



# Patient Assistance Program Recipient 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 **Transplant Recipient Grant** is intended for patients who are experiencing a financial crisis that poses a direct barrier to their post-transplant care due to difficulties with insurance coverage and/or medication payments.

The **Transplant Emergency Assistance Recipient Grant** provides emergency assistance to cover the essential living expenses (hotels, groceries, utility bills, etc.) that pose a direct financial barrier to the patient's post-transplant care.

Both are one-time grants that are 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](mailto: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. Patient is undergoing post-transplant care.
4. Patient must not have received a prior grant from the American Transplant Foundation.
5. 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.
6. 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



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to the availability of funds. All funding decisions are final.

7. 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 post-surgery.
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.
  - A one-time orientation is required for each transplant center. Please contact us to schedule this if your organization has not yet completed it.
6. 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.
7. **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)



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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 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:



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Amount Requested:

What would this financial assistance mean to you? –Your social worker will have the option to include a letter from you stating what the importance of receiving these funds is. 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*): \$



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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 Company:

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

Vendor Name:

Vendor billing address:

Client /Account ID:

Contact Phone:

Amount requested from vendor:

Total amount owed to vendor:

What type of expense is this?



# **Patient Assistance Program Recipient Application Guide**

**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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