

# American Transplant Foundation – Patient Assistance Program

## Transplant Recipient Emergency Assistance Grant

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### Application Guide

*\*Please thoroughly review the guidelines prior to filling out the online application\**

#### OVERVIEW

The Yi-Fa and Margaret Chang Giving Fund was established in April of 2020 to provide lifesaving financial assistance to transplant recipients who are experiencing significant financial hardship that affects access to post-transplant care when they need it the most. While funding is available, this fund will provide transplant recipients an emergency assistance grant up to \$1,000 to cover the expenses (hotels, groceries, utility bills, etc.) that poses a direct financial barrier to patient's post-transplant care.

Please ensure that you review and gather all documentation prior to submitting the application, as you cannot save and finish the application later.

You can contact the American Transplant Foundation's staff at any time with questions about the application process at [support@americantransplantfoundation.org](mailto:support@americantransplantfoundation.org).

#### GENERAL INFORMATION

1. **Applications may only be submitted by a transplant program social worker or a transplant program coordinator.** Patients seeking assistance should contact their assigned transplant program social worker or transplant program coordinator for details.
2. Once the application is submitted, expect the processing time to be 1-2 weeks to receive a funding decision from the volunteer voting council. Unfortunately, due to the volume of applications, we cannot consider incomplete applications. Please double-check the patient's address in order for the patient to receive their check if the application is approved.
3. Please have documentation of the crisis or emergency that is posing a direct financial barrier to patient's post-transplant care. This documentation will vary by patient. If you are unsure of what would be acceptable for your specific request, please reach out to us at [support@americantransplantfoundation.org](mailto:support@americantransplantfoundation.org).
4. Please take the time to describe in detail why the patient is in need of assistance. We are driven by our desire to help patients and their families, and we need your help to have an accurate picture of the situation the patient is dealing with. Please be as detailed as possible.
5. **RECOMMENDED:** Please encourage your patients to provide details of their situation and share their story and explain what difference this grant will make for them if the application is approved (photos are optional). They can submit directly to you and you will attach the letter as a part of the application or patients can simply email it to [support@americantransplantfoundation.org](mailto:support@americantransplantfoundation.org)

6. Every application that fits the program guidelines is presented to our volunteer voting council, who ultimately vote on the funding decision. They do not have access to information related to the patient's transplant center or patient's last name.

### PLEASE NOTE

- Applications for transplant recipients must be submitted post-surgery; income restrictions apply – see below for guidelines.
- Applications are reviewed on a rolling basis; funding depends on the availability of funds.
- Additional supporting documents might be requested. Emergency Grant is a one-time assistance.
- Please refer to [www.americantransplantfoundation.org](http://www.americantransplantfoundation.org) to download Financial Resources Guide for additional sources of funding.
- Fund amount will be determined by need; up to \$1,000.
- All disbursements are made directly to the patient – it is critical to have correct patient's address.

### GENERAL GUIDELINES

- While patients may fill out this printed document, the application **must** be submitted by a transplant program social worker or transplant program coordinator online. No paper copies will be accepted.
- Social Worker's orientation call for Emergency Fund is not required at this time; however, before the application is funded, the transplant center's administrator need to reach out to [support@americantransplantfoundation.org](mailto:support@americantransplantfoundation.org) to schedule a call with the American Transplant Foundation's team for a brief 10 minute orientation – this will allow us to speed up orientations. If your transplant center is planning to utilize Emergency Fund, we encourage your Transplant Administrators to reach out as soon as possible.
- Patients must reside in the United States; legal status is not questioned.
- Patient is undergoing post-transplant care.
- Patient must not have received more than 1 grant from the American Transplant Foundation. Patients still can apply for general PAP fund if they have never received funding from us before.
- Staff at the American Transplant Foundation will communicate with the transplant program social worker or transplant program coordinator directly. Patients are discouraged from contacting the Foundation about the status of their application and should contact their transplant program social worker or transplant program coordinator with questions. This will allow us to process the application in the most efficient manner.
- Applications are reviewed on a case-by-case basis. Eligibility for financial assistance is based on the sole discretion of the American Transplant Foundation and is subject to the availability of fund. All funding decisions are final.
- Applications may be approved for a different amount than requested at the discretion of the voting committee.

