



Patriot Guard Riders New York Inc.

PO Box PO Box 12445
Rochester NY 14612

Telephone: 585-866-1PGR (585-866-1747) • Fax: 888-796-6594
Website: www.pgrny.org



Help On The Homefront (HOTH) is a volunteer outreach program that may provide one-time financial support and assistance to U.S. Armed Forces veterans who, as a result of **deployment to a theater of combat operation, experience a service-related injury, illness and/or PTSD**. The existence of these conditions must be documented and verified by the U.S. Department of Veterans Affairs and/or the Department of Defense.

This assistance may also be available to an immediate family member (mother, father, sibling, son or daughter) of a U.S. Armed Forces member who is or qualifies as a Gold Star Family member. Assistance may also be available to an immediate family member who is, or qualifies as a Blue Star Family member of a deployed active duty soldier who is currently serving in a theater of combat operations.

If these criteria are met and the veteran is experiencing a particular financial hardship, he or she may fill out an application for HOTH Veteran's Assistance where a determination will be made if he or she may qualify for any financial help.

After reviewing a veteran's request for assistance, a referral to other agencies for support with counseling, financial management or benefit application may take place.

All cases are reviewed individually and are based on merit.

Qualification guidelines for HOTH Veteran's Assistance:

- Currently receiving VA Service Connected or DOD Service Connected disability benefit resulting from deployment to a theater of combat operations
- Must have been discharged under other than Dishonorable conditions

Veteran and/or their Case Worker must be able to supply the following for processing the application:

- **Thoroughly completed HOTH Veteran's Assistance Application form**
- VA and/or DOD documentation reflecting the percent Service Connected disability currently being received
- DD-214 - *must be fully readable, please block out your SSN*
- Most recent 2 months bank account statements
- Copy of legitimate invoices, quotes, etc. relative to the basis of the request for assistance

Additional instructions:

Completing this form on a computer is recommended as all like fields will self populate and all calculations are built into the form. The application form is self explanatory. It is highly recommended that you have a Case Worker assist you in completing the application. If you have any questions or are having any issues completing this form, contact PGRNY by leaving a detailed message at **585-866-1PGR (585-866-1747)** and someone will return your phone call.

Section 2 - Consent

Read the Consent carefully before signing. This section must be signed and dated by both the requester and a witness. PGRNY - HOTH **will not be able to proceed** with the request without this section being properly completed.

Section 8 - Monthly Financial Information

Filling in this section with a computer is recommended as all calculations are built into this form. Be as accurate as possible with the information provided. In addition to completing this section, bank statements (all checking and saving accounts) for the most recent two months must be supplied (*please block out the account number information*).

Section 11 - Form Complete By (Other than Applicant)

If case worker or VA representative has assisted in completing this form, this should be indicated in this section (as well as having it provided in Section 3).

How to submit completed application form:

Directions on how to submit your completed application are on page 7 of the form.



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Section 1 - Veteran's Information

Name: _____ Date: _____

Address: _____ Phone #: _____

City: _____

State: _____ Zip: _____

Email: _____

To be answered if immediate family member of a Gold Star or Blue Star Family requesting assistance

Service Member's Name: _____

Relationship to Service Member: _____

Section 2 - Consent

I, _____ hereby give my consent to Patriot Guard Riders of New York, Inc. (PGRNY) to share my information including, but not limited to, my financial, medical, and any other information, which may be deemed pertinent, with other agencies for the purpose of gaining assistance, services, or benefits through and related to PGRNY Help on the Homefront (HOTH). All information I have supplied on the HOTH Veteran Assistance form is truthful to the best of my knowledge. I additionally, hereby give permission to PGRNY to use my name and photographic likeness in all forms of media for advertising, trade and other lawful purposes.

Signature: _____ Date: _____

Witness (print name): _____

Witness signature: _____ Date: _____

Section 3 - Case Worker Information

Case Worker Name: _____ Phone #: _____

Email: _____

Agency: _____

Name: _____

Request Date: _____

Section 4 - Assistance Requested

In the space below, please provide the reason for your request *and if the reason is related to your military service.*

In the space below, please provide the specific details: *If bills you owe, the amount, and submit with a copy of each bill. If other, please detail the item, the amount and paperwork to support the amount.*

Section 5 - Military Service

	USAF	USA	USCG	USN	USMC
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date entered into Service: _____ Grade or rank achieved: _____

