

JUMPSTART PROGRAM ENROLLMENT FORMS

Providing this information will not adversely affect any consideration you may receive for GTF services. Please complete the information to the best of your ability to allow us to better serve you.

BACKGROUND INFORMATION

Full Name: _____ **Date of Application:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Gender: _____ **Social Security # :** _____ **Date of Birth:** ____/____/____

Marital Status: _____ **Name of Spouse (if applicable):** _____

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

Email: _____ **Race:** _____

Date of Transplant (if applicable): ____/____/____ **Organ(s):** _____

Transplant Center: Augusta University CHOA Emory Piedmont MAYO Other _____

Level of Education: GED Some High School (# of years_____) High School Graduate Technical Certificate
Some College (# of years_____) Currently in College Associates Degree
Bachelors Degree Post-Graduate Degree Other _____

Work Status: Currently Employed; Employer Name _____

Medically Disabled - Date: _____ Retired Unemployed - Since: _____

Current Income: Full-Time Employment Part-Time Employme Working Spouse Parent(s) Income

Retirement Pension Social Security Retirement SS Disability (SSDI) SS Income (SSI)

Healthcare Coverage: Insurance - Carrier Name: _____ Spouse's Insurance

Medicare Medicaid QMB Medicaid Spend-Down Medicaid COBRA

I am... : Transplant Candidate Transplant Recipient Dialysis Patient Living Donor

TNT Conference Attendee Fundraising Workshop Attendee JumpStart Client

Mentor/Mentee GTF Volunteer/Board Member/Committee Member

How Did You Hear About GTF Services?

JUMPSTART PROGRAM INFORMATION



Are you a Ticket Holder from the "Ticket-to-Work" Program? ___Yes ___ No

Are you currently receiving assistance from the Georgia Transplant Foundation? ___Yes ___ No

EMPLOYMENT HISTORY *(please list the most recent first)*

Dates	Company Name	City & State	Position	Wage
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

EDUCATIONAL BACKGROUND

School	City & State	Major	Degree/Diploma/Certificate
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Type of Disability? _____

How does it affect your ability to work? _____

Career Objective: _____

Skills/Abilities currently possessed for the career you are interested in: _____

Salary Desired: \$ _____ Minimum Salary Required: \$ _____

Geographic Area Willing to Work: _____ Transportation Available? ___Yes ___No

Criminal Record? *This information is confidential and needed for your private session with your JumpStart counselor.* ___Yes ___No

Explain (if applicable): _____

Career Plan (Career Counselor Only):

I attest that the information above is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize the source of my referral and all previous and current and/or prospective employers, to release **Georgia Transplant Foundation (GTF)** and its staff, from all information concerning my vocational, diagnostic and other related activities.

I hereby authorize **GTF** and its staff to release all information concerning my vocational activities to prospective employers, the source of my referral and Rehabilitation Services Accreditation System (**RSAS**).

I also authorize **GTF** to release the results of diagnostic testing, such as general aptitude testing batteries, career interest testing, work and vocational evaluations performed by medical staff and psychological evaluations ordered by the Georgia State Department of Vocational Rehabilitation Services, and to release a copy of my medical records to the Georgia State Department of Vocational Rehabilitation Services.

In addition, I authorize the above information in paragraph #1 to be used anonymously for statistical reporting.

I release **GTF** and its staff from any liability for damage which may result from either obtaining or releasing the aforementioned information.

A duplicate copy of this document shall serve as equally effective as the original in the authorization of release of information.

The above mentioned consent may be withdrawn at any time, upon written notification of such to **GTF**, except to the extent that **GTF** has previously relied upon such consent.

I understand that I have the right to participate in and appeal any services that I am not happy with in my vocational plan with **GTF** and the Georgia State Department of Vocational Rehabilitation Services.

Date of Birth: _____ / _____ / _____ **Social Security #:** _____

Client Signature: _____ **Date:** _____

GTF Signature: _____ **Date:** _____

CLIENT CONTRACT

A Program to Assist (Full Name): _____

Social Security #: _____

CIVIL RIGHTS

I understand I will not be refused services because of my age, race, gender, or religion.

PARTICIPANT'S RIGHTS

The participant's rights have been explained to me, and I have received a written copy of the rights.

PARTICIPANT'S GRIEVANCE

The policies and procedures for handling a grievance have been explained to me, and I have been given a written copy of the plan.

MY RESPONSIBILITIES

I will work with my JumpStart Program Career Counselor to decide the specific things I will be responsible for in completing my career goal. If I do not follow through with my responsibilities as agreed upon in my planning, my services may be stopped.

