TRANSPLANT FUNDRAISING PROGRAM

Application Packet and Program Information

Georgia Transplant Foundation

Enriching Lives Everyday

The mission of the Georgia Transplant Foundation (GTF) is to help meet the needs of organ transplant candidates, recipients, living donors and their families by providing information and education regarding organ transplantation, granting financial assistance and being an advocate for sustaining and enriching lives everyday.

A message from the Transplant Fundraising Program

Dear Transplant Candidate:

Each year, Georgia Transplant Foundation (GTF) helps more than 2,000 solid organ transplant candidates, recipients, and their families statewide by providing financial, educational and emotional support to go through the life changing experience of transplantation.

GTF staff is available to answer your questions and guide you through your fundraising process. Some of the services we offer are:

- Accounts with matched funds up to $10,000
- Unmatched accounts
- Monthly fundraising workshops
- GTF-based personal webpages for fundraising
- Option of having post-transplant prescription medication expenses directly billed to your GTF account from a GTF-approved pharmacy

Because GTF is the trustee of the account, money raised is not considered a personal asset and does not jeopardize your participation in government assistance programs. Donations made to your account are not tax-deductible.

To apply to the Transplant Fundraising Program for a Matched or Unmatched account, please complete the enclosed application and mail it to GTF, 500 Sugar Mill Road, Suite 170-A, Atlanta, GA 30350. Once we receive your completed application, it will be reviewed, and you will be notified of your status within thirty (30) business days.

Should you have any questions or concerns, please feel free to call us at 1-866-428-9411. We look forward to working with you.

Cordially,

Transplant Fundraising Program

678-514-1170 (TFP Direct Line)
678-666-1371 (Fax)
TFP@gatransplant.org (E-Mail)

Transplant Fundraising Program Introduction

The Transplant Fundraising Program (TFP) has been developed by the Georgia Transplant Foundation (GTF) to assist transplant candidates and recipients in financially preparing for ongoing costs associated with transplantation, primarily medication costs.

These accounts provide fundraising assistance and account management for transplant funds. Financial contributions are overseen by GTF staff and an Advisory Council that provides fiscal accountability to transplant clients and their contributors. In addition, detailed information about transplant accounts, including disbursements and contributions, are available to Transplant Fundraising Program clients.

GTF offers two types of accounts:

Matched* accounts provide up to a maximum of a $10,000 match and are used primarily for prescription medication costs and medical insurance premiums. This type of account must be applied for and approved pre-transplant. Matched accounts are provided for fundraising dollars but have eligibility criteria, including: being a Georgia resident, applying pre-transplant, and exhibiting financial need or insurance gaps. Clients with this type of account have one year from their Contractual Agreement date to raise funds eligible for the match (a maximum of $10,000). Please note: you are reimbursed and matched AFTER the transplant, once you begin to buy/pay for your post-transplant prescription medications/medical insurance premiums and/or approved post-transplant related expenses. You must have a fundraising account held at GTF to be eligible for the match.

Unmatched* accounts are NOT matched. Unmatched accounts may be opened pre- or post- transplant and funds may be used for expanded transplant costs such as housing and travel, as well as prescription medication expenses and medical insurance premiums. You must have a fundraising account held at GTF to be eligible for this account.

Both Programs Offer:

- On-going fundraising advice
- Monthly fundraising workshops
- GTF-based personal webpage for fundraising
- Availability for online donations by credit card**
- Reimbursements processed within thirty (30) business days of receipt
- Option of having post transplant medication and/or medication co-pays directly billed from a GTF-approved pharmacy to your GTF account

** GTF charges a 3% administrative fee for each deposit made to your GTF account.*

***There is a minimal bank fee of an average of 2.85% per transaction charged to the TFP client for credit card donations.*

PLEASE NOTE THE FOLLOWING:

