

# **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:

Adjusted Gross Family Income: \_\_\_\_\_

(attach copy of most recent Massachusetts and Federal income tax return or proof of MassHealth participation. ***For privacy purposes, blacken out Social Security number before mailing.***)

**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 or proof of MassHealth participation. ***For privacy purposes, blacken out Social Security number before mailing.***

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

**New England Donor Services**

**Attention: Organ Transplant Fund**

**60 1<sup>st</sup> Avenue**

**Waltham, MA 02451**

**Or scan and email to: [MassOTF@neds.org](mailto:MassOTF@neds.org)**