

**MODULE #15 DEPENDENTS' EDUCATION ASSISTANCE**

**DATE STARTED:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**SERVICE OFFICER/TRAINEE SIGNATURE:** \_\_\_\_\_

**TRAINER SIGNATURE:** \_\_\_\_\_

**DATE COMPLETED** \_\_\_\_\_

**I. Please rate the effectiveness of this training module.**

<b>Objective</b>		<b>Acceptable</b>	<b>Marginal</b>	<b>Unacceptable</b>
<b>Knowledge of Eligibility for Chapter 35.</b> 1) Spouse 2) Surviving Spouse 3) Child	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
<b>Objective</b>				
<b>Knowledge of the effects on the veterans' compensation.</b>	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
<b>Objective</b>				
<b>Knowledge of Process &amp; Administration of Benefits.</b>	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
<b>Objective</b>				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
<b>Objective</b>				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
<b>Objective</b>				
	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
<b>Objective</b>				
	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			

**MODULE # 15 CONTINUED**

<b>Objective</b>		<b>Acceptable</b>	<b>Marginal</b>	<b>Unacceptable</b>
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
<b>Objective</b>				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
<b>Objective</b>				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
<b>SUBJECTIVE EVALUATION</b>				
		<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>1. Please rate the extent to which you met your personal objective for this module</b>				
<b>2. Rate the information provided in the Training Manual &amp; other reference materials</b>				
<b>3. Please evaluate the physical environment where the training was held.</b>				
<b>4. Is there anything that we could have done to make this training better for you? (Please comment)</b>				

# Training Module 15

## DEPENDENTS' EDUCATION ASSISTANCE

**Objective:** To learn how to assist an eligible dependent or survivor to apply for VA education assistance.

**References:**

Title 38, U.S. Code, Chapter 35.38 Code of Federal Regulations, Part 21, Subparts C and D, §§ 21.3020–21.4280.

VA Pamphlets: **22-73-3**, Summary of Educational Benefits, Dependents' Educational Assistance Program  
Federal Benefits for Veterans and Survivors.

**Instructions:** Study the assigned reference materials to learn the criteria for benefits under this program and how to assist a veteran's dependent or survivor submit a claim for education assistance.

**Summary:** VA will provide an education assistance allowance to the spouse, surviving spouse, or child of a veteran (including step-child or adopted child) (38CFR 21.3022(d), 3.807(d), 3.57(a)(1) who is rated permanently and totally disabled from service-connected disability; who died in service or as the result of a service-connected disability; who died from any cause not the result of willful misconduct and who at the time of death was rated as being permanently totally disabled from service-connected causes; or an active duty service member who is listed as being missing in action or a prisoner of war for more than 90 days or who is forcibly detained or interned in line of duty by a foreign Government or power. The Veterans Benefits Act of 2003 provides that remarriage of the surviving spouse after the age of 57 is not a bar to benefits.

Generally, the eligible person will be entitled to 45 months of assistance under this program. If there is eligibility under more than one education assistance program, the maximum combined entitlement is 48 months. Entitlement is charged at the rate of one day of entitlement for one day of class or training, if attending school or training at a full-time rate. Entitlement charges are pro-rated if the eligible person attends school at less than full-time, and under certain circumstances there may be no charge to entitlement.

Although students under this program most commonly pursue institutional courses such as collegiate studies, business or vocational schools, etc., benefits may also be paid for apprenticeships, on-the-job training programs, or farm cooperative courses, also for secondary school courses leading to a high school diploma or remedial courses to qualify for college admission. Assistance may be authorized for overseas study, but only if the courses lead to a college degree. Spouses and surviving spouses, but not eligible children, may take correspondence courses.

Payments are made monthly, and are based on the rate of attendance or training (full-time, three-quarter time, etc.). Since payment under Chapter 35 is predicated on recognition as a veteran's dependent for basic eligibility, there are no additional amounts payable for the student's dependents. Marriage of the veteran's child does not affect eligibility for education assistance under this program, but if the veteran's spouse is divorced or the surviving spouse remarries, eligibility to education assistance ceases.