Date Discharged: _____ Honorable: _____ Other than Honorable: _____

If Other than Honorable, please explain in your own words: _____

Continued on next page

Name: _____ Request Date: _____

Section 6 - Medical Information

Disabled? Yes No Benefits Other? Yes No
Receiving VA Benefit? Yes No Receiving Medical Treatment? Yes No
Are you receiving Social Security Disability Benefits? Yes No

List any injuries, wounds, ailments and conditions **that are directedly related to your service** including PTSD **and** if you are currently receiving treatment or counseling for and of these:

Your VA disability rating %: _____

Do have a DoD disability rating? _____ Yes _____ No If yes, what %: _____

(Please attach your VA and/or DOD Service Connected Disability paperwork.)

Primary Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Continued on next page

Name: _____ Request Date: _____

Section 7 - Personal Information

Spouse's Name: _____ Age: _____

Spouse's place of employment: _____

Number of dependent children: _____ Ages: _____

Do you have other people living with you? Yes _____ No _____ Number of people: _____

If you have additional people living with you, please complete the information below.

Name	Relationship	Place of Employment

How many vehicles/motorcycles are owed by members of this household: _____

Please list all vehicle years, makes and models:

Continued on next page

Name: _____

Request Date: _____

Section 8 - Monthly Financial Information

Use this section for **MONTHLY INCOME** and **MONTHLY EXPENSES** only.

MONTHLY INCOME SOURCE (All household members)	AMOUNT
TOTAL INCOME:	

MONTHLY EXPENSES (All household members)	AMOUNT
Mortgage/Rent	
Home/Renters Insurance	
Property Tax (if not included in monthly Mortgage)	
Gas	
Groceries	
Cable	
Internet Access	
Medical/Dental Insurance Premiums	
Medical/Dental Out of Pocket Costs	
Pharmacy	
Utilities: Heat, Electricity, Water, etc.	
Telephone/mobile Device(s) Contract	
Car Payment	
Car Insurance	
Credit Card Payments	
Other Loan Payments	
Child Support Payments	
Misc. List:	
Misc. List:	
Misc. List:	
TOTAL EXPENSES:	

INCOME LESS EXPENSES BALANCE:	
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Section 9 - Bi-monthly (BI), Quarterly (QTR), or Annually (AN) Financial Information

Use this section for all **Bi-Annual, Quarterly** or **Annual Income** or Expenses.

BI, QTR or AN	INCOME	AMOUNT

BI, QTR or AN	EXPENSES	AMOUNT

Name: _____

Request Date: _____

Section 10 - Additional Financial Information

ASSETS	AMOUNT
Positive Checking/Debit Acct Balance	
Savings Account Balance	
Retirement Savings (IRA, 401K, etc.)	
Estimated Home Value	
Investments	
Estimated Vehicle(s) Value	
Other Significant Assests	
TOTAL ASSESTS:	

LIABILITIES	AMOUNT
Negative Checking/Debit Acct Balance	
Credit Card Balances	
Mortgage Balance	
Vehicle(s) Loan(s) Balance(s)	
Health Care Debit	
Student Loan Balances	
Other Loan(s) Balances	
TOTAL LIABILITIES	

FINANCIAL HISTORY SUMMARY	
HAVE YOU EVER:	CHECK YES or NO
Declared Bankruptcy	YES _____ NO _____
Experienced Foreclosure	YES _____ NO _____
Experienced Repossession	YES _____ NO _____
Experienced Garnishments or Judgments	YES _____ NO _____

Section 11 - Form Completed By (Other Than Applicant):

Filled Out by: _____

Phone #: _____

Email: _____

HOW TO SUBMIT COMPLETED FORM

Please sign and have the Consent portion of the form witnessed. Also remember to submit copies of any paperwork to support what you are requesting, two most recent months bank account statements AND a copy of your DD-214 (*please black out your SSN & account numbers on all paperwork prior to submitting*).

Submission options:

- Email to: HOTH@pgrny.org *with all required paperwork*, also list veteran's First & Last Name in the 'subject line' of the email.
- Fax to: **888-796-6594** *with all required paperwork*.
 If you Fax your form and do not hear from us within 72 hours, confirm that your fax was received by calling our answering service at:
 585-866-1PGR (585-866-1747)
 Leave us a message including your name and phone number and we will get back to you.
- Physically mail to: **PGRNY, Attn: HOTH; P.O. Box 12445; Rochester, NY 14612** *with all required paperwork*.