

# FINANCIAL ASSISTANCE APPLICATION

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



## 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  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 \_\_\_\_\_

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, adults, or minors), 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 INCOME	\$ _____
DIVIDENDS	_____
OTHER	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

**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 _____		\$ _____
<b>TOTAL MONTHLY EXPENSES**</b>		<b>\$ _____</b>

**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 _____
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\* 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: \_\_\_\_\_