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An eligible person may not receive education assistance under Chapter 35 while serving in the Armed Forces, and must be discharged under honorable conditions to resume benefits upon separation from service. If the eligible person has eligibility under more than one education assistance program, he or she must elect which benefit he or she will receive for any given program or enrollment period.

There are significant differences in the length of periods of eligibility for children and for spouses or surviving spouses: Generally, a child is eligible between age 18 or completion of high school, whichever is earlier, and age 26. If eligibility arises after age 18 but before age 26, the child will be eligible for education assistance for a period of eight years (ten years if pursuing an apprenticeship or a program of on-job training), but not beyond age 31. If the child interrupts training to serve in the Armed Forces or for other reasons beyond the child's control, the period of eligibility may be extended by an amount equal to the length of the interruption, but not beyond age 31. Regardless of the basis, eligibility may not first arise after the child's 26th birthday. After the child's 18th birthday, education assistance under Chapter 35 may **NOT** be paid concurrently with compensation, pension, or Dependency and Indemnity Compensation based on school attendance.

A veteran's spouse is eligible for education assistance for 10 years from the date permanent total disability arose or 10 years from the date of notice of permanent total disability, whichever is to the spouse's advantage. If the veteran dies **while on active duty**, Public Law 108-454 **now** extends the period of eligibility for a surviving spouse from 10 years to 20 years from the date of the veteran's death in service. If the veteran dies from service-connected causes **after** service, the surviving spouse is eligible for 10 years from the date of the veteran's death or 10 years from the date of notice that the veteran's death was service-connected, whichever is to the surviving spouse's advantage. If eligibility arises based on the veteran being rated permanently totally disabled at the time of death from non service-connected causes, the period of eligibility is 10 years from the date of the veteran's death.

If eligibility is based upon an active duty service member being missing in action, a prisoner of war, or being forcibly held by a foreign government or power, the period of eligibility runs for 10 years after the 90th day of being listed in such status. A surviving spouse who had eligibility as the spouse of a permanently and totally disabled veteran before the veteran's death will be entitled to a **new** 10 year period of eligibility from the date of the veteran's death, regardless of any eligibility prior to the veteran's death.

If the spouse or surviving spouse is unable to complete a program of education or training during the applicable 10-year period because of mental or physical disability (including the disabling effects of chronic alcoholism), the period of eligibility may be extended by an amount of time equal to the length of the disability. There is no other basis for extension of eligibility.

If a permanently and totally disabled veteran remarries, whether because of the death of or divorce from the previous spouse, the new spouse is eligible for education assistance for a period of 10 years from the date of the marriage and has 45 months of entitlement, unless the new spouse is also entitled to education assistance under another VA education or training program. In that event, the spouse's total combined entitlement again may not exceed 48 months. There is no bar to simultaneous payment of Chapter 35 benefits and payment of compensation, pension, or Dependency and Indemnity Compensation as a spouse or surviving spouse.

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An eligible spouse or surviving spouse may also qualify for a VA education loan, if all of the following requirements are met:

- The eligible person's delimiting date for education benefits eligibility must have passed.
- There must have been unused entitlement remaining when the delimiting date passed.
- The eligible person must have been enrolled full time when the delimiting date passed.
- The eligible person must have been enrolled full time for the period for which the loan is requested.
- The eligible person must have been denied a loan under the Guaranteed Student Loan Program.
- The eligible person must meet specified financial criteria regarding income, resources, and school-related expenses; and
- The eligible person must not have any outstanding indebtedness because of a prior VA overpayment.

The amount of the loan is based on a formula tied to income, school expense, and the amount of remaining entitlement. The maximum loan amount may not exceed \$2,500 per academic year.

An eligible disabled (helpless) child whose mental or physical disability precludes pursuit of an educational program may receive Special Restorative Training under Chapter 35. Under certain circumstances, this special training may be provided for more than 45 months, but not beyond the child's 31st birthday. In addition, an eligible disabled child over the age of 14 or an eligible disabled spouse or surviving spouse may receive Specialized Vocational Training, leading to a suitable vocational objective for the particular disability. When a child has been determined to be "helpless," there is no bar to concurrent payment of benefits for special training under Chapter 35 and compensation, pension, or Dependency and Indemnity Compensation, because these payments are based on the child's disability, and not on school attendance after age 18.

