

DYLAN WRIGHT
 DIRECTOR
 OC COMMUNITY RESOURCES

CYMANTHA ATKINSON
 ASSISTANT DIRECTOR
 OC COMMUNITY RESOURCES

JULIE LYONS
 DIRECTOR
 ADMINISTRATIVE SERVICES

ANDI BERNARD
 DIRECTOR
 OC ANIMAL CARE

JULIA BIDWELL
 DIRECTOR
 OC HOUSING & COMMUNITY
 DEVELOPMENT

RENEE RAMIREZ
 DIRECTOR
 OC COMMUNITY SERVICES

STACY BLACKWOOD
 DIRECTOR
 OC PARKS

JULIE QUILLMAN
 COUNTY LIBRARIAN
 OC PUBLIC LIBRARIES

College Fee Waiver Plan A Check-List

APPLICATIONS NOT MEETING THE REQUIREMENTS BELOW WILL NOT BE PROCESSED.
PLEASE CAREFULLY READ AND FOLLOW ALL INSTRUCTIONS.

Veteran's *First Name*: _____ *Last Name*: _____

Student's *First Name*: _____ *Last Name*: _____

School *Name*: _____ Academic Year (AY): _____

AY Start Date: ____/____/____ AY End Date: ____/____/____

If applying for a Retro-Active College Fee Waiver

Retro-Active Cut Off Date: ____/____/____ Signature: _____

Contact Person: _____ Phone: (____) _____ - _____

VSO Initials *Client Initials*

DVS40

Only current version of the form will be accepted. Complete Application Form, located at:
<https://www.calvet.ca.gov/VetServices/Pages/College-Fee-Waiver.aspx>

VSO Initials *Client Initials*

Disability Decision Letter

Under Plan A, the veteran must provide the most recent (within one year of applying) documentation verifying totally (100%) service connected disability; which must have been granted prior to the unmarried child's 21st birthday. The child must be over the age of 14 and under the age of 27. If child is also a veteran, the age limit extends to 30 years old.

VSO Initials *Client Initials*

Discharge Document (DD214)

To qualify, the veteran had to have served during a period of war established by Congress. A copy of their DD214 is required.

VSO Initials *Client Initials*

Signed Election Statement

The student must state they elect to receive Plan A, and certify under the penalty of perjury, that they are not in receipt of DVA Chapter 35 benefits. Form, located at:
<https://www.veterans.ocgov.com>

VSO Initials *Client Initials*

Student's Photo Identification Card

A copy of (non-expired) government issued photo identification.

VSO Initials *Client Initials*

Student's Birth Certificate or if a qualifying spouse Marriage Certificate

We must verify dependent status by establishing relationship between the veteran and those claiming benefits. If the last name of the student is different than the veteran's, we require additional documents confirming legal relationship. (i.e. Marriage certificate, Adoption papers, etc.)

PLEASE MAKE SURE TO INITIAL EACH REQUIREMENT NOTED ABOVE. ONCE COMPLETE, SIGN AND DROP OFF THIS FORM, APPLICATION, AND ALL DOCUMENTS NOTED ABOVE TO:

Orange County Operations Center
 1300 S. Grand Avenue, Bldg B, Room 247
 Santa Ana, CA 92705
 Phone: (714) 480-6555

FOR OFFICIAL USE ONLY

Received Date (stamp): _____

Accepted by: _____

Comments: _____

Approved by: _____



County Operations Center

1300 SOUTH GRAND,
 BLDG. B
 Santa Ana, CA 92705
 Phone: 714.480.6555
 Fax: 714.567.7674

www.veterans.ocgov.com

