



DONOR

Inspiring Kern County to "Donate Life"

Date	Application for		
		<input type="checkbox"/> Grant	You may qualify for a Grant 1. 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?		<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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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
	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Liver <input type="checkbox"/> Lungs <input type="checkbox"/> Kidney/Pancreas	

## ***PART IV - Transplant Story***

A. Have you received a transplant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	B. Age at Transplant
C. Which Organ/Transplant did you Receive	<input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Liver <input type="checkbox"/> Lungs <input type="checkbox"/> 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).

<b>PART VI. Other Financial Needs</b>	
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 <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____		
C. Address		
D. City		E. State
F. Zip		
E. Telephone		
A. How did you hear about JJ's Legacy? ____ Social Worker Referral <input type="checkbox"/> Transplant Coordinator Referral ____ Primary Care Physician _____ ____ Social Media <input type="checkbox"/> Website <input type="checkbox"/> Other _____		

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**PART VIII. Demographic Information**

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