- The application review process can take up to thirty (30) business days to complete
- It is your responsibility to follow-up with GTF if you have not received a letter by mail regarding your TFP application in thirty (30) business days
- It is your responsibility to return the signed contractual agreement. You are not enrolled in the program if the Contractual Agreement is not mailed back to GTF

SUPPORTING DOCUMENTS TO INCLUDE WITH YOUR APPLICATION:

Proof of Georgia residency can be one of the following:

- Copy of your driver's license issued six (6) months prior
- A six (6) month old document with your current address, such as a:
  - Bank statement
  - Utility bill

Proof of current household income for all people living in your home can be one of the following:

- A Social Security Income statement
- Your most recent pay stub
- Copy of your most recent Federal Income Tax return

Proof of insurance can be any of the following:

- Copy of your insurance card (front and back)
- Copy of your Medicare card and/or Medicaid card

Application Process

Step 1 - Completely fill out the application (at the end of this packet). ***INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED***. Once you have completed the application, mail it along with the required documents to the Georgia Transplant Foundation at the address listed on the last page of the application.

You *must* include the following items with your application:

For a Matched Account:

- Proof of Georgia residency during the last six (6) months prior to the application date
- Proof of current household income
- Proof of all health insurance

For an Unmatched Account:

- Proof of Georgia residency. If you do not reside in Georgia, provide proof that you are being transplanted in a hospital in Georgia
- Proof of current household income
- Proof of all health insurance

Step 2 - GTF contacts your transplant center to verify your transplant status.

Step 3 - After the transplant center verifies your transplant status, the completed application goes to a Review Committee.

Step 4 - After the Committee meets and reviews the application, a letter is sent within thirty (30) business days to the address on your application regarding your approval status.

Step 5 - If approved, you are required to sign and mail back your Contractual Agreement agreeing to the terms and conditions of the Transplant Fundraising Program. You are not enrolled until the signed Contractual Agreement is received by GTF. All of this must be completed pre-transplant for a matched account.

Step 6 - Once GTF receives your signed Contractual Agreement, your account will be activated. You will then receive your Welcome Kit and Fundraising Manual containing additional information regarding TFP; for example, how to make deposits, how friends and family can donate, how to set up your GTF-based personal webpage and other important information.

Fundraising Activity

GTF does not do the actual fundraising for you; you and your volunteers will conduct your actual fundraising campaign. GTF will serve as a consultant by providing ideas, personal webpage, resources, procedures and additional support.

Fundraising Workshops are taught monthly by GTF Staff at our office in Atlanta, as well as in areas around the state in conjunction with our Trends in Transplant (TNT) Conferences. Visit www.gatransplant.org for dates and locations.

If you are enrolled in a MATCHED Account, you will have one (1) year from the date listed on your Contractual Agreement to raise funds that will be eligible for GTF match.

You will have the option to register for a personal GTF-based webpage. After acceptance into the program you will be given information on how to request a personal fundraising page. This page can include a brief personal statement, photos and information on future fundraising events. You will be able to direct friends and family to this page to make online donations directly into your account and to find out more information about your upcoming fundraising events. Credit card and bank fees apply.

Depositing Funds Into Your GTF Account

Once you have been enrolled into the Transplant Fundraising Program, your GTF account is opened and is ready to be used. There are three different ways to deposit money into your GTF (matched or unmatched) account:

1. Blue envelopes from the client
   Once your fundraising account is active, you will be provided blue deposit envelopes for sending in funds. **These blue envelopes are for TFP clients use only; they are not to be used by or given to your contributors.** GTF will not mail acknowledgement (thank you) letters for contributions sent in the blue envelopes. GTF will assume that the client has received the checks/money orders first and has already acknowledged the donor with a letter of thanks.

2. From a third-party mailing
   Any money sent to GTF in your honor, by a third party, will be deposited in your GTF account. All checks should be made out to Georgia Transplant Foundation with the memo section noting: "In Honor of [your name]." Checks should be mailed to GTF, 500 Sugar Mill Road, Suite 170-A, Atlanta, GA 30350. GTF will send a letter of acknowledgment for the contributions that are received directly in the GTF office.

