

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:

Health Insurance:

MassHealth

Other _____

Adjusted Gross Family Income: _____

(Attach proof of MassHealth participation **OR** copy of most recent federal income tax return. ***For privacy purposes, blacken out Social Security number(s) prior to submission.***)

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.

Proof of MassHealth participation **OR** copy of most recent federal income tax returns. ***For privacy purposes, blacken out Social Security number(s) prior to submission.***

Send completed application form along with required attachments to:

New England Donor Services

Attention: Organ Transplant Fund

60 1st Avenue

Waltham, MA 02451

Or attach and email to: MassOTF@neds.org