



Patient Assistance Program Living Donor Application Guide

This guide is intended for collaboration between social workers and patients. It will NOT be accepted in place of the online application.

OVERVIEW

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 only the most vulnerable patients nationwide at risk of losing access to post-transplant care.

The **Living Organ Donor Grant** is intended to cover lost wages during the donation surgery recovery period. These grants can cover living expenses for which the grantee receives a monthly bill, such as rent/mortgage, utilities, car payments etc.

This is a one-time grant that is available for **up to \$500**. Grant amounts are determined on a case-by-case basis and the funding we have available for the program.

You can contact the American Transplant Foundation's staff at any time with questions about the application process at support@americantransplantfoundation.org.

GENERAL GUIDELINES

1. Due to limited funds, we can only assist those that are the most vulnerable in our community. Applicants and their families will only be considered if they make less than **150%** of the federal poverty limit.
2. Patients must reside in the United States; legal status is not questioned.
3. Patients must not have received a prior grant from the American Transplant Foundation.
4. Applicants **must be employed at the time of the application/surgery**. We require a signed form from your employer stating available paid time off and/or short-term disability.
5. Documentation stating amount of paid time off and/or short-term disability is required to complete the application.
6. If you are self-employed and are ineligible for paid time off, please discuss your potential eligibility for state short-term disability with your social worker. We will



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review these applications on a case-by-case basis.

7. Patients are **ineligible for grants** if:
 - They will be receiving 100% paid time off through their employer
 - Their savings covers/exceeds their lost wages
 - If their paid time of combined with savings will cover their lost wages
8. Staff at the American Transplant Foundation will communicate with the transplant program social worker or transplant program coordinator directly via the email entered into the application.
 - 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.
9. 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 funds. All funding decisions are final.
10. Applications may be approved for a different amount than requested at the discretion of the voting committee.

APPLICATION PROCESS

****Applications may only be submitted by a transplant program social worker or a transplant program coordinator.****

1. Patients seeking assistance should contact their assigned transplant program social worker or transplant program coordinator for completion.
2. Applications must be submitted 2-3 weeks before the scheduled surgery date.
 - If approved, we will send the check once the social worker confirms that the surgery has taken place.
3. We cannot consider incomplete applications!
 - 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.
4. Requests for further information and applications updates will be sent directly to the social worker's email.
5. If approved, funds will be sent directly to the patient. Please double-check the patient's address when submitting an application.
6. A one-time orientation is required for each transplant center. Please contact



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us to schedule this if your organization has not yet completed it.

7. Once the application is submitted, expect the processing time to be 4-6 weeks to receive a funding decision from the volunteer voting council.
 - 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.
8. **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.



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This document is a guide and will not be accepted in place of the official online application. PLEASE 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 grant. 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:

Please mark all that are true. A financial grant from the American Transplant Foundation would:

- Make it possible to donate an organ
- Help with stress and reduce worry
- Help avoid debt/falling behind on bills during recovery
- Help avoid returning to work too soon post-transplant (before fully recovered)
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If awarded this grant, would you be willing to provide a written or video testimonial and/or a photo explaining the impact that the grant had on your transplant journey? This would be posted on the American Transplant Foundation website. YES NO (circle one)



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3. TRANSPLANT INFORMATION

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

Directed/non-directed living donor?

(If donating to a specific individual, select directed. If donating to an unidentified stranger, select non-directed.)

Paired exchange/donation chain?

Are you donating through the National Kidney Registry program? (Kidney donors only):

YES NO (circle one)

Are you participating in a living donation chain? YES NO (circle one)

Relationship to organ recipient (*ex. recipient is my aunt, husband, son, friend etc*): (Please note, if your recipient is a spouse, you will need to fill out financial information for them as well)

Surgery Date:

(Surgery date must be confirmed for your application to be considered. If you are participating in a donation chain, please put an estimated date for surgery and have your social worker contact our staff immediately once surgery is scheduled)

4. EMPLOYMENT INFORMATION:

Current employer:

Job title:

Full time or part time employee?

Second employer (if applicable):

Job title:

Will you be receiving any short-term disability? YES NO (circle one)

If YES, please answer the following questions:



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- How long will you receive short term disability? (specify number of weeks):
- What percent of your standard pay will you receive through short term disability? (i.e. 20%, 10%, etc.):

Will you be receiving any paid time off? YES NO (*circle one*)

If YES, please answer the following questions:

- How much paid time off will you receive? (*please specify number in weeks*):
- What percentage of your standard pay will you receive in paid time off? (i.e. 20%, 10%, etc.):

If you are donating and organ to your spouse, please answer the following questions:

- Is your spouse employed? YES NO (*circle one*)
- Is your spouse receiving any time off? YES NO (*circle one*)
- If YES, please answer the following questions
 - How much paid time off will you receive? (*please specify number in weeks*):
 - What percentage of your standard pay will you receive in paid time off? (i.e., 20%, 10%, etc.):

What is your total estimated lost wages during time off during recovery (after taxes)? For example, if you will be out 2 weeks, won't receive time off and your standard monthly pay is \$4,000, please put \$2,000 (*must be reflected in income information below*):

Total Amount Requested (*please see website for current max grant amount*):

5. 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: \$



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Monthly household wages contributed by patient (*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: \$

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

6. PATIENT'S INSURANCE INFORMATION

Medicare? YES NO (*circle one*)

Medicaid? YES NO (*circle one*)

Private Insurance? YES NO (*circle one*)

- Name of Insurance Company:

7. VENDOR INFORMATION (Up to three vendors only):

Vendor Name:

Client /Account

ID:

Contact Phone:

Amount requested from



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vendor:

Total amount owed to

vendor:

What type of expenses is

this?



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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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AmericanTransplantFoundation.org