3. Personal GTF webpage
   Once you have been enrolled into the program, you can choose to register for a personal GTF-based webpage. You will be able to direct friends and family to this page to make online credit card donations directly into your fundraising account. When online contributions are made, the contributor will receive an acknowledgement email letter. *Please note that gifts made online by credit card will be subject to a minimum processing fee by the bank of 2.85% per transaction.*

- *Deposits can be made by check, money order, or online credit card. No cash will be accepted.*
- *GTF charges a 3% administrative fee for each deposit made to your TFP account.*

It is your responsibility to inform the TFP administrators of any change of contact information i.e. phone number, address, change of transplant center, date of transplant, etc.

Transplant-Related Expenses

To decide if a Transplant Fundraising Program account is appropriate for you, preview the transplant-related expenses listed below that can be reimbursed from your account. Please note that the matched account is to be used primarily for post-transplant prescription medication expenses and medical insurance premiums. It is your responsibility to understand your coverage and the acceptable use of funds in determining if this program will meet your transplant needs. **The following are considered reasonable transplant-related expenses for which funds may be used:**

	Matched Account	Unmatched Account
Definition of "Transplant-Related Expenses"	Post- transplant expenses are defined as those reasonable medical expenses that incur after the transplant has taken place.	Pre- and post- transplant expenses are defined as those reasonable medical expenses caused by the need for transplant and/or the transplant expenses incurred after the transplant.
Examples of Transplant-Related Expenses	• Post-transplant prescription medications for the transplant client. • Medical bills, co-pays, travel and lodging related to transplant care for the client, subject to $1,000 maximum . • Please note that the total maximum reimbursement for post-transplant related expenses other than prescription medications and medical insurance premiums is $1,000. • Medical insurance premiums including Medicare premiums for the transplant client.	• Prescription medications for the transplant client. • The client's medical bills and co-pays related to the transplant. • Travel and lodging expenses for the caregiver during the client's transplant. • Travel and lodging expenses for the client's follow-up medical examinations. • The transplant client's medical insurance premiums including Medicare premiums.

GTF specifically reserves the right in its sole discretion to pay only those expenses that it deems appropriate. You must seek reimbursement and utilize coverage under all insurance plans and government programs such as Medicare and Medicaid, before utilizing the funds in your GTF account.

These items are not considered transplant expenses and will not be reimbursed (this is not a complete list):

- Food
- Utility bills
- Automotive repairs and maintenance
- Health club memberships or exercise equipment
- Rehab therapy not administered by a licensed therapist
- Personal products
- Tobacco products or alcoholic beverages
- Over the counter medicine
- Treatment taking place outside of the U.S.
- Entertainment items (videos and toys)
- School expenses, learning aids, tuition or camp fees
- Postage
- Interest or finance charges
- Loss of income
- Any taxes due
- Legal fees
- Expenses unrelated to transplant
- Clothing

GTF provides additional programs that offer assistance; please visit www.gatransplant.org for more information.

