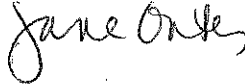


EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION UC
	CORRESPONDENCE SYMBOL OUI/DUIO
	DATE May 31, 2012

ADVISORY: UNEMPLOYMENT INSURANCE PROGRAM LETTER NO. 21-12

TO: STATE WORKFORCE AGENCIES

FROM: JANE OATES
Assistant Secretary



SUBJECT: State Unemployment Compensation (UC) Agency Responsibilities to Provide Information to the Department of Veterans' Affairs (VA) on Certain Veterans' UC Eligibility Status

1. Purpose. To advise UC agencies of their responsibilities to provide information to the VA, upon request, about the UC eligibility of veterans applying for VA sponsored rehabilitation services and to transmit a copy of the *Request for and Consent to Release of Information from Individual's Records*, VA Form 3288 (Office of Management and Budget Control No. 2900-0028).

2. References. The VOW to Hire Heroes Act of 2011 (VOW Act), (Public Law 112-56); Title 38 U.S.C. 3102, 3103, and 3105; and 26 U.S.C. 3304.

3. Background. The VOW Act was enacted on November 21, 2011. Section 233 of the VOW Act amends 38 USC 3102, 3103, 3105 and adds a note to section 3102 entitling veterans who have completed a Vocational Rehabilitation and Employment (VR&E) program and exhausted rights to regular compensation,¹ (which includes regular state UC, Unemployment Compensation for Ex-Servicemembers and Unemployment Compensation for Federal Employees) to participate in an additional 12-month VA-sponsored rehabilitation program, also known as additional Chapter 31 services. The VA is responsible for taking applications for additional Chapter 31 services and applications must be received by the VA before March 31, 2014.

In order to be eligible for additional Chapter 31 services, the veteran must:

- Have previously completed a VR&E program;
- Have exhausted all rights to regular compensation with respect to a benefit year;
- Have no rights to regular compensation with respect to a week;
- Not be receiving compensation with respect to such week under the UC law of Canada; and

¹ The term 'regular compensation' has the same meaning as under 20 CFR 615.2(e), implementing the Federal-State Extended Unemployment Compensation Act of 1970 (26 U.S.C. 3304 note).

RESCISSIONS None	EXPIRATION DATE Continuing
----------------------------	--------------------------------------

- Begin the additional program within six months of the date of regular compensation exhaustion.

The VA will need to contact state UC agencies to verify the regular compensation eligibility status of veterans submitting applications for these services. A veteran has exhausted rights to regular compensation when “no payments of regular compensation can be made . . . because such person has received all regular compensation available to such person based on employment or wages during such person’s base period” and “such person’s rights to such compensation have been terminated by reason of the expiration of the benefit year with respect to which such rights existed.” (See Section 231 of Subtitle C-Improving the Transition of Veterans to Civilian Employment, of the Act.)

Note: A veteran may qualify for additional Chapter 31 services after having exhausted UC even though s/he is receiving Extended Benefits or Emergency Unemployment Compensation. (See 38 U.S.C 3102).

4. VA Responsibilities. As noted above, the VA is responsible for taking applications for additional Chapter 31 services. To determine a veteran’s eligibility for these services with regard to the veteran’s exhaustion of regular compensation, or any current or future entitlement to regular compensation, requires the assistance of state UC agencies. Therefore, the VA has developed a process to collect the necessary information from state UC agencies, when a veteran reports having received regular compensation within the past six months. In carrying out its responsibilities, the VA will:

- Have the veteran sign VA Form 3288 (see attached);
- Provide a signed copy of the VA Form 3288 to the state UC agency; and
- Instruct the veteran to apply for UC and, if determined ineligible, submit a copy of the determination of ineligibility from the state UC agency to the appropriate VA office.

5. State UC Agency Responsibilities. When the state UC agency receives the VA Form 3288, its designated staff must complete the form and return it to the address/location indicated on the form. The state UC agency must:

- Verify the regular compensation eligibility status of the veteran and provide the requested information to the VA, including the date that the veteran exhausted regular compensation, if appropriate; or
- Verify that the veteran is currently receiving regular compensation, and if so, provide the number of UC weeks claimed during the current benefit year.

To facilitate the process outlined above, state UC agencies will need to provide contact information to the contact persons listed in section 7, which will then be transmitted to the VA for its use in requesting the necessary information using VA Form 3288. The contact information will also be used by the VA for any issue resolution(s) with the state.

6. Dissemination of Information on the VOW Act. State UC agencies are strongly encouraged to disseminate information about the VOW Act and its provisions by incorporating information on their Web sites or directing the public to the following links:

- <http://www.benefits.va.gov/VOW/> - This website provides detailed information on every part of the VOW ACT, including how to apply for benefits.
- <http://www.vba.va.gov/bln/vre/index.htm> - Links to the VA VR&E (Chapter 31) Program site where veterans may apply online.
- <http://www.gibill.va.gov/> - Links to the VA GI Bill Program site where veterans may apply online for VA education benefits.

7. Action Requested. State Administrators should distribute this advisory to appropriate staff and provide the name, address, telephone number, fax number and e-mail information of a designated state contact for VA requests to the Department via e-mail to Quinn Watt at watt.quinn@dol.gov or Stephanie C. Garcia at garcia.stephanie@dol.gov along with a copy to the appropriate regional office no later than June 5, 2012.

8. Inquiries. Please direct inquiries to the appropriate regional office.

9. Attachment. VA Form 3288 (Request for and Consent to Release of Information from Individual's Records).

VA Department of Veterans Affairs

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, 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 aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. **Send comments only. Do not send this form or requests for benefits to this address.**

_____ Unemployment Insurance Agency (Insert Name of State) ADDRESS:	NAME OF VETERAN <i>(Type or print)</i>	
	VA FILE NO. <i>(Include prefix)</i>	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VA Vocational Rehabilitation Counselor NAME:

ADDRESS:

PHONE:

FAX:

VETERAN'S REQUEST

I hereby request and authorize the _____ *(insert name of State)* Unemployment Insurance Agency to release the following information from the records identified above to the organization, agency, or individual named hereon:

NAME

INFORMATION REQUESTED *(Number each item requested and give the dates or approximate dates - period from and to - covered by each.)*

Instructions to State Unemployment Insurance Agency:

Please verify or complete the following information and return this form to the VA Counselor at the address or FAX number listed above.

- Date that the Veteran exhausted regular state unemployment compensation _____ *(insert date)*
- Veteran is currently receiving regular state unemployment compensation (UC). How many weeks of regular UC has the Veteran claimed for the current benefit year to date, as of _____ ? _____ *(VA should insert today's date)* _____ *(insert number of weeks claimed)*
- Comments:

Name, Signature, Title of individual completing form

Date

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.

Solely, to help VA determine eligibility for VA Vocational Rehabilitation and Employment benefits under the Vow to Hire Heroes Act, Public Law 112-56, Section 233.

NOTE: Additional information may be listed on the reverse side of this form.

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL *(Attach authority to sign, e.g., POA)*

DATE