



## Transplant Housing Grant 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.

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\_\_\_\_\_  
\_\_\_\_\_

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

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

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**ADDITIONAL INFORMATION**

1. Please provide details as to your anticipated housing arrangements while receiving care out-of-state (apartment, hotel, Airbnb, etc.) If possible, please provide a cost estimate.

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2. Please describe why this grant is essential as you receive your out-of-state medical care.

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## 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 Transplant Housing Grant Application! Please send this completed application to [info@jeffreys-house.org](mailto:info@jeffreys-house.org) and we will get back to you as soon as possible.