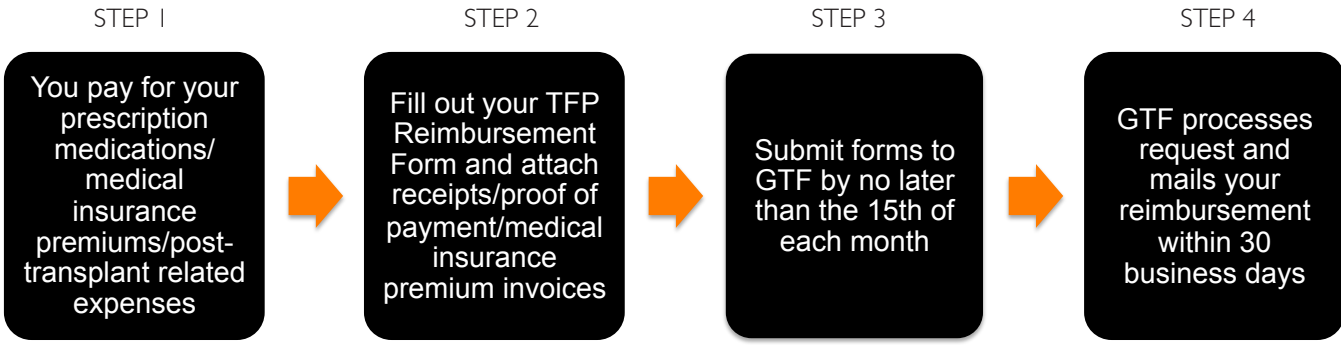
The final decision on eligibility rests with Georgia Transplant Foundation staff and the Transplant Fundraising Program Advisory Council. Please refer any questions regarding eligibility and reimbursement to the Transplant Fundraising Program staff at TFP@gatransplant.org or 678-514-1170.

Reimbursement of Expenses

General Reimbursement Guidelines

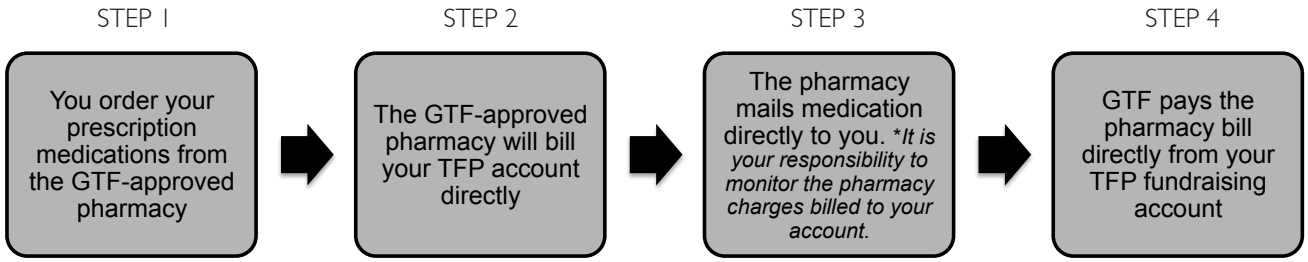
- All expenses to be reimbursed must be submitted with and listed on the TFP Reimbursement Request Form.
- Itemized receipts for all expenses being submitted. A detailed receipt must accompany credit card receipts.
- Receipts must be submitted within six (6) months.
- All payments are contingent upon the amount of money in the client's account.
- Reimbursements are processed on the 15th of each month.
- The turn-around time for reimbursement is approximately thirty (30) business days after GTF receives the completed request.
- The client, client's volunteers and Georgia Transplant Foundation has a fiduciary responsibility to ensure that the money raised/deposited is used in the manner in which it was solicited.

REIMBURSEMENT FOR PRESCRIPTION MEDICATION COSTS, MEDICAL INSURANCE PREMIUMS AND POST-TRANSPLANT RELATED EXPENSES



DIRECT PHARMACY BILLING

The Georgia Transplant Foundation has a partnership with a GTF-approved pharmacy to supply your prescription medications, bill your insurance or Medicare/ Medicaid and then bill your TFP account. *If you would like to take advantage of this program please indicate your preference on* page 14 *of the application and let your transplant team know your pharmacy preference when you are transplanted.*



All requests for funds for reimbursement must be submitted within six (6) months of expenditure, in writing, and using the TFP Reimbursement Request Form accompanied by appropriate receipts/proof of payment.

GTF has no obligation to pay more expenses than it has money available in the specified client's TFP account.

Accounting For Funds

GTF maintains audited financial records assuring fiscal accountability for money received and disbursed.

These funds will be disbursed by GTF for your transplant-related expenses. Please reference the Transplant-Related Expenses page for more information.

GTF staff will oversee the deposits, administration and disbursement of all contributions.