Client Signature: _____ **Date:** _____

GTF Signature: _____ **Date:** _____

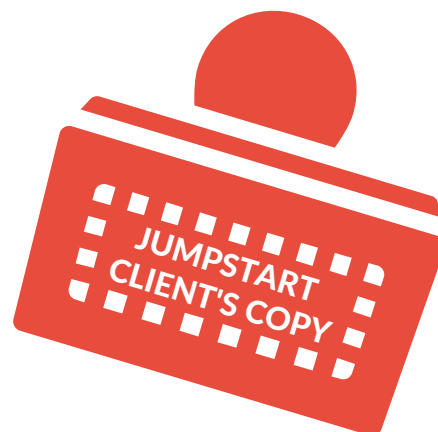
GEORGIA TRANSPLANT FOUNDATION'S POLICIES AND PROCEDURES

TITLE: Policies and Procedures for Handling a Participant Grievance.

PURPOSE: To define the grievance and appeal process protecting the rights of an individual.

POLICY: Formal grievance procedures are established which give an individual the opportunity to be heard in a dispute and the right to challenge a decision. Georgia Transplant Foundation (GTF) strongly encourages that each grievance be addressed as efficiently as possible in order to secure the rights of all persons and to ensure quality services are offered.

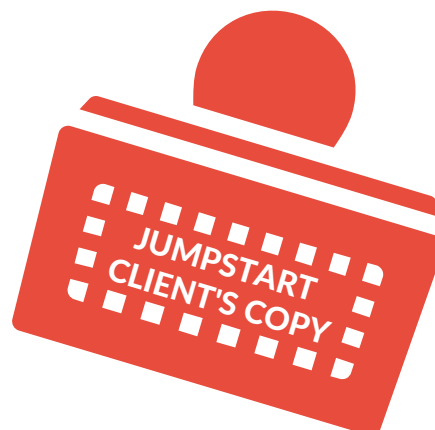
1. The individual who chooses to challenge or appeal a decision should talk first to the person who made the decision. Holding a conference at this level can be done informally. It is felt that most problems can be worked out or more clearly understood if discussions take place at the lowest level possible.
2. If still not satisfied, the individual may appeal to GTF's Executive Director. This appeal, if possible, is to be submitted in writing. All parties involved may be interviewed. A written decision will be presented within two working days of the appeal.
3. If the issue continues not to be resolved and all of the above have been addressed, the individual has a right to appeal to GTF's Appeal Board, which consists of one member of GTF's Board of Directors, one participant client of GTF, and the Director of Patient Services. This is to be done five days after talking to the person who made the decision. The Appeals Board will meet within five working days of notification of the appeal. All patients involved will be heard. The Appeal Board will render a written decision of the board within three working days.
4. If a need arises at any GTF stage of a grievance and appeals process, GTF can assist the individual with interpreting services through the Georgia Interpreting Services Network (404- 521-9100).
5. Depending on the circumstances of the grievance and availability of staff, there may be occasions where individuals hearing grievances and sitting on the board may be changed. The Executive Director may substitute individuals as necessary.



PARTICIPANT RIGHTS SUMMARY

By participating in this program, your rights are protected by the Georgia Transplant Foundation's (GTF) policies regarding Human Rights, Health and Safety. Below is a summary of these rights:

- The right to be considered for services regardless of age, gender, ethnicity, religion, nationality, or disability.
- The rights to receive services that respect your dignity protect your health, and safety.
- The right to confidentiality within the limits of the law.
- The right to be free of physical or verbal abuse.
- The right to review and obtain copies of your records generated by GTF.
- The right to participate in the planning of your own program.
- The right to know about changes in your program before they happen.
- The right to know of any decisions, which affect your case and the reasons for them.
- The right to appeal decisions.
- The right to accessibility and reasonable accommodations.
- Each and every participant and employee of GTF shall be treated with dignity, courtesy and respect. Furthermore, participant or employee abuse in any physical, mental, verbal, or other manner will not be tolerated. Abuse whether subtle or obvious, intended, or unintended is unacceptable.
- Violators of this policy will be subject to immediate disciplinary action and/or termination. It is the responsibility of the participants and employees to report to appropriate personnel (Supervisor) at any circumstances that may be viewed as abusive. Allegations of infringement will be documented.
- GTF upholds these rights and all rights covered under Sec. 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the United Nations General Assembly "Declaration on the Rights of Disabled People."



**PLEASE RETURN THE FOLLOWING
COMPLETED FORMS TO GTF:**

- Background Information (page 1)**
- JumpStart Program Information (page 2)**
- Release of Information Authorization (page 3)**
- Client Contract (page 4)**

SEND FORMS BACK TO:

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

FAX: (770) 457-7916

EMAIL: JUMPSTART@GATRANSPLANT.ORG