



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 Veteran's Financial Assistance Application is truthful to the best of my knowledge.

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: _____

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.

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	
<input style="width: 40px; height: 20px; margin-bottom: 5px;" type="checkbox"/> QUEEN SIZE PLATFORM BED 	<input style="width: 40px; height: 20px; margin-bottom: 5px;" type="checkbox"/> TWIN SIZE 
LIVING ROOM CHOICES - CHECK ONE	
<input style="width: 40px; height: 20px; margin-bottom: 5px;" type="checkbox"/> SOFA <p style="color: red; text-align: center;"><i>COLORS VARY, PLEASE SELECT YOUR PREFERENCE</i></p> <p style="text-align: center;"> <input type="checkbox"/> BLUES <input type="checkbox"/> BROWNS <input type="checkbox"/> BLACK/GRAY </p> 	<input style="width: 40px; height: 20px; margin-bottom: 5px;" type="checkbox"/> RECLINER <p style="text-align: center;"> <input type="checkbox"/> BLUE <input type="checkbox"/> COBBLESTONE <input type="checkbox"/> MOCHA <input type="checkbox"/> BLACK </p> 
KITCHEN-DINING ROOM	
<input style="width: 40px; height: 20px; margin-bottom: 5px;" type="checkbox"/> KITCHEN/DINETTE SET 	<p style="color: red; font-weight: bold; margin: 0;"> 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. </p>

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.:

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: _____

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.

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?		
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		

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:

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 style="text-align: center;"><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 furniture or financial assistance in the future.