



PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application form has been received (38 C.F.R. 21.236). The information requested on this form is necessary to determine your entitlement to the benefit for which you have applied. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 58 VA 21/22/28, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register.

TO BE SUBMITTED TO THE VETERANS ADMINISTRATION IN DUPLICATE

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	REHABILITATION GOAL	VA FILE NUMBER
---	---------------------	----------------

ADDRESS TO WHICH SUPPLIES MAY BE DELIVERED TO VETERAN (Number and street or rural route, city or P.O., State and Zip Code)

INSTRUCTIONS TO REHABILITATION SERVICE PROVIDER

A. The Veterans Administration may furnish supplies to the veteran named above, who is being entered into or is already taking part in a VA rehabilitation, independent living or employment assistance program, if both of the following conditions are met.

1. You require all persons being trained for or employed in the same occupational or independent living goal to personally possess the same books, tools and other supplies; and
2. The veteran does not already possess the items which you require.

B. The VA will NOT furnish tools or other supplies which commonly are on hand for use of all trainees or employees or which the veteran already owns.

C. If items are required under the conditions stated in A above, and are not being requested merely because the veteran desires them, you may request these supplies by completing the section immediately following these instructions. You may continue to list required items on the reverse side of the form and on additional forms if necessary.

D. On the reverse of this form, please complete and sign the Request and Certification section. Also make sure the veteran signs the Certification of Veteran section.

(X)	ITEM NO. (If Applicable)	NAME OF ARTICLE AND DESCRIPTION (Catalog Identification, size, etc.)	UNIT PRICE	QUANTITY	ESTIMATED COST
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
		SUB TOTAL - CARRY OVER TO NEXT PAGE			

(X)	ITEM NO. (If Applicable)	CARRY OVER FROM FRONT PAGE			
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

TOTAL ESTIMATED COST OF REQUESTED SUPPLIES =>

REQUEST AND CERTIFICATION OF ESTABLISHMENT

TO THE VETERANS ADMINISTRATION: Please authorize for the veteran the above-listed supplies. The veteran is receiving training, employment or other rehabilitation services under the VA vocational rehabilitation program. These supplies are not merely desire by the veteran, but is required to be personally owned by all persons training in, employed by, or receiving rehabilitation services in this facility or establishment who have the same occupational or independent living goal as the veteran. The veteran's program at this facility or establishment is (check one):

- On-job Training Educational or Vocational Training
- Independent Living Employment Other (Specify)

If authorized by the Veterans Administration, this facility or establishment will provide the veteran the supplies listed above which are indicate by the check (X) before the item number and/or name of the article. These items will be delivered at the prices indicated under "Estimated Cost".

DATE	SIGNATURE AND TITLE OF OFFICIAL
------	---------------------------------

NAME OF FACILITY OR ESTABLISHMENT	ADDRESS OF FACILITY OR ESTABLISHMENT (Number and street of rural route, city or P.O., State and Zip Code)
-----------------------------------	---

CERTIFICATION OF VETERAN

TO THE VETERANS ADMINISTRATION: I do not already have in my possession any of the above-listed supplies which are usable and available for my use in my rehabilitation program.

DATE	SIGNATURE OF VETERAN
------	----------------------

CERTIFICATION OF VOCATIONAL REHABILITATION SPECIALIST

The above list of supplies is accord with the limitations and restrictions found in 38 U.S. Code 1504 and in applicable VA Regulations.

DATE	SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST
------	---