



Living Donor Application for Funds

Instructions

Please complete this application and give the application and supporting documentation to your transplant coordinator. Your transplant coordinator will complete the application process.

Personal Information

First Name

Last Name

Gender

Date of Birth

Social Security Number

Marital Status

Street Address

City

State

Zip code

E-mail Address

Primary Phone Number

Alternate Phone Number

Employment Status

Relationship to Recipient

Organ

Employed Full Time

Parent

Kidney

Employed Part Time

Sibling

Liver

Unemployed

Child

Bone

Student

Spouse

Marrow

Other

Other

Other

Income and Expense Information

Annual Household Income - include income from all available sources

Number of Household Members

Income Verification - Please select which type of income verification documents you are submitting with this application.

Federal Income Tax Return

Paystubs

W2

Government Assistance Program

Medicaid

Other

Anticipated Monthly Household Income During Recovery - Please explain any anticipated wage loss during your recovery period (attach a supplemental sheet if needed)

Average Monthly Household Expenses - **Supporting documentation must be provided to substantiate your expenses**

Have you received any money from any other sources including fundraising efforts?

Yes

No

Have you applied for or received any other funds from other foundations or any government assistance programs?

Yes

No

Has a surgery date been scheduled?

Yes

No

If yes, what is the expected date of surgery?

Please Note: Applicants must also provide their most recent bank statement showing available balances for all checking and savings accounts owned (including joint accounts) by the applicant.

Applicant Signature

I _____ as a living organ donor candidate, declare that I have truthfully and completely provided all the requested information. By initialing and signing below I further declare that:

My decision to undergo live organ donation was not motivated by the exchange of any valuable consideration.

I give the NLODF permission to discuss my application with my Transplant Coordinator.

If I am donating to my minor child, I give the NLODF permission to discuss my application with the Recipient's Transplant Coordinator.

If at any time after submitting this application I receive financial assistance from any other source or my anticipated monthly income changes I agree to notify the NLODF.

Signature

Date

To Be Completed by Transplant Coordinator

First Name

Last Name

Employer

Phone Number

Alternate Phone Number

E-mail Address

Has the applicant successfully completed the living donor screening process?

Yes

No

Is the applicant in need of financial support during his/her recovery period?

Yes

No

Has the applicant been informed that it is a violation of federal law to receive any valuable consideration in exchange for donating an organ?

Yes

No

Signature

Date

Instructions for Submission

Please mail the completed application and supporting documentation to the NLODF at:
479 Mistee Dr. SW
New Philadelphia, Ohio 44663

If you have questions or need additional information please contact the NLODF at 330-204-5628 or info@nlodfohio.com.