In order to help defray the cost of its services, GTF will retain the interest earned on funds deposited.

GTF will maintain complete and accurate records of all funds raised and they will be available for Transplant Fundraising Clients to view from their online account portal. **Account balances will not be given by telephone.**

We acknowledge that all funds raised have been donated by the client, family, friends and/or the public for transplant expenses. Both the client and the Georgia Transplant Foundation will be held strictly accountable by the public for all funds raised.

Not Transplanted, Failure to Survive, or Move Out of State

Untransplantable

In the event that a TFP client is not transplanted, becomes too sick to transplant, or recovers, all money remaining will be transferred to an ***unmatched*** account where unpaid, legitimate medical expenses will be reviewed for payment. *These reimbursements are not matched by GTF funds.* Legitimate medical expenses include: prescription medications/co-pays, hospital deductibles/co-pays, doctor's co-pays, and medical insurance premiums.

Deceased

In the event that a TFP client passes away, all money remaining will be transferred into an ***unmatched*** account. The person authorized to request withdrawals, as indicated on the TFP client's Contractual Agreement, may submit a request for eligible medical expenses for a period of six (6) months after a client's death.

Funds disbursed under the guidelines below are taken from the balance of your TFP account and are not eligible for GTF match. The items listed below are only payable to the extent that there are funds in your TFP account.

The GTF Advisory Council may disburse up to a maximum of $5,000 towards funeral expenses paid directly to the funeral home.

Based on review of need, GTF will consider paying mortgage or rent for the client's primary residence for one (1) month after the death of a client. This request must be in writing and proof of financial need must be demonstrated.

Should there be any funds remaining in your account following the above disbursements, the Advisory Council will authorize the transfer of funds to support the Georgia Transplant Foundation. These funds shall remain the property of the Georgia Transplant Foundation.

Move to Another State

In the event that a TFP client moves out of state, all money remaining in the clients GTF Matched Account will be transferred to a TFP *unmatched* account where unpaid, legitimate medical expenses will be reviewed for payment for up to three (3) years. Medical expenses include prescription medications, medicine co-pays, hospital deductibles, hospital co-pays, and medical insurance premiums. *These reimbursements are not matched by GTF funds.*

Transplant Fundraising Application Check List

Please note that your Transplant Fundraising Program Application is not complete without the receipt of the following items:

- ☐ Completed TFP Application

- ☐ Proof of Health Insurance
  Copy of the back and front of your insurance card.

- ☐ Proof of Household Income
  Copy of paystubs for each member of the household, or
  Copy of bank statements showing direct deposits for every member of the household, and/or
  Copy of award statement.

- ☐ Proof of Georgia Residency
  Copy of Georgia Drivers License or State ID (atleast six (6) months old), or
  Utility bill showing address dated as of six (6) months prior to the application date.

- ☐ Please submit your completed application and all of your supporting documents

  By Mail: Georgia Transplant Foundation
  Attn: TFP
  2201 Macy Drive
  Roswell, GA 30076

  By Fax: (678) 666-1371

  By Email: TFP@gatransplant.org

TRANSPLANT FUNDRAISING APPLICATION

Providing this information will not adversely affect any consideration you may receive for GTF services

Georgia Transplant Foundation
Enriching Lives Everyday

CLIENT INFORMATION

First Name | Middle Name | Last Name

Mailing Address | Apartment/Unit#

City | State | Zip Code | County

Home Phone | Cell Phone | E-mail

Male ☐ Female ☐

Marital Status | Spouse's Name (if applicable)

/ /

Date of Birth | Age | Social Security Number

Total # of People Living in Household | # Adults in Household | # Children in Household

/ /

Date of Transplant (if applicable) | Organ | Transplant Center

DEMOGRAPHIC INFORMATION

Race (optional - please check) ☐ Hispanic ☐ African American ☐ Black ☐ White, Non-Hispanic ☐ Asian-American ☐ Asian-Pacific Islander ☐ Native American ☐ Other _____

