



Georgia Transplant Foundation

Enriching Lives Everyday

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

PARENT/LEGAL GUARDIAN INFORMATION:

 First Name Middle Last Name

 Street Address Apt/ Suite Number

 City State Zip Code County

 Home Phone Cell Phone E-mail Address

____ Male ____ Female Marital Status _____ Spouse's Name _____

 Date of Birth Age Number in household Number of Children (living in household)

CHILD'S INFORMATION:

Child's Name _____

Child's Date of Birth _____ Age _____ Male _____ Female _____

Child's Social Security Number _____

 Child's Transplant Center Child's Date of Transplant Organ

DEMOGRAPHIC INFORMATION:

Child's Race Optional (Please Check): ____ Hispanic ____ African American ____ Black ____ White, Non-Hispanic
 ____ Asian-American ____ Asian-Pacific Islander ____ Native American ____ Other

Parent/Guardian's Level of Education Optional (Please Check): ____ GED, ____ attended High School (number of years____), ____ High School Graduate, ____ Technical Certificate / Diploma, College (number of years____),
 ____ Associates, ____ Bachelors, ____ Masters, ____ PhD

Parent/Guardian's Current Source of Income: (Please check all that apply) ____ Full time employment ____ with benefits
 ____ Part-time employment ____ with benefits, ____ Retirement pension, ____ Working spouse,
 ____ Social Security Retirement, ____ Social Security Disability (SSDI), ____ Supplemental Security Income (SSI)

Parent/Guardian's Work Status (Please check): ____ Currently employed, Employer Name _____
 ____ Medically Disabled _____, ____ Retired, ____ Unemployed _____
Date Date

Child's Current Source of Healthcare Coverage:(Please check all that apply) ____ Parent's Insurance ____ Medicare
 ____ Medicaid ____ OMB Medicaid ____ Spend-down Medicaid ____ COBRA

How did you hear about GTF Services? GTF Website/Newsletter/Brochure _____
 GTF Staff...Name _____ GTF Volunteer, Name _____
 Transplant Center Staff, Name _____

2008 PEDIATRIC ASSISTANCE APPLICATION

DO NOT LEAVE ANY FIELD BLANK

ASSETS

ACCOUNTS:
 CHECKING \$ _____
 SAVINGS \$ _____
 RETIREMENT \$ _____

AUTOMOBILE:

YEAR _____ YEAR _____
 MAKE _____ MAKE _____

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

Income: Total amount for wages or salary income, self-employment income, interest, 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

WAGES (net) \$ _____
 SOC.SEC.(SSDI, SSI) \$ _____
 ADDITIONAL DISABILITY \$ _____
 PENSION \$ _____
 SPOUSE'S INCOME \$ _____
 FAMILY MEMBER'S INCOME \$ _____
 TANF \$ _____
 VETERAN'S PENSION \$ _____
 RENTAL INCOME \$ _____
 RETIREMENT INCOME \$ _____
 DIVIDENDS \$ _____
 OTHER (SPECIFY) \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL MONTHLY INCOME \$ _____

MONTHLY HOUSEHOLD EXPENSES

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

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

APPLICANT'S SIGNATURE **DATE**

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

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

