210, Janesville, WI 53547-5210.**

APPLICATION INSTRUCTIONS

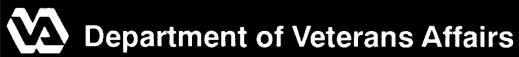
Please complete only those areas which are applicable to you. The number on the instructions matches the item numbers on the application. Items not mentioned are self-explanatory. If you have a question, please contact VA at 1-800-827-1000 and request help.

Item 4. VA may have assigned the Veteran or Service member an eight-digit VA file number. If you know the number, write it in the space provided.

Item 16. Child includes biological, adopted children, stepchildren, or married children who have received Transfer of Entitlement (TOE) with educational benefits remaining. Spouse includes surviving spouse who have received TOE with educational benefits remain.

IMPORTANT: Do not use this form to apply for:

- Veteran Readiness and Employment (VR&E) benefits (Chapter 31), use VA form 28-1900, *Application for Veteran Readiness and Employment for Claimants with Service-connected Disabilities.*
- Veteran's Education Assistance (Chapter 30, 32, 33, or 1606), use VA Form 22-1990, *Application for VA Education Benefits.*
- Survivors' and Dependents' Educational Assistance (Chapter 35), use VA Form 22-5490, *Dependents' Application for VA Education Benefits.*



VA DATE STAMP
 (For VA Use Only)

PERSONALIZED CAREER PLANNING AND GUIDANCE/CHAPTER 36

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden information on page 3. Use this form to apply for Personalized Career Planning and Guidance (PCPG) benefits under title 38 United State Code (U.S.C.) Chapter 36. 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 the form by mail send to: Personalized Career Planning and Guidance, Department of Veterans Affairs, P.O. Box 5210, Janesville, WI 53547-5210.

SECTION I - VETERAN/SERVICE MEMBER INFORMATION
(This section should be completed by all applicants)

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 OF VETERAN/SERVICE MEMBER *(First-Middle-Last)*

2. SOCIAL SECURITY NUMBER (SSN)

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

4. VA FILE NUMBER *(If applicable)*

5. VETERAN/SERVICE MEMBER'S MAILING ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code and Country)*

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

6. TELEPHONE NUMBER *(Include Area Code)*

Enter International Phone Number *(If applicable)*

7. E-MAIL ADDRESS

I agree to receive electronic correspondence from VA in regards to my claim.

8. ARE YOU CURRENTLY ATTENDING SCHOOL/TRAINING FACILITY?

YES NO *(If "YES," What is the name of the school/training facility?)*

NOTE: Enter the following information for each period of active duty service. If additional space is needed, use Item 21, Remarks

9. MILITARY SERVICE DATES *(Most recent) (Add and additional service dates in Item 21, Remarks.)*

9A. DATE ENTERED ACTIVE DUTY

Month

Day

Year

9B. DATE SEPARATED FROM ACTIVE DUTY OR PROJECTED SEPARATION DATE

Month

Day

Year

10A. BRANCH OF SERVICE

ARMY

NAVY

MARINE CORPS

AIR FORCE

COAST GUARD

SPACE FORCE

NOAA

USPHS

10B. COMPONENT

ACTIVE

RESERVES

NATIONAL GUARD

11. CHARACTER OF DISCHARGE

HONORABLE

OTHER THAN HONORABLE

SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION

(Complete this section ONLY IF the claimant is NOT the veteran)

12. CLAIMANT'S NAME *(First-Middle Initial-Last)*

13. SOCIAL SECURITY NUMBER (SSN)

14. DATE OF BIRTH (MM-DD-YYYY)

15. VA FILE NUMBER *(If applicable)*

16. RELATIONSHIP TO VETERAN *(Check one)*

SPOUSE

CHILD

SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (Continued)

(Complete this section ONLY IF the claimant is NOT the veteran)

17. MAILING ADDRESS OF CLAIMANT *(Number and street or rural route, city or P.O., State and ZIP Code and Country)*

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

18. TELEPHONE NUMBER *(Include Area Code)*

Enter International Phone Number *(If applicable)*

19. E-MAIL ADDRESS

I agree to receive electronic correspondence from VA in regards to my claim.

20. ARE YOU CURRENTLY ATTENDING SCHOOL/TRAINING FACILITY?

YES NO *(If "YES," What is the name of the school/training facility?)*

SECTION III - REMARKS

21. USE THIS SPACE TO PROVIDE INFORMATION THAT DOES NOT FIT ELSEWHERE ON THIS FORM OR THAT WILL HELP VA PROCESS YOUR CLAIM. REFER TO THE ITEM NUMBERS ON THIS FORM TO HELP US MATCH YOUR ANSWERS TO THE CORRECT QUESTIONS. *(If more space is needed, please attach separate sheets of paper. Be sure to place your name and Social Security Number on each additional page.)*

SECTION IV - CERTIFICATION AND SIGNATURE

22. I CERTIFY THAT I have completed this statement and that its information is true and correct to the best of my knowledge and belief.

22A. VETERAN/SERVICE MEMBER/CLAIMANT SIGNATURE *(REQUIRED)*

22B. DATE SIGNED *(MM-DD-YYYY)*

SECTION V - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN (Alternate Signer)

(NOTE: Required only if Item 22A is blank)

23A. ALTERNATE'S SIGNATURE *(Check one)*

PARENT GUARDIAN CUSTODIAN

23B. DATE SIGNED *(MM-DD-YYYY)*

24. TELEPHONE NUMBER OF PARENT, GUARDIAN, OR CUSTODIAN *(Include Area Code)*

Enter International Phone Number *(If applicable)*

PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

PRIVACY ACT NOTICE: The responses you submit are considered confidential (38 U.S.C. 5701). Your response is required 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. You are required to provide your Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act and specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: This form is used to apply for Personalized Career Planning and Guidance benefits under title 38 U.S.C. Chapter 36. Title 38, United States Code, allows VA to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid Office of Management and Budget (OMB) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control 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.