

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)
/ /	Age	Number in Household	Children in Household

CHILD'S INFORMATION

Child's Name	Child's Social Security Number		
/ /	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's Date of Birth		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"/> Spouse's Insurance				
	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> QMB Medicaid	<input type="checkbox"/> Spend-down Medicaid	<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 _____					

Child'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* 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 \$ _____**

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: _____

