

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 3 - Case Worker Information

Case Worker Name: _____

Email: _____

Agency: _____

Phone Number: _____

Have you applied to any other agency/organization for assistance? YES NO

If YES, Name of agency/organization: _____

Contact Name: _____ Phone #: _____

Section 4 -Choice of Assistance

You have a choice of assistance being new furniture for your new residence or financial assistance in the form of a security deposit/first months rent.

My choice is NEW Furniture

My choice is Security Deposit/First Month Rent

Section 4.A - If your choice is Financial Payment of Security Deposit/First Month Rent, please complete this section:

Dollar Amount of Request: _____ Monthly Rental Cost: _____

Landlord/Company Name: _____

Contact Name: _____

Contact Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred method of payment: _____

Additional information regarding payment: _____

Please go to next page (Section 4.B), to choose Furniture if your choice of Assistance is for new Furniture.

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Section 4.B - If your Request for Assistance is Furniture, please make your selection below.

YOU MAY CHOOSE TWO ROOMS ONLY!

BEDROOM CHOICES - CHECK ONE

QUEEN SIZE PLATFORM BED



TWIN SIZE



LIVING ROOM CHOICES - CHECK ONE

SOFA

___ BLUES ___ BROWNS
___ BLACK/GRAY



RECLINER

___ BLUES ___ BROWNS
___ BLACK/GRAY



KITCHEN-DINING ROOM

KITCHEN/DINETTE SET



FURNITURE SHOWN IS NOT EXACT AS FREQUENTLY SUBSTITUTIONS MUST BE MADE.

YOUR HOTH TEAM MEMBER WILL REVIEW FURNITURE PRIOR TO ORDERING IF YOU ARE APPROVED.

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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 or Under Honorable Conditions**, please explain in your own words what caused discharge to be other than HONORABLE or UNDER HONORABLE condition.:

Section 6 - Counseling/Course Information

You may include documentation of counseling/therapy/courses that you've taken from the agency or counselor instead of filling this section out.

Have you received any counseling/therapy/course study from any agency? Yes No

*Please list **ALL** agencies where counseling/therapy/courses are presently being taken or have been taken.*

Name of Agency: _____

Contact Name: _____

Telephone #: _____

List type of counseling/therapy/courses: _____

Name of Agency: _____

Contact Name: _____

Telephone #: _____

List type of counseling/therapy/courses: _____

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Section 7 - Employment History Since Military Discharge

List all jobs since your discharge. You may attach a resume and/or an additional sheet of employment if needed.

Year Range	Employer

Section 8 - Additional Information

Do you own a vehicle? Yes No Do you own more than one vehicle? Yes No

Please list vehicle year, make and model:

Year	Make and Model

Section 9 - Medical/Disability Information

Disabled? Yes No Benefits Other? Yes No

Receiving VA Benefit? Yes No

Are you receiving Social Security Disability Benefits? Yes No

Do have a DoD disability rating? Yes No

If disabled, does your disability prevent you from working? Yes No

Section 10 - Background

Please explain in your own words what led to your becoming homeless (example: substance abuse, bankruptcy, loss of employment, etc.).
You MUST fill in this section.

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Section 11 - Monthly Financial Information

Please complete the following information regarding income you presently are receiving.

QUESTIONS	MONTHLY AMOUNT	OFFICE USE
What is the amount of VA Service Connected pay you receive?		
What is the amount of Social Security you receive?		
What is the amount of NYS Supplemental Income you receive?		
What is the amount of Food Stamps you receive?		
ANY OTHER INCOME LIST BELOW (Such as other household members income)		
TOTALS		

Please complete the following information regarding your monthly expenses/bills.(food, gas, misc. explained, etc.)

PRESENT BILLS	MONTHLY AMOUNT	OFFICE USE
Phone		
Cable TV		
Medicine		
OTHER MONTHLY EXPENSES LIST BELOW		
TOTALS		

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HOW TO SUBMIT VETERANS TRANSITION ASSISTANCE APPLICATION FORM

This is a check list of what **MUST** be included with this thoroughly completed application. Please check off the items and if they are not included, explain why not. **Please make sure your submitted documents are pdf files and not photos such as jpg or png.**

- Application thoroughly completed, and **Section 2 - Consent** signed and witnessed by other than a family member.
- Copy of photo ID, either Drivers License or VA ID card.
- Letters or clearly documented therapy/counseling in space provided on form.
- Thoroughly complete **Section 11 - Monthly Financial Information.**
- Readable copy of DD-214 with Social Security Number blocked out.
- If possible, most recent 2 months of statements from Direct Express card or similar electronic card which shows income and expenses.

List any additional comments here:

Your information will be kept completely confidential. Follow submission instructions below.

METHOD TO SUBMIT	DIRECTIONS
Email to: HOTH@pgrny.org	<ul style="list-style-type: none">• Include all requested support documentation• List the veteran's name in the subject line of the email <p><i>(Scan and email is the preferred method of submitting.)</i></p>
FAX to: 888-796-6594	<ul style="list-style-type: none">• Include all requested support documentation• List the veteran's name on the cover sheet of the FAX <p><i>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.</i></p>

We will contact you to let you know whether you have been APPROVED or DENIED.

IF APPROVED:

If your choice was Financial in nature, we will make arrangements with your landlord to make a payment on your behalf.

If your choice was furniture for your new residence, Raymour & Flanigan will call you to set up a delivery date. Remember, you **MUST** be there to accept delivery or you will not be eligible to receive any assistance in the future from PGRNY.