Determinations of eligibility to education assistance under Chapter 35 are made by the VA Regional Office having jurisdiction of the veteran's claims file. However, once eligibility is established, the eligible child's or spouse's claim comes under the jurisdiction of one of five centralized locations, depending on where the eligible person is attending school or being trained. These are:

- Eastern Region—VARO Buffalo, New York
- Southern Region (includes Puerto Rico and the Virgin Islands)—VARO Decatur, Georgia
- Central Region—VARO St. Louis, Missouri
- Western Region (includes all U.S. Pacific islands except for the Philippines)—VARO Muskogee, Oklahoma
- Republic of the Philippines—VARO Manila

Complete VA Form 22-5490 and mail to appropriate region listed above.

# Training Module 15

## Review Questions: Dependents' Education Assistance

Using the assigned references and reading materials, answer the following questions:

1. VA will provide education assistance allowance to the \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, or \_\_\_\_\_ of a veterans (including \_\_\_\_\_ or \_\_\_\_\_  
who is rated \_\_\_\_\_ and \_\_\_\_\_ from service connected  
disability; or who died in \_\_\_\_\_, or as result of a \_\_\_\_\_  
\_\_\_\_\_. [page 15-1]
2. An eligible person is entitled to \_\_\_\_\_ of assistance under this  
program. [page 15-1]
3. Students under this program may pursue the following: [page 15-1]
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
  - g. \_\_\_\_\_
  - h. \_\_\_\_\_
4. Payments are made \_\_\_\_\_ and are based on \_\_\_\_\_ of \_\_\_\_\_ or training  
(full time, three quarter, etc). There is \_\_\_\_\_ additional benefits paid for dependents  
and \_\_\_\_\_ is not a bar for dependent children. [page 15-2]
5. Can an eligible person be entitled to more than one program? \_\_\_\_\_ If so, describe  
what the eligible person must do. \_\_\_\_\_ [page 15-2]
6. A child is eligible between age \_\_\_\_\_ or completion of \_\_\_\_\_, whichever is  
earlier, and age \_\_\_\_\_. If eligibility arises after age 18 but before age \_\_\_\_\_, the  
child will be eligible for education assistance for a period of \_\_\_\_\_ years, but not  
beyond age \_\_\_\_\_.
7. Can an eligible child can receive DIC and chapter 35 concurrently? \_\_\_\_\_ Explain?
8. A veteran's spouse is eligible for education assistance for \_\_\_\_\_ years from the date  
of \_\_\_\_\_ or \_\_\_\_\_ years from the date of notice of  
permanent total disability, whichever is to the spouse's advantage. [page 15-2]
9. Remarriage of the surviving spouse after the age of 57 is a bar to benefits?  
[page 15-2]
  - a. True
  - b. False

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10. If a spouse or surviving spouse is unable to complete a program of education or training during applicable 10 year period because of mental or physical disability, the period of eligibility may be extended by \_\_\_\_\_.  
[page 15-2]

## FORMS

VA FORM 21-22

VA FORM 22-5490 – Application for Dependent’s Education Assistance Program

RATING DECISION ESTABLISHING ELIGIBILITY TO CHAPTER 35

BIRTH CERTIFICATE FOR DEPENDENT CHILD

MARRIAGE CERTIFICATE FOR SPOUSE/SURVIVING SPOUSE



Department of Veterans Affairs

**APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE**  
 (Under Provisions of Chapter 35, Title 38, U.S.C.)  
 See attached Information and Instructions

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: [www.gibill.va.gov](http://www.gibill.va.gov)

**PART I - APPLICANT INFORMATION**

1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST) <b>Jane Doe</b>		1B. SOCIAL SECURITY NUMBER OF APPLICANT <b>987-65-4321</b>	1C. DATE OF BIRTH OF APPLICANT <b>September 15, 1980</b>
2A. SEX OF APPLICANT <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		2B. APPLICANT'S E-MAIL ADDRESS	
3A. RELATIONSHIP OF APPLICANT TO VETERAN <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		3B. APPLICANT'S TELEPHONE NUMBER (Including Area Code) DAY: <b>(919) 777-1234</b> EVENING: <b>(919) 777-4321</b>	
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code)  <b>100 Veteran Avenue Raleigh, North Carolina 27999</b>			VA DATE STAMP (For VA Use Only)
4. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE BENEFITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

**PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY**

5A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (FIRST- MIDDLE -LAST) <b>John Ellis Doe</b>			
5B. SOCIAL SECURITY NUMBER <b>123-45-6789</b>		5C. VA FILE NUMBER (If known) <b>CSS 123-45-6789</b>	
6. DATE OF BIRTH <b>1 Apr 1980</b>	7. BRANCH OF SERVICE <b>Army</b>	8. SERVICE NUMBER <b>123-45-6789</b>	9. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W. <b>12/30/04</b>

**PART III - SPECIAL INFORMATION CONCERNING APPLICANT**

10. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE
NOTE - COMPLETE ITEM 12 ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT	
12A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If you check "Yes," show the source of these funds in Item 12B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))

A.  DISABILITY COMPENSATION OR PENSION

B.  DEPENDENTS' INDEMNITY COMPENSATION (DIC)

C.  VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit) \_\_\_\_\_

D.  VOCATIONAL REHABILITATION BENEFITS

E.  SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B)

F.  OTHER (Specify) \_\_\_\_\_

G.  NONE

**Complete Item 14 only if you check Item 13E**

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS	14B. VETERAN'S FILE NUMBER
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**PART IV - APPLICANT'S MILITARY SERVICE**

15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part V)

YES  NO

**16. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY**  
(Please complete Items 16A through 16D for each period of your active duty)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

**PART V - PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT**

17A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 17B

GRADUATED FROM HIGH SCHOOL       DISCONTINUED HIGH SCHOOL  
  
 EXPECT TO GRADUATE                       GED  
  
 NEVER ATTENDED HIGH SCHOOL

17B. DATE

06/05/1997

**18. EDUCATION (Include all apprenticeships and on-the-job training)**

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
ELEMENTARY SCHOOL						
HIGH SCHOOL	Garner Sr. High Garner, NC	08/1993	06/1997	General H.S.	Diploma	
COLLEGE						
VOCATIONAL OR TRADE						
OTHER						

**19. EMPLOYMENT**

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	LICENSE OR RATING
None			

**PART VI - PROGRAM OF EDUCATION OR TRAINING**

20A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If "YES," please specify)

YES  NO

20B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? (If "YES," list below each diploma, vocational course, job training program, or test you need to reach the goal specified in Item 20A. If "NO," leave blank) ▶

YES  NO

20C. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary)

- COLLEGE OR OTHER SCHOOL
- APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING
- LICENSING OR CERTIFICATION TEST
- NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
- CORRESPONDENCE COURSE (Spouse or surviving spouse only)
- FARM COOPERATIVE

<p>20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (If you have selected a school, check "YES," and specify its complete name and mailing address. If you have not selected a school, check "NO." If you are only applying for reimbursement of test fees, skip to Item 21.)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)</p> <p>Wake Technical Community College 401 South Hwy Raleigh, NC 27555</p>
<p>20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If "YES," specify the date)</p> <p>Yes</p>	<p>ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING</p> <p>08/2009</p>
<p>20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>

**PART VII - ELECTION (CHILD ONLY)**

**IMPORTANT:** You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

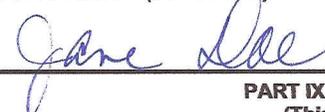
<p>21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:</p>	<p>21B. DATE OF ELECTION</p>
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22. REMARKS (Use this space to provide information that does 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)

**PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT**  
(All Applicants Must Complete This Part)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

**PENALTY:** Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

<p>23A. SIGNATURE OF APPLICANT (Do NOT Print)</p> <p>SIGN HERE IN INK ► </p>	<p>23B. DATE SIGNED</p> <p>4/20/09</p>
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**PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN**  
(This section must be completed if you are a minor child)

<p>24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)</p>	<p>24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code),</p>
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<p>25A. SIGNATURE OF (Check one) (DO NOT PRINT)</p> <p><input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN</p> <p>SIGN HERE IN INK ►</p>	<p>25B. DATE SIGNED</p>
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