Level of Education (optional - please check) ☐ GED ☐ Attended High School (# of years ____) ☐ High School Graduate ☐ Technical Certificate/Diploma ☐ Currently Enrolled in College ☐ Attended College (# of years _____) ☐ Associates Degree ☐ Bachelors Degree ☐ Post-Graduate Degree ☐ Other _____

Work Status (please check) ☐ Currently Employed; Employer Name _____ ☐ Medically Disabled _____ (Date) ☐ Retired _____ (Date) ☐ Unemployed _____ (Date)

Current Source of Income (please check all that apply) ☐ Full-Time Employment ☐ with benefits ☐ Working Spouse ☐Part-Time Employment ☐ with benefits ☐ Parent(s) Income ☐ Retirement Pension ☐ Social Security Retirement ☐ Social Security Disability (SSDI) ☐ Supplemental Security Income (SSI)

Current Source of Healthcare Coverage (please check all that apply) ☐ Insurance (please circle: BCBS; United Healthcare; Humana; Kaiser; Aetna; Other _____) ☐ Spouse's Insurance ☐ Medicare ☐ Medicaid ☐ QMB Medicaid ☐ Spend-down Medicaid ☐ COBRA

Check all that apply to you: ☐ Recipient ☐ Candidate ☐ Living Donor ☐ JumpStart Client ☐ Trends In Transplant (TNT) Conference Attendee ☐ Fundraising Workshop Attendee ☐ Mentor/Mentee ☐ GTF Volunteer/ Board Member/ Committee Member

How did you hear about GTF services? ☐ GTF Website/ IMPRINT Magazine/ Brochure ☐ GTF Staff, Name _____ ☐ GTF Volunteer, Name _____ ☐ Transplant Center Staff, Name _____

Name_____

*PLEASE ANSWER **ALL** QUESTIONS FOR THE REVIEW COMMITTEE*

PART ONE - TRANSPLANT CENTER INFORMATION

Transplant Center	**Organ Needed**
Financial Coordinator/Social Worker	

I am: ☐ Currently being evaluated for transplant ☐ Listed for transplant ☐ Transplanted (Date) _____

I am raising funds for: ☐ Prescription Medications ☐ Medical Insurance Premiums ☐ Other Transplant-Related Costs

PART TWO - INSURANCE INFORMATION

If you have questions about your coverage, please contact your insurance company or transplant center financial cordinator/social worker.

Medical Insurance: Primary _____ Secondary _____

Type of Coverage: Medicare ☐ A ☐ B ☐ D ☐ Medicare Advantage ☐ Medicare Supplement _____

☐ Katie Beckett ☐ Medicaid ☐ Medicaid Spend-Down ☐ QMB Medicaid

How do you have this coverage? ☐ ESRD ☐ My Employment ☐ Spouse's Employment ☐ Private Policy

☐ COBRA ☐ Retirement ☐ Disabled ☐ Other _____

What does your insurance cover for transplant? (please answer below)

Annual Deductible: $_____

Annual Out-of-Pocket Maximum: $_____

Annual Maximum Benefit: $_____

Lifetime Maximum Benefit: $_____

Immunosuppressant Co-Payments (Estimate): $_____ /month

Medicare Annual Deductible:

Part A: $_____

Part B: $_____

Part D: $_____

Immunosuppressant Co-Payments: $_____ /month

Will there be ANY changes in your insurance coverage after your transplant? (please explain)

☐ Eligible for/accepting Medicare benefits on: _____

☐ Medicare terminates three (3) years post-transplant (kidney)

☐ COBRA benefits terminate on: _____

☐ Insurance is dependent on disability status

☐ Other: _____

PART THREE - FUNDRAISING

Has your transplant center required you to prepare a financial plan for your transplant? ☐ **Yes** ☐ **No**

What have you done to plan for your transplant? _____

_____

_____

Have you attended GTF's Fundraising Workshop? ☐ **Yes** ☐ **No**

GTF conducts Fundraising Workshops throughout the year. Please visit www.gatransplant.org for Fundraising Workshop dates.

