

# Transplant Recipient Grant Application



DONOR

Inspiring Kern County to "Donate Life"

**Date of Application** \_\_\_\_\_

## PART I: Information

Name of Recipient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

Employment Status:

- Full Time
- Part Time
- Unemployed
- Retired

## PART II: Your Transplant Story

Date of Transplant \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age at Transplant \_\_\_\_

Transplant Received \_\_\_\_\_ Transplant Hospital \_\_\_\_\_

Surgeon Name \_\_\_\_\_

Have you had any post-transplant complications? If so, please describe:

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Please tell us about your transplant story (continue on reverse if more space is needed)

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**Part III: Your Current Medical Needs**

- Current Monthly Medical Insurance Premium

List the Payee(s), dollar amount and include a copy of the bill(s)

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- Average current Monthly Medical Bills (beyond insurance premium, including bills for doctor’s visits, labs, imaging, medications, etc)

List the Payee(s), dollar amount and include a copy of the bill(s)

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- Please list the travel transportation cost and the frequency that is needed for travel

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- Special Circumstances

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**Part IV. Additional Information**

Submitter's Name \_\_\_\_\_

Relationship to Recipient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

*I stipulate that the information included in this application is true to the best of my knowledge. Further, I understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of JJ's Legacy. If inaccurate statements can be proven to be the result of negligence or intentional inaccuracies on my part, JJ's Legacy may be entitled to a full refund of any funds awarded.*

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Kern County families or individuals can apply for assistance once every year, beginning January 1. JJ's Legacy grant committee will review all applications for approval. Please allow 90 days for review from the date the application is submitted to JJ's Legacy.*

**Please return the completed application:**

**JJ's Legacy**

**ATT: Grant Application**

**P.O. Box 12793**

**Bakersfield, CA 93389**