



DONOR

Inspiring Kern County to "Donate Life"

<b>Date</b>	<b>Application for</b>	
		<p><b>You may qualify for a Grant</b></p> <p><b>_____ Grant</b></p> <p><b>1. You have received a transplant</b></p>

**\*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?	<input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> All of the Above		
O. Employment Status	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disability		
P. Please circle Private Insurance/ Medi-Cal/ Medicare	<input type="checkbox"/> Kern Family Healthcare <input type="checkbox"/> Health Net <input type="checkbox"/> 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?	
	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)).	

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

**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 ____ Other _____	
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 _____	

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

## PART VIII. Demographic Information

<b>Gender</b>		<b>Race</b>	
____ M ____ F ____ Other _____		____ White (non-hispanic) ____ Black or African American(non-hispanic) ____ Hispanic ____ Asian/ Pacific Islander ____ American Indian/ Alaskan Native ____ Multiracial	
<b>Marital Status</b> ____ Married ____ Divorced ____ Separated ____ Single ____ Widowed			
<b>Occupation</b>		<b>Employer</b>	
<b>Employment Status</b> ____ Minor ____ Active Duty Military ____ Disabled ____ Full-Time ____ Part-Time ____ Homemaker ____ Not Employed ____ Retired ____ Self Employed ____ Student Full-Time ____ Student Part-Time ____ Other _____			
<b>Number of household members including yourself?</b>		<b>How many children under 18 years old?</b>	
<b>Are you a veteran?</b> ____ Yes, what branch _____ No ____		<b>Do you have a disability?</b> ____ Hearing ____ Vision ____ Mobility ____ Other _____	
<b>Highest level of education</b> ____ No Formal Education ____ K-6th ____ 7th-12th ____ High School Diploma/ GED ____ Vocational ____ Some College ____ Bachelor's ____ Graduate ____ Post-Graduate			
<b>Primary Source of Income</b> ____ Employment ____ Pension ____ Food Stamps ____ VA ____ SSDI ____ SSR ____ SSI ____ No Income ____ Other _____		<b>Income Range</b> ____ \$0-\$15,000 ____ \$15,000-\$30,000 ____ \$30,000-\$45,000 ____ \$45,000-\$60,000 ____ \$60,000+	
<b>Are you enrolled in Medi-Cal?</b> ____ Yes ____ No, who is your insurance provider?		<b>Are you enrolled in CalFresh (food stamps)?</b> ____ Yes ____ No	
<b>Do you have access to basic needs (food, shelter, clothing, healthcare etc.)?</b> ____ Yes ____ No			
<b>Are you experiencing any immediate needs? Please let us know:</b>          			



### PART IX: 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**

**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.*