Name_____

*PLEASE ANSWER **ALL** QUESTIONS FOR THE REVIEW COMMITTEE*

PART FOUR - FINANCIAL INFORMATION

DO NOT LEAVE ANY FIELD BLANK

ASSETS:

CHECKING	$
SAVINGS	$
STOCKS & BONDS	$
RETIREMENT ACCOUNTS	$

AUTOMOBILE(S):

YEAR _____ YEAR _____

MAKE _____ MAKE _____

Household: **All people living in your home** (includes all children and/or adults), non-related household members, parents, grandchildren, siblings, renters, etc.

Income: Total amount for wages or salary income, self-employment income, interests, dividends and rental income, Social Security Retirement and Social Security Disability Income, Supplemental Security Income, child support, public assistance, TANF, food stamps, family's financial help, income from working children, parents, siblings, etc. who reside in your household.

Expenses: General household expenses per month - rent/mortgage, food, average utilities, phone charges - basic phone, cell phone, credit card payments - monthly amount, not total balances owed.

MONTHLY HOUSEHOLD NET INCOME

(please read above description)

WAGES (net)	$
SPOUSE'S INCOME	$
FAMILY MEMBER'S INCOME	$
SOCIAL SECURITY (SSDI, SSI)	$
ADDITIONAL DISABILITY	$
PENSION	$
RETIREMENT INCOME	$
VETERAN'S PENSION	$
TANF	$
FOOD STAMPS	$
RENTAL	$
DIVIDENDS	
OTHER	$
_____	$
TOTAL MONTHLY INCOME	**$**

I authorize information released between GTF and my transplant center or other related parties to verify information related to this request. I agree to be added to GTF's database for future mailings.

APPLICANT'S SIGNATURE **DATE**

MONTHLY HOUSEHOLD EXPENSES

(please read above description)

RENT* ☐ MORTGAGE* ☐	$
FOOD	$
UTILITIES	
TELEPHONE	$
GAS & ELECTRICITY	$
CELL PHONE	$
WATER	$
TRANSPORTATION	
PUBLIC TRANSPORTATION	$
AUTO PAYMENT	$
GASOLINE	$
MEDICAL EXPENSES	
DOCTORS FEES	$
HOSPITAL PAYMENTS	$
MEDICATIONS	$
DENTAL	$
INSURANCE	
MEDICAL	$
LIFE	$
AUTO	$
CHARGE ACCOUNTS	
BANK CARDS (monthly payment)	$
OTHER _____	$
OTHER _____	$
TOTAL MONTHLY EXPENSES**	**$**

*** If you are not paying rent or a mortgage, please explain:** _____

**** If your monthly expenses are more than your monthly income, please explain how you are paying your bills each month:**

Name_____

*PLEASE ANSWER **ALL** QUESTIONS FOR THE REVIEW COMMITTEE*

PART FIVE - TRANSPLANT FUNDRAISING PROGRAM SELECTIONS

Please choose **ONE** type of account. You must have a fundraising account held at GTF to be eligible for this program.

☐ **MATCHED ACCOUNT**

- Funds raised within one (1) year of acceptance into the Program are matched up to a maximum of $10,000.
- Must be accepted into the Program pre-transplant.
- Funds are limited to $1,000 for non-prescription medication costs.
- Medical insurance premiums are not subject to $1,000 limit.
- GTF charges a 3% administrative fee for each deposit made to the account.

OR

☐ **UNMATCHED ACCOUNT**

- Eligible to apply pre- or post- transplant.
- Funds are available for reasonable pre- and post- transplant expenses.
- Expanded limits on non-prescription medication transplant-related costs.
- GTF charges a 3% administrative fee for each deposit made to the account.

