CAL-VET Fee Waiver Applications should be mailed to:

Sacramento County, Veterans Service Office
Cal-Vet Fee Waiver Program
2007 19th Street (between T and U Streets)
Sacramento, CA 95818
Phone: (916) 874-6811 or 916-874-6713
FAX: (916) 874-8868

Our office hours are:
Monday through Friday (excluding County holidays)
8:00am - 4:00pm (Walk in Clients)
8:00am - 5:00pm (Telephone Inquiries)

Please contact a Veterans Claims Representative (VCR) for a veterans' benefits entitlement determination interview.

Instructions:

1. Complete the application.
2. Mail the completed forms to the address listed above.
3. If approved, the Dept. of Veterans Affairs will send you a letter of acceptance. Bring your letter to the ARC Financial Aid Office to get your fee waiver authorized. Do not bring your letter to the ARC Veterans Affairs Office.
The California College Fee Waiver (CFW) program benefits the spouse and children of U.S. veterans. Students meeting the eligibility criteria may get their college fees waived if they attend a California Community College, a California State University, or University of California campus.

To be eligible, students must:

» Have a parent who is a disabled veteran (0% or more disabled); or

» Have a spouse or domestic partner who is service-connected (S/C) deceased or rated 100% S/C disabled.

» Be a child earning less than $11,161.00 per year (student’s income, not parents’). Note: There is no income limit for a spouse, domestic partner or children of S/C deceased or 100% S/C veterans.

» Attend a California Community College, California State University, or a University of California school.

» Provide proof of the student's relationship to the veteran such as a copy of a birth, marriage or domestic partnership certificate.

Applicants to the program must submit proof of income, such as a copy of the previous year's tax return, with your application. If the student had no income, a statement to that effect can be obtained from either the Franchise Tax Board or the Internal Revenue Service (IRS). You can call the Franchise Tax Board at 800-852-5711, or call the IRS at 800-829-1040.

*Note that all students must meet California residency requirements.

The California Department of Veterans Affairs determines benefits eligibility. Each school waives fees based on their own definitions and written guidelines. Nothing shall prevent educational institutions from charging non-resident fees. Any disagreement over what fees should be waived, should be resolved at the lowest possible level between the student and the school involved.
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

COLLEGE FEE WAIVER PROGRAM FOR VETERANS DEPENDENTS
PLEASE READ THE INSTRUCTIONS AND INFORMATION CONTAINED ON THE REVERSE SIDE

I. STUDENT INFORMATION

Last Name: ___________________________ First: ___________________________ MI: _____ Social Security Number: ______-_______-______

Date of Birth: ____/____/______ Phone #: (____)_______-_________ Marital Status: □ Married  Single  Your Email: ____________________________

Street Address: ________________________ City: ________________________ State: ________ Zip: ______

YOUR relationship to veteran in Section III below: ______________________________________________

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? □ YES □ NO

ARE YOU receiving, OR ARE YOU CURRENTLY eligible to receive VA EDUCATIONAL BENEFITS UNDER CHAPTER 35? □ YES □ NO

ADJUSTED GROSS INCOME (AGI) of student from last year (January 1st through December 31st): $________________________

*NOTE: Refer to “HOW TO APPLY” on the reverse for required statements.

ANNUAL VALUE OF SUPPORT received from your parents - $___________

(Note: if entering $0.0 you must attach an explanation)

Note: examples of support include, but are limited to: college housing, transportation, books, school supplies, medical care, etc.

*NOTE: Under Plan B, the total amount of the child's income and value of support, as listed above, cannot exceed the “national poverty level” as determined by the U.S. Census Bureau and published by the California Department of Veterans Affairs.

II. SCHOOL INFORMATION

CALIFORNIA COLLEGE or UNIVERSITY you are attending or plan to attend: ____________________________

ACADEMIC YEAR for which you are requesting waiver of tuition/fees: ____________________________

III. VETERAN INFORMATION

Name served under: Last Name: __________________________________ First: __________________________________ MI: ___________

Street Address: ___________________________________________ City: ______________________________ State: _______ Zip: ___________

Telephone Number: (____)_______-_________ Branch of Service: ___________________ Service Number: _______________________

Date of Birth: ____/____/______ Date of Death (if applicable): ____/____/______  SSN#: ______-_______-______

Dates of Active Duty service FROM: ____________________ UNTIL: ____________________ VA Claim #: _______________________

If the veteran is alive, current percentage of service-connected disability adjudicated by the military or USDVA: _________%

If the veteran is deceased, was the death "service-connected," or did the veteran have a service-connected disability at the time of death? □ YES  □ NO

I hereby certify under penalty of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining educational benefits and is true, correct and complete. I authorize the California Department of Veterans Affairs (CDVA) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, and/or the Franchise Tax Board, to release information regarding the above service-connected disability rating and/or income to CDVA with the understanding that the department will keep such information confidential. Further, I understand that educational benefits may be denied if any information is found to be incomplete or inaccurate.

