



# Patriot Guard Riders New York Inc.

PO Box PO Box 12445  
Rochester NY 14612

Telephone: 585-866-1PGR (585-866-1747)  
Website: www.pgrny.org



## HOTH ASSISTANCE REQUEST

Help on the Homefront (HOTH), a program of Patriot Guard Riders of New York (PGRNY), is designed to assist members of the Armed Services who require some financial or other assistance due to a hardship that is connected to a **service related disability**.

This assistance is also available to Gold Star and Blue Star Families who are experiencing hardships due to their loved ones loss or deployment. These cases are reviewed individually and are based on merit.

*(Please read the following instructions and fill out all requested information to the best of your ability.)*

### Submission options:

1. Email to: **HOTH@PGRNY.org**
2. Fax to: **888-796-6594**
3. Physically mail to: **PGRNY, Attn: HOTH; P.O. Box 12445; Rochester, NY 14612**

Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Case Worker Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Agency: \_\_\_\_\_

### Section 1 - Assistance Requested

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

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In the space below, please provide the specific details of your request (i.e. is there a specific bill or bills that you are unable to pay? If so, what are the amounts of those bills and the due dates.)

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Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

**Section 2 - 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: \_\_\_\_\_

**Section 3 - 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 related to your service including PTSD and if you are currently receiving treatment or counseling for and of these:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your military disability rating %: \_\_\_\_\_ Or your VA disability rating %: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

**Section 4 - 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