PART SIX - PHARMACY OPTIONS

Please choose **ONE** pharmacy option.

☐ I _____(full name) **choose to use** the direct billing process for my post-transplant prescription medications. Prescription medications are supplied by a GTF-approved pharmacy. This process will allow the GTF-approved pharmacy to bill my insurance, Medicare or Medicaid for the cost of my post-transplant prescription medications. The balance or co-pay will then be directly taken from my TFP account. This process will allow me to have my fundraising account directly billed so that I do not have to pay upfront for my prescription medications. It is my responsibility to notify my transplant center that I have chosen this option at the time of transplant. It is my responsibility to monitor this billing process by contacting the pharmacy directly as needed.

☐ I _____(full name) **do not choose** to participate in Direct Billing with any of the Georgia Transplant Foundation's partner pharmacies at this time. I understand that this choice means that I will have to pay for my prescriptions out of pocket at time of refill and be reimbursed from my TFP account at a later time.

PART SEVEN - REQUIRED AUTHORIZATION

MANDATORY: In addition to yourself, please identify who is authorized to handle your financial affairs. This person can be a spouse, relative, or a friend, but will be the only person GTF will discuss your fundraising account with.

Name: _____ **Relationship to Client:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

TO APPLY TO THE TRANSPLANT FUNDRAISING PROGRAM, YOU MUST PROVIDE THE FOLLOWING DOCUMENTS:

➔Proof of Georgia residency during the last six (6) months prior to the application date

Proof of residency can be a copy of your driver's license (or non-driver's ID) with the ISSUE date of six (6) months older than the application date (the issue date is located next to your date of birth), OR a **six (6) month old** utility bill, OR a **six (6) month old** bank statement, OR a letter from your dialysis or transplant center stating that you have been a patient there for six (6) months. This document should include your name, current address and a date six (6) months prior to the date you are completing the application.

➔Proof of household income at the time of your application

Proof can be in the form of your most recent pay check stub, OR a Social Security Income statement, OR a bank statement showing monthly Social Security check deposit, OR your most recent Federal Income Tax return for all adult members of your household.

➔Proof of health insurance

A front and back copy of your Medicare, Medicaid, and/or private insurance card. If you do not have health insurance, please note that on the application.

PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE REVIEWED IF YOU ARE MISSING ANY OF THE ABOVE REQUIRED DOCUMENTS

Please sign your initials next to **each** statement to indicate that you understand the following:

_____ I understand that if my application for a MATCHED/UNMATCHED account is approved, GTF charges a 3% administrative fee for each deposit made into my account.

_____ I understand that if my application for a TFP fundraising account is approved, I will be reimbursed and matched AFTER I receive my transplant, once I begin to buy/pay for my post-transplant prescription medications and/or approved post-transplant related expenses and medical insurance premiums.

_____ I understand that if my application for a TFP Matched Account is approved, I will be reimbursed and matched for the following:

- Prescription medications necessitated by my transplant.
- Medical insurance premiums.
- A combined total of $1,000 for any of the following catagories:
  - Medical bills and co-pays related to my transplant, and/or
  - Travel and lodging expenses during my transplant for one (1) caregiver and/or
  - Travel and lodging expenses for my follow-up medical care

Applicant's Signature _____ **Date** _____

Print Name _____ **Phone Number** _____

Email Address _____

If you need assistance completing this application or to answer any questions, please contact the Georgia Transplant Foundation (TFP@gatransplant.org, 1-866-428-9411 or 678-514-1170).

Please mail your completed application and supporting documents to:

Georgia Transplant Foundation
Attn: TFP
2201 Macy Drive
Roswell, GA 30076

or by fax to (678) 666-1371

Georgia Transplant Foundation

Enriching Lives Everyday

www.gatransplant.org

2201 Macy Drive, Roswell, GA 30076

Phone: 770-457-3796 Toll Free: 1-866-428-9411 Fax: 678-666-1371