



PATIENT ASSISTANCE PROGRAM APPLICATION GUIDELINES FOR LIVING DONORS

All applicants must provide a letter from their current employer. Due to liability regulations, this letter is a required portion of the Patient Assistance Program application.

We focus on providing aid for living donors who will experience extreme financial need as a result of taking unpaid time off to recover after saving a life and for those who will experience lost wages during their hospital stay and recovery as a result of their organ donation. Our organization aims to provide aid for those who are most vulnerable and would not be able to donate an organ without facing extreme financial hardship.

In order to ensure that your application for the Patient Assistance Program can be processed, the letter from your employer should include the following:

- Company's or Organization's Letterhead (*if applicable*)
- Date within the past 2-3 weeks
- Status of patient's employment (i.e currently employed)
- Patient's current Paid Time Off balance and how long they are expected to be out of the office.
- If patient receives any short term disability. If they do, please provide additional details.
- If the patient is eligible for any employee assistance programs
- Employer's signature

Applications that fail to include a letter from employer will not be considered.

Employers may contact us with questions at

support@americantransplantfoundation.org or they may visit our website at

www.americantransplantfoundation.org

(DATE) *WITHIN 2-3 WEEKS OF SENDING*

Dear American Transplant Foundation,

I am writing to you on behalf of (PATIENT NAME). (PATIENT NAME) is currently employed by (NAME OF COMPANY/ORGANIZATION). (PATIENT NAME) is expected to be out of the office for (AMOUNT OF TIME). At the time of writing, HIS/HER current Paid Time Off balance is (BALANCE). (HE/SHE) (IS/ IS NOT) eligible for employee assistance programs. (IF ELLIGIBLE, SPECIFY HERE). (HE/SHE) (DOES/ DOES NOT) receive short-term disability. (IF YES, SPECIFY HERE).

Signed,

(EMPLOYER SIGNATURE)

(PRINTED EMPLOYER NAME)