



DONOR

Inspiring Kern County to "Donate Life"

Date	Application for	___ Gas Card ___ Morning Star Food
		Grant You may qualify for a Grant 1. You are on a Transplant List 2. You have Received a Transplant

PART I: Recipient Information

A. Name of Recipient			
B. Birthdate			
C. Address			
D. City	E. State		F. Zip
G. Telephone Number (Cell)			
H. Alternate Telephone Number (Home) Family			
I. Email			
J. Social Worker Name			
K. Social Worker Telephone Number			
L. Treatment Center			
M. Transplant Hospital Name			
N. What is the best way to contact you?		___Call ___Text ___Email ___All of the Above	
O. Employment Status	___ Part Time ___Full Time ___Unemployed ___ Retired ___ Disability		

PART II: Dialysis

A. Are you currently undergoing dialysis? (check one) ___ Yes ___ No	
B. Date you started Dialysis?	
C. If so, which Facility?	
D. Please list the travel transportation cost and the frequency that is needed for travel	
E. Special Circumstances	

PART III: Transplant Evaluation

A. Date of your first Evaluation appointment	B. Are you currently actively scheduling appointments to move forward with Transplant?	C. Your next appointment
	___ Yes ___ No	
D. Transplant Hospital	E. Transplant Hospital Social Worker/Case Worker Name and Number	
F. Are you currently on Transplant List? ___ Yes ___ No	G. Which organ needed? Please check ___ Heart ___ Kidney ___ Pancreas ___ Liver ___ Lungs ___ Kidney/Pancreas	

Part IV - Transplant Story

A. Have you received a transplant? ___ Yes ___ No	B. Age at Transplant
C. Which Organ/Transplant did you Receive ___ Heart ___ Kidney ___ Pancreas ___ Liver ___ Lungs ___ Kidney/Pancreas	
D. Transplant Hospital	E. Date of Transplant
F. Please tell us about your story waiting for a transplant (ie Complications, Hardships (continue on reverse if more space is needed)).	

PART V. Financial Needs

A. Current Monthly Medical Insurance Premium. List the Payee(s), dollar amount and include a copy of the bill(s)

PART VI. Medical Needs

A. 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)

PART VII. Additional Information

A. Household Submitter's Name (If Different than Recipient)			
B. Relationship to Recipient (These boxes are gifted to the household of the individual who has received a transplant or is waiting to receive a transplant.)	___Spouse ___ Child ___ Parent ___ Sibling		
C. Address			
D. City			
E. Telephone		F. State	G. Zip



PART VIII Signature/Release of Information:

<p><i>I authorize JJ's Legacy to connect to my Social Workers, Dialysis Centers and Transplant Hospitals to obtain information for Grants regarding my Treatment, Transplant List, and/or Transplant</i></p>		
<p><i>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.</i></p>		
Signature		Date

<p>Food - Morning Star Fresh Food Boxes- JJ's Legacy will review your application for Morning Star Fresh food Boxes. You will be eligible every month for a food box. JJ's Legacy will notify you when you are approved. Every year you may apply for the Fresh Food Boxes</p>
<p>Gas Cards -JJ's Legacy will review your application for the Gas Card Program. You qualify for 3 CARDS PER YEAR. JJ's Legacy will notify you when you're approved. Every year you may apply for the gas card program.</p>
<p>Grants: JJ's Legacy Grants will assist Kern County families and yourself. JJ's Legacy Grant committee will review and approve the Grant Application. Please allow 90 days from the day you applied. Every year you may apply for a new grant starting on January 1.</p>

**Please return the completed application: JJ's Legacy ATT: Grant Application P.O. Box 12793 Bakersfield, CA 93389
If you need additional assistance please reach out to JJ's legacy 661- 489-4430**

Approved (Staff Only)				
Application		Staff	Date	Comments
	Gas Card			
	Food Box			
	Grant			

The mission of JJ's Legacy is to honor Jeffrey Johns by educating Kern County residents on the value and importance of organ, eye and tissue donation, increasing the number of registered donors and providing compassionate support to donor and recipient families.