



## Patriot Guard Riders New York Inc.

PO Box 637  
Wappingers Falls, NY 12590

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



### VETERANS TRANSITION ASSISTANCE - A HELP ON THE HOMEFRONT (HOTH) PROGRAM

Veterans Transition Assistance Program is a volunteer outreach program that may provide a one-time assistance to U.S. Armed Forces veterans who are in need of help as they transition from a resident of an in-house program with Veterans Affairs or other valid veteran service agency into their own residence.

**All cases are reviewed individually and are based on merit.**

#### Qualification guidelines for PGRNY HOTH Veterans Transition Assistance program described below:

- Title 38 of the Code of Federal Regulations defines a veteran as “**a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.**” This definition explains that any individual that completed a service for any branch of armed forces classifies as a veteran as long as they were not dishonorably discharged.
- **Guard & Reserve members are eligible if:** they have reached 20 years of service, even if they were never activated on a [federal] order for more than 180 days outside of training, will now be considered a veteran. Or if they were activated for more than 180 days consecutively and they were not dishonorably discharged.
- Have been or are currently receiving in-house therapy/counseling through an accredited veterans service agency
- Must have been discharged under other than Dishonorable conditions (if Other Than Honorable, the cause will be reviewed for acceptability within this program.)
- Have NOT received financial assistance through the **PGRNY HOTH Veterans Financial Assistance** program
- Note: Income and work history are also taken into consideration

**Veteran and/or their Case Worker must be able to supply the following for processing the application.**  
*(Please do NOT supply pictures or screen-shots)*

#### **IF FORM AND REQUIRED DOCUMENTATION IS NOT SUPPLIED, THE APPLICATION WILL NOT BE PROCESSED.**

- **DD-214 - must be fully readable, please block out your SSN**
- **Documentation supporting in-house therapy through valid agency**
- **Most recent 2 months Direct Express card or similar card if available**
- **Must include photo copy of state issued ID (driver's license or state ID) or Military ID**

#### **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.

#### **Consent**

Read the Consent section 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. The witness should be other than a family member.

#### **How to submit completed application form:**

A check off list and directions on how to submit the completed application are on the last page of this application form.

**Applications will be processed by Patriot Guard Riders of New York HOTH Team Member and final determination made by PGRNY Board of Directors.**



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## VETERANS TRANSITION ASSISTANCE APPLICATION

### Section 1 - Veteran's Contact Information

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Phone: \_\_\_\_\_

**Veteran must have a phone number.**

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

***This must be the new residence of the veteran:***

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

City: \_\_\_\_\_

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

### ***Form Completed By (If Other Than Applicant):***

Filled Out by: \_\_\_\_\_

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

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

Relationship to veteran: \_\_\_\_\_

### Section 2 - Consent

***Read the Consent carefully before signing. This section must be signed by the requester in the presence of a witness, who must also sign and date the Consent. PGRNY - HOTH will not be able to proceed with the request without this section being properly completed.***

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 Veterans Transition Assistance Application is truthful to the best of my knowledge. ***Please note: Your information will be kept confidential.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (*print name*): \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Witness should be a non-family member of the veteran applying.***

**You must sign the consent portion of this form. Authorized electronic signatures are acceptable.**

# VETERANS TRANSITION ASSISTANCE APPLICATION

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

## Section 3 - Case Worker Information

Case Worker Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

## 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.**

VETERANS TRANSITION ASSISTANCE APPLICATION

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

Section 4.B - If your Request for Assistance is Furniture, please make your selection below. (Select furniture for ONE room only (Bedroom; Living Room; OR Kitchen).

BEDROOM CHOICES - CHECK ONE

QUEEN SIZE PLATFORM BED



TWIN SIZE



LIVING ROOM CHOICES - CHECK ONE

SOFA

COLORS VARY, PLEASE SELECT YOUR PREFERENCE

\_\_\_ BLUES \_\_\_ BROWNS

\_\_\_ BLACK/GRAY



RECLINER

\_\_\_ BLUE \_\_\_ COBBLESTONE \_\_\_ MOCHA

\_\_\_ BLACK



KITCHEN-DINING ROOM

KITCHEN/DINETTE SET



IF AN ITEM NEEDS TO BE SUBSTITUTED, WE WILL CALL YOU TO EXPLAIN WHAT THE SUBSTITUTION IS AND MAKE SURE YOU ARE HAPPY WITH THE FINAL SELECTION.

# VETERANS TRANSITION ASSISTANCE APPLICATION

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

## 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.:

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## 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: \_\_\_\_\_

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Name of Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

List type of counseling/therapy/courses: \_\_\_\_\_

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# VETERANS TRANSITION ASSISTANCE APPLICATION

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

## 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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## VETERANS TRANSITION ASSISTANCE APPLICATION

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

### 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?		
<b>ANY OTHER INCOME LIST BELOW</b>		
<b>TOTALS</b>		

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		
<b>OTHER MONTHLY EXPENSES LIST BELOW</b>		
<b>TOTALS</b>		

# VETERANS TRANSITION ASSISTANCE APPLICATION

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

## 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:

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

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