

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).

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.

Signature of Applicant and Date

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