Living Donor Support Program Eligibility Application
Recipient Application

Overview and Eligibility: The New York State Living Donor Support Program helps eligible living organ donors with their travel, lodging and meal expenses, lost wages or cost of lost time, dependent care expenses, and certain unreimbursed medical costs associated with the living donation process. To apply, the donor will need to complete their designated sections of the application and attach copies of approved documents to prove New York State residency. Living Donor Support Program eligibility needs to be determined before surgery.

Part of the living donor's application includes a section that the recipient must complete and attach copies of approved documents for proof of their New York State residency as well.

INSTRUCTIONS

1. Complete the recipient application, be sure to answer all required questions.

2. Attach proof of your New York State residency. Two different proofs of current residency are required. Proofs must be dated within the last 90 days of the filing of the application. Documents being submitted to prove New York State residency need to display both the full name of the living donor recipient and their current residence. See below for an approved list of residency documents:

- Letter of residency
- Lease or mortgage statements
- Paystub from their employer
- Bank or investment statements
- Unemployment check stubs
- Voter registration card
- W2 or 1099
- Social Security or disability statements
- Real estate tax bills
- Telephone bills
- Utility bills
- Tax returns

3. Once completed, give the application, including attachments, and signed Attestation to your social worker or transplant professional who will review and submit the application to the Living Donor Support Program for you. Please do not send directly to New York State Living Donor Support Program (NYS-LDSP).

QUESTIONS?

Please reach out to your designated social worker or transplant professional at the transplant center if you need assistance or clarification. You may also reach out to the Living Donor Support Program at (518) 408-3431 or by emailing us at LivingDonor@health.ny.gov.

OFFICE USE ONLY	
Application #:	**Applicant #:**

LIVING DONOR SUPPORT PROGRAM: Recipient Application

RECIPIENT INFORMATION

Instructions: To be completed by the living donor applicant's ultimate intended recipient and submitted to the transplant center prior to surgery.

Living Donor Recipient's First Name	Middle Initial	Last Name	Date of Birth

Recipient's Address of Primary Residence: _____

Do you live with the living donor? ☐ Yes ☐ No If no, please provide your physical address below:

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **ZIP:** _____

Preferred Phone: _____ **Alt. Phone:** _____

E-mail: _____

Two documents that support New York State residency are required at the time of application submission. *See page 1 for acceptable documents.* Please indicate below what two documents you will be attaching:

1. _____ **2.** _____

RECIPIENT DEMOGRAPHICS

To better understand the population New York State-Living Donor Support Program serves, we ask that you please complete the following section. Your answers to the questions below do not influence program eligibility or reimbursement decisions.

Gender: ☐ Male ☐ Female ☐ Other: _____

Race/