



Living Essentials Allowance Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Please complete the section below with information regarding the potential grant recipient's parent and/or caregiver. This individual will be our point of contact.

Full Name: _____ Date: _____
Last First M.I.

Relationship to Potential Grant Recipient: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

MEDICAL ELIGIBILITY INFORMATION

1. Please provide a few details as to the medical condition leading to organ transplantation for the potential grant recipient.

2. At what medical facility does the potential recipient receive their care? Who is their primary care physician?

3. Please indicate at what stage in the organ transplant process the patient is at present.

ADDITIONAL INFORMATION

1. Please indicate which allowance you are applying for:

- a. Short-Term Allowance (for stays ranging from 14-28 days).
- b. Long-Term Allowance (for stays 28 days or greater).

2. Please itemize your typical daily expenses during a hospital stay, including items such as food, rental car, parking, and any other relevant expenses.

3. Do you typically fly or drive from your home address to your medical facility? Do you plan to do so in the case of the admission for which you are seeking assistance?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Thank you for completing the Living Essentials Allowance Application! Please send this completed application to (email) and we will get back to you as soon as possible.