Signature of VETERAN (or Parent if Veteran not available): ___________________________________________ Date: ________/________/________

(If the Veteran is unable to sign, a statement as to why the veteran is unavailable must be attached)

Signature of STUDENT: ___________________________________________ Date: ________/________/________
WHAT ARE THE BENEFITS?
Waiver of all mandatory system wide tuition and fees at any State of California Community College, Campus of the University of California, or Campus of the California State University system. The waiver of fees is applicable only at these Colleges. Nothing shall prevent the above institutions from charging nonresident fees.

WHO MAY APPLY?
1 – In order to avoid out-of-state fees students must meet California residency requirements according to the school they will attend. The colleges will make final residency determinations.
2 - Students who meet the requirements of at least one of the following plans:

PLAN A: The spouse, child or unmarried surviving spouse or California certified registered domestic partner (RDP) of a veteran who is totally service-connected disabled or who has died of service-related causes, may qualify. The veteran must have served during a period of war declared by Congress, or been awarded a Campaign or Expeditionary Medal. This program does not have an income limit. A child must be under 27 years of age to receive the fee waiver benefit. The age limit is extended to 30 years of age if the child is a veteran. There are no age limits for a spouse, surviving spouse or RDP. *Note: a dependent cannot receive this benefit if they are in receipt of VA Chapter 35 benefits, OR,

PLAN B: The child (no age limit) of a veteran who has a service-connected disability, or had a service-connected disability at the time of death, or who died of service-related causes, may also qualify for a waiver of fees. The child’s income, which includes the student’s ADJUSTED GROSS INCOME, PLUS THE VALUE OF SUPPORT provided by a parent, cannot exceed the “national poverty level” as published by the U.S. Census Bureau on December 31st of last year. *NOTE: This figure changes annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO). OR,

PLAN C: Any dependent, non-remarried surviving spouse, or current RDP of a member of the California National Guard who was killed, permanently disabled or died of this disability that resulted from activation under Military and Veterans Code Section 146.

NOTE: Plan D benefits are be available to Congressional Medal of Honor recipients and their children. These applicants are required to apply to the California Department of Veterans Affairs; your CVSO can accept and refer the application for you.

HOW TO APPLY:

(1) This form must be fully completed, signed by the student and the veteran (or parent, but you must explain why the veteran is not available), and all questions must be answered. If a question does not apply, write “N/A”. If neither parent is available to sign, please attach an explanation.

(2) A Child, under PLAN B, must submit either a copy of their federal income tax form 1040 or state income tax form 540, from “Last Year” or, if a child does not have a copy of their income tax, or if a child did not file a return, they must submit a statement from the Internal Revenue Service (800-852-5711) or the Franchise Tax Board (800-829-1040) which must verify the amount of adjusted gross income or the fact that a return was not filed. **NOTE**: Current academic year entitlement is based upon last year’s adjusted gross income and value of support. i.e.: If applying for benefits for academic year 2010-2011, the total amount of your reported adjusted gross income and value of support from calendar year 2009 will be used to determine eligibility.

(3) If you are a "child" of a veteran, you must attach a Verification of Dependency. Acceptable verifications include a Birth Certificate, Adoption Records, Court Order, or other Governmental Documents.

WHEN TO APPLY:
Always try to apply for these benefits prior to attending school. Benefits are awarded on an academic year basis and students are required to reapply each year for ongoing benefits. NOTE: The earliest effective date fee waiver benefits may be awarded is the first day of the academic year in which an application is received.

WHERE TO APPLY:
To obtain applications, information and to apply for benefits under this program, contact your local County Veterans Service Office (look in the "Government Listings" section of your telephone book under "County Government Offices".), or on their website at: www.cacvso.org.

YOU MAY BE ENTITLED TO ADDITIONAL VETERANS BENEFITS TO FIND OUT MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT A WEBSITE AT: www.cacvso.org or www.cdva.ca.gov

PRIVACY NOTIFICATION
The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is voluntary and will be used for the purposes of identification and to determine eligibility for benefits under the provisions of the Military and Veterans Code, Sections 890 through 899 and 980 and Education Code, Section 66025.3. The program is administered by: Deputy Secretary, Veterans Services Division, 1227 "O" Street, Sacramento, CA 95814. Failure to provide requested information will result in the delay or denial of benefits. Individuals may review available personal records during normal business hours. Appeals of denied benefits shall be filed with the Veterans Services Division (note address above). Appeals must be in writing, stating the reasons you feel the benefits should be granted, and filed within 90 days after the date of the "letter of denial."