

PEDIATRIC ASSISTANCE APPLICATION

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



PARENT/LEGAL GUARDIAN INFORMATION

First Name	Middle Name	Last Name	
Mailing Address			Apartment/Unit#
City	State	Zip Code	County
Home Phone	Cell Phone	E-mail	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	Spouse's Name (if applicable)
/ /			
Date of Birth	Age	Number in Household	Children in Household

CHILD'S INFORMATION

Child's Name	Child's Social Security Number		
/ /		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's Date of Birth	Age	Organ	
/ /			
Child's Date of Transplant	Child's Transplant Center		

DEMOGRAPHIC INFORMATION

Race (optional - please check)	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> Black	<input type="checkbox"/> White, Non-Hispanic
	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Asian-Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other
Level of Education (optional -please check)	<input type="checkbox"/> GED	<input type="checkbox"/> Attended High School (# of years ____)	<input type="checkbox"/> High School Graduate	
	<input type="checkbox"/> Technical Certificate/Diploma	<input type="checkbox"/> Currently Enrolled in College	<input type="checkbox"/> Attended College (# of years ____)	
	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> MD/PhD <input type="checkbox"/> Other _____
Current Source of Income (please check all that apply)	<input type="checkbox"/> Full-Time Employment	<input type="checkbox"/> with benefits	<input type="checkbox"/> Working Spouse	
	<input type="checkbox"/> Part-Time Employment	<input type="checkbox"/> with benefits	<input type="checkbox"/> Parents Income	<input type="checkbox"/> Retirement Pension
	<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Social Security Disability (SSDI)	<input type="checkbox"/> Supplemental Security Income (SSI)	
Work Status (please check)	<input type="checkbox"/> Currently Employed; Employer Name _____			
	<input type="checkbox"/> Medically Disabled _____	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed _____	
		Date		Date
Current Source of Healthcare Coverage (please check all that apply)	<input type="checkbox"/> Insurance (please circle: BCBS; United Healthcare; Humana; Kaiser; Aetna; Other _____)			
	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> QMB Medicaid	<input type="checkbox"/> Spend-down Medicaid <input type="checkbox"/> Spouse's Insurance
	<input type="checkbox"/> COBRA			
Check all that apply to you:	<input type="checkbox"/> Recipient	<input type="checkbox"/> Candidate	<input type="checkbox"/> Living Donor	<input type="checkbox"/> JumpStart Client
	<input type="checkbox"/> Trends In Transplant (TNT) Conference Attendee	<input type="checkbox"/> Fundraising Workshop Attendee		
	<input type="checkbox"/> Mentor with The Mentor Project	<input type="checkbox"/> GTF Volunteer/ Board Member/ Committee Member		
How did you hear about GTF services?	<input type="checkbox"/> GTF Website/ IMPRINT Magazine/ Brochure		<input type="checkbox"/> GTF Staff, Name _____	
	<input type="checkbox"/> GTF Volunteer, Name _____	<input type="checkbox"/> Transplant Center Staff, Name _____		

Patient's Name _____

PLEASE ANSWER ALL QUESTIONS FOR THE REVIEW COMMITTEE

PART THREE - 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 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	\$	_____

MONTHLY HOUSEHOLD EXPENSES

(please read above description)

RENT* <input type="checkbox"/>	MORTGAGE* <input type="checkbox"/>	\$	_____
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**		\$	_____

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 _____

* 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: _____

