

CHAPTER 33 – POST 9/11 GI BILL (CH33) RECIPIENTS

MONTHLY VERIFICATION REQUIREMENT

All CH33 recipients are **REQUIRED** to verify their enrollment through the VA at the end of every month to receive your monthly housing allowance.

You can either call them at the end of every month, or you can opt into text message verification. To call them and to opt into text message verifications you will need to contact the Muskogee VA Regional Office at 1-888-442-4551.

Failure to verify your enrollment 2 months in a row will result in the VA withholding your monthly housing allowance until you can contact them.

For more information on the requirement to verify your enrollment at the end of every month please visit the VA's website at:

https://benefits.va.gov/gibill/isaksonroe/verification_of_enrollment.asp

IN-PERSON CLASS REQUIREMENT UPDATE

H.R. 5545 – Remote Act, which allows students using CH33 to receive the full housing stipend while taking all online classes during COVID expires on June 1st, 2022.

CH33 Students are now **REQUIRED** to enroll in **ONE** in-person course to receive the full housing stipend for Summer and Fall 2022.

VRC Staff will notify students if anything changes. For more information on the Remote Act please visit the VA's website at: <https://benefits.va.gov/gibill/remotect.asp>



Enrollment Status Form

Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

**If you do not submit a schedule/bill with your Enrollment Status Form, your paperwork will not be processed.
Obtain from: <http://my.solano.edu> -> Student Tab (Left Side) -> Registration Box -> View/Print Schedule and Bill**

Name		Last 4 SSN		Student ID		
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____						
Benefit: <input type="checkbox"/> CH30 <input type="checkbox"/> CH31 <input type="checkbox"/> CH33 Veteran <input type="checkbox"/> CH33 Dependent <input type="checkbox"/> CH35 <input type="checkbox"/> CH1606 <input type="checkbox"/> Fry Scholarship						
Are you utilizing Solano College DSP (Disability Services Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has your contact information changed recently (If Yes, update below)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address			City		State	Zip
Phone			Email			
Course(s) Added Ex: ENGL 001	Units	Office Use	Course(s) Dropped Ex: ENGL 001	Units	Today's Date	Office Use
Total Units:			Total Units:			

Read and Initial:

_____ I understand that if I am receiving Chapter 33 benefits, I am required to verify my enrollment at the end of each month. I must contact the regional VA Education Office at 1-888-442-4551 at the end of every month or opt into text message verification by contacting the regional VA Education Office to request it. A failure to do so will result in an interruption in my benefits.

_____ I understand that I am required to have an Education Plan written by a VA-approved counselor prior to being certified.

_____ I understand that I am required and that it is my responsibility to have any and all **Official Transcripts** sent to Solano Community College, Admissions and Records **prior to my third semester** of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that it is my responsibility to complete an Enrollment Status Form with the Solano Community College, Veterans Resource Center each semester in order to continue my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that I am required to inform the Solano Community College, Veterans Resource Center of any and all changes to my schedule during the Semester. A failure to do so may result in an overpayment on my part, which would result in a debt with the US Department of Veterans Affairs.

_____ I understand that if I am receiving Chapter 30 or Chapter 1606 benefits, I am required to verify my enrollment at the end of each month. A failure to do so will result in an interruption in my benefits. (Verification of Enrollment Information: 1-877-823-2378 or <https://www.gibill.va.gov/wave>)

_____ I authorize any staff member in the Solano Community College, Veterans Resource Center to discuss my case with any US Department of Veterans Affairs Representative.

_____ I understand that I am required and that it is my responsibility to submit a copy of my Certificate of Eligibility for my education benefit within one semester of utilizing the benefit. A failure to do so may result in an interruption in my Education Benefits.

_____ I understand that the VA has changed their opinion on CA Community College W grades and now are considered to be non-punitive grades. Students receiving GI Bill benefits may be required to repay some or all of the money received for each W grade they receive. Currently the VA has not determined an effective date. More information will be provided after an effective date is confirmed.

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me. I certify that: I am legally enrolled in the above courses, I am not repeating any course for which I have previously received credit, and all information provided is current and correct.

SIGNATURE _____

DATE _____