- Typically, the individuals and families we help are making up to **200% of the current Federal Poverty Guidelines as listed below:**

2020		FEDERAL POVERTY LEVELS				2020	
Size of Household	138%	150%	200%	250%	300%	400%	
1	\$17,236	\$18,735	\$24,980	\$31,225	\$37,470	\$49,960	
2	\$23,336	\$25,365	\$33,820	\$42,275	\$50,730	\$67,640	
3	\$29,435	\$31,995	\$42,660	\$53,325	\$63,990	\$85,320	
4	\$35,535	\$38,625	\$51,500	\$64,375	\$77,250	\$103,000	
5	\$41,635	\$45,255	\$60,340	\$75,425	\$90,510	\$120,680	
6	\$47,734	\$51,885	\$69,180	\$86,475	\$103,770	\$138,360	
7	\$53,834	\$58,515	\$78,020	\$97,525	\$117,030	\$156,040	
8	\$59,933	\$65,145	\$86,860	\$108,575	\$130,290	\$173,720	

### SCREENING QUESTIONS

- **Will patient’s transplant program social worker or transplant program coordinator affirm need and submit application?**
- **Is the patient actively undergoing post-transplant care?**
- **Has a significant crisis occurred that is preventing the patient from receiving transplant-related needs?**
- **Is the patient’s monthly income at or below 200% of the Federal Poverty Guidelines listed above?**

If you answered no to any of these questions, the patient may not qualify for this fund. Before completing the application, talk to your medical team or contact the American Transplant foundation at [support@americantransplantfoundation.org](mailto:support@americantransplantfoundation.org).

*Due to COVID-19, we are experiencing high volumes of applications. The staff at the American Transplant Foundation are working hard to review all questions and applications but please be aware that it might take longer than expected to respond to you. We appreciate your understanding.*

**This document is a fund application guide and will not be accepted in place of the official online application. Do not submit this document via fax or email.**

## APPLICATION TEMPLATE

### 1. PATIENT INFORMATION

**Name** (first/last):

**Phone Number** (primary/secondary):

**Email:**

**Complete Mailing Address:**

2. **RESEARCH QUESTIONS** – The following questions are required but the answers will not affect eligibility to receive a Patient Assistance fund. Answers will help our foundation to demonstrate the need for funding for this program and may help us tailor assistance to transplant patients in the future.

**Gender:**

**Date of Birth:**

**Primary Language:**

**Race/Ethnicity:**

### 3. TRANSPLANT INFORMATION

**Type of transplant** (i.e., kidney, liver):

**Surgery Date:**

### 4. CRISIS INFORMATION:

**Explain your financial crisis in detail and how it is directly impacting your post-transplant care, family, or any other concerns you have regarding the crisis:**

**What have you done/what will you do to address the situation long-term:**

**Amount Requested:**

**What would this financial assistance mean to the you?** –Your social worker will have the option to include a letter from you stating what the importance of receiving these funds are. This is your chance to share details about your situation that might not be represented in the application and explain what a difference this grant will make for you (photos are optional). It is optional but strongly **recommended as funding is limited, yet we are anticipating very high demand for support** - you can also email us the letter at [support@americantransplantfoundation.org](mailto:support@americantransplantfoundation.org). It doesn't have to be a formal letter.

**Within 3 months of receiving this funding, an update of how these funds have helped you will be required either by yourself or your social worker. By submitting this application, you agree to this.**

**5. EMPLOYMENT INFORMATION:**

**Last or current employer:**

**Job title:**

**6. FINANCIAL INFORMATION**

**Are you the head of the household?** YES NO (*circle one*)

**Do you have a partner/spouse in the household?** YES NO (*circle one*)

**Number of legal dependents** (*claimed on taxes*):

**Ages of legal dependents** (*claimed on taxes*):

**Amount in savings account:** \$

**Monthly household wages contributed by you** (*after taxes, standard monthly amount*): \$

**Monthly household wages contributed by others** (*by all members that contribute to the household*): \$

**Social Security Income:** \$

**Disability Income:** \$

**Monthly Mortgage/Rent:** \$

**Monthly Insurance and Medical Costs: \$**

**Monthly cost of post-transplant medications covered by you:\$**

**Other monthly household living expenses** (this includes groceries, transportation; phone, utilities, car insurance, etc.): \$

**7. PATIENT'S INSURANCE INFORMATION (IF APPLICABLE)**

**Medicare? YES / NO**

**Medicaid? YES / NO**

**Private Insurance? YES / NO**

**Insurance? YES NO (circle one) Insurance Company:**

**8. VENDOR INFORMATION (Up to three vendors only):**

**Vendor 1 Name:**

**Vendor billing address:**

**Client /Account ID:**

**Contact Phone:**

**Amount requested from vendor:**

**Total amount owed to vendor:**

**What type of expense is this?**

**Vendor 2 Name:**

**Vendor billing address:**

**Client /Account ID:**

**Contact Phone:**

**Amount requested from vendor:**

**Total amount owed to vendor:**

**What type of expense is this?**

**We will communicate with your transplant program social worker regarding the status of your fund request once they have submitted it on your behalf online. Please be patient as we are reviewing your application and ask your social worker if you need an update.**

**We are a small, volunteer-driven nonprofit with a big mission. We believe that no one should die while waiting for a transplant and strive to ensure patients stay healthy post-transplant. We wish we could fund all requests submitted, but at this time, we are able to fund the most vulnerable patients nationwide at risk of losing access to post-transplant care.**

**We wish you the best and hope we can help ensure you stay healthy and maintain your transplant.**

**Warmly,  
American Transplant Foundation**

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