**Massachusetts Organ Transplant Fund***Funded through the Massachusetts Department of Public Health  
Administered by New England Donor Services*

**Annual Application Form**

Date of Application\*:  
**☐** check here if have you applied/received assistance from the fund previously

Name of Applicant:

Date of Birth:

Address:

Phone Number:

Email:

Mailing Address (if different from above):

Name of Transplant Center:

Date of Transplant:

Organ(s) Transplanted:

Name of Health Insurance:

(attach copy of Schedule HC from most recent Massachusetts income tax return ***For privacy purposes, be sure to blacken out Social Security number before mailing***).

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Adjusted Gross Family Income:

(attach copy of most recent Massachusetts and Federal income tax return. ***For privacy purposes, be sure to blacken out Social Security number before mailing. If a tax return was not filed, submit explanation***).

**Attestation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that the information above is accurate to the best of my knowledge.

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Signature of Applicant and Date

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Signature of Witness Date

\*Application must be submitted annually to determine continued medical and financial eligibility

Applicant must provide the following required documentation:

**☐** A signed letter from the established transplant center, or current physician overseeing direct care related to the transplant, providing diagnosis, patient status and patient’s current level of activity.

**☐** Copy of most recent Massachusetts and Federal Income Tax Returns including Schedule HC health insurance verification form. (If a tax return was not filed, submit explanation). ***For privacy purposes, be sure to blacken out Social Security number before mailing. If a tax return was not filed, submit explanation***).

**Send completed application form along with required attachments to:**

**New England Donor Services**

**Attention: Organ Transplant Fund**

**60 1st Avenue**

**Waltham, MA 02451**

**Or scan and send to: MassOTF@neds.org**