

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

***IMPORTANT: Grant applications can only be considered if this form is completed fully.**

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, Kern County		
K. Social Worker Telephone Number, Kern County		
L. Treatment Center, Kern County		
M. Transplant Hospital Name		
Ma. Transplant Coordinator Name and Phone number		
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	
P. Please circle Private Insurance/ Medi-Cal/ Medicare	___ Kern Family Healthcare ___ Health Net ___ Other _____	

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?	G. Which organ needed?	
___ Yes ___ No	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)).	

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PART V. Current Medical Insurance Provider and Monthly Insurance Premium

A. Current Monthly Medical 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 VI. Other Financial Needs

A. Current Monthly bills that have become a hardship because of your health/ transplant status (i.e.: housing, utilities, 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

___Spouse ___ Child ___ Parent ___ Sibling

C. Address

D. City

E. State

F. Zip

E. Telephone

A. How did you hear about JJ's Legacy?

___ Social Worker Referral ___ Transplant Coordinator Referral

___ Primary Care Physician _____

___ Social Media ___ Website ___ Other _____



PART VIII: Signature/Release of Information:

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 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.

Signature

Date

Gas Cards -JJ's Legacy will review your application for the Gas Card Program. JJ's Legacy will notify you when you're approved.

Grants: JJ's Legacy Grants assist Individuals through their transplant journey. JJ's Legacy's Grant committee will review and approve the Grant Application. Please allow 90 days from the day you applied.

**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**

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.