

# FAX COVER SHEET

From: Department of Veterans Affairs  
 Hartford Regional Office (308)  
 P.O. Box 310909  
 Newington, CT 06131-0909

Name: George Colby, Inc

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: 10-06-10



Deliver to: Victoria Riug

Phone: \_\_\_\_\_

Fax: (419) 325-8332

Comments:

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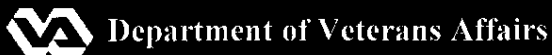
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Department of Veterans Affairs

## AUTHORIZATION AND CERTIFICATION OF ENTRANCE OR REENTRANCE INTO REHABILITATION AND CERTIFICATION OF STATUS

NOTE: Before completing this form, read the instructions and other important information on the back.

### SECTION A - IDENTIFYING DATA

1. NAME AND MAILING ADDRESS OF ENTITLED INDIVIDUAL  [REDACTED]	2. VA FILE NUMBER [REDACTED]
	3. SOCIAL SECURITY NUMBER [REDACTED]

### SECTION B - AUTHORIZATION TO FACILITY/VENDOR

4. NAME OF SERVICES/ASSISTANCE (Include degree type when applicable)		
5. ENROLLMENT PERIOD 08-13-10 to 08-13-11	6. IWRP CODE 186	7. FACILITY CODE 29004306
8. NAME AND ADDRESS OF FACILITY OR SERVICE PROVIDER (Vendor) COLORADO BANKRUPTCY TRAINING (ON-LINE) 1670 E. Cheyenne Mountain F257 Colorado Springs, CO 80906  <i>ATTN: VICTORIA RING</i>	9. SPECIFIC GUIDELINES (Restricted hours; course approved/not approved restricted; bookstore purchases; tutoring approved; etc.)  <i>Authorized for tuition fees, books &amp; supplies as required</i>  <b>Denver, Colorado office 303-914-5780</b>	
10. NAME AND ADDRESS OF CASE MANAGER OR DESIGNEE George E. Colby Department of Veterans Affairs Hartford Regional Office 555 Willard Avenue Newington, CT 06111  <i>[Signature]</i>	11B. DATE SIGNED 10/06/2010	
11A. SIGNATURE OF CASE MANAGER		

### SECTION C - CERTIFICATION OF ATTENDANCE

12. I CERTIFY that the individual named in Item 1 began or resumed the program shown in Item 4 on the beginning date for term 1 given in Item 13A. He or she continues to be pursuing or enrolled in that program. Charges for this program are in accordance with our current: (Check one)

- VA CONTRACT OR AGREEMENT     
  SCHOOL CATALOG     
  OTHER PUBLISHED DOCUMENTS

### 13. ENROLLMENT DATA

A. TERM	B. BEGINNING DATE	C. ENDING DATE	D. TYPE AND NUMBER OF HOURS (S=semester Q=quarter D=deficiency R=residence C=clock/shop U=Carnegie)	E. TRAINING TIME (F=full-time ¾=¾-time ½=½-time L=less than ½ time)	F. STANDARD CLASS SESSION PER WEEK  (Only if less than the term hours certified or if the term is of non-standard length)
1					
2					
3					
4					

14. LISTING OF SPECIFIC COURSES (In place of this list, you may attach a copy of registration or other documentation)

15A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	15B. DATE SIGNED
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## INSTRUCTIONS TO SCHOOL, ON-JOB TRAINING ESTABLISHMENT, OR OTHER FACILITY

This form authorizes this veteran or eligible person for training or services at your facility under Vocational Rehabilitation (Chapter 31, title 38, U.S.C.); Specialized Vocational Training, Special Restorative Training (Chapter 35, title 38, U.S.C.); or Vocational Training for Certain Veterans Receiving VA Pension (Chapter 15, title 38, U.S.C.). Under Chapters 15 and 31, but NOT under Chapter 35, the Department of Veterans Affairs will pay for tuition, fees, books, and supplies for the program identified in Item 4. Item 9 lists specific guidelines regarding the rehabilitation program for this individual. Forward vouchers for program expenses to the office listed in Item 10 on the form. VA pays in arrears directly to the institution all vouchers for the veteran's tuition, fees, books and supplies. The veteran should not pay these expenses.

After the veteran or eligible person has enrolled or has begun his or her rehabilitation program or evaluation, please complete all applicable items in the certification in Section C, sign and date the certification, and return the form to the case manager or person designated in Item 10. Note these special instructions for completing the following items:

Item 13A. For schools or institutions providing training or instruction on a semester, quarter, or other term basis, enter up to four terms, but do NOT enter a total enrollment period which exceeds 1 academic year, including summer sessions if appropriate. If the individual's vocational rehabilitation or training plan projects attendance for the entire academic year, the school or institution should certify the entire academic year.

Item 13D. For college-level courses organized on a term basis, enter the type and number of credit hours. For other programs, enter the type and number of classroom and shop hours per week.

Item 13E. For each term, indicate the training time which the facility considers that the number of hours in Item 13D represents.

Item 13F. Answer this item only if the facility organizes its classes in semesters, quarters, or other terms and reports training time in credit-hours. For a detailed explanation of the relationship between standard class sessions, nonstandard term lengths, and term hours, contact the VA regional office's Education Liaison Representative.

Item 14. You must complete this item for college-level or vocational training. This includes classroom courses which supplement an on-job or apprentice training program. In place of an entry, you may attach a copy of the individual's registration or other documentation which details the course the individual is taking.

The case manager may also request that you submit additional information with this form.

For on-job training, you will also need to submit monthly either VA Form 28-1905c, Monthly Record of Training and Wages, or VA Form 28-1917, Monthly Statement of Wages Paid to Trainee. The case manager will inform you which of these forms you will have to submit.

**PRIVACY ACT INFORMATION:** The information requested on this form is necessary to determine entitlement to benefits for which the veteran or eligible person has applied. VA may disclose your responses outside the VA only if the Privacy Act authorizes the disclosure, including the routine uses identified in VA system of records, VA 21/22/28, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. VA may use computer matching programs with other agencies to check the information you submit. This VA computer matching may be to verify the information you submitted or to screen and collect debts owed the Government.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, D.C. 20420, and to the Office of Management and Budget, Paperwork Reduction Project (2900-0014), Washington, D.C. 20503. Do NOT send requests for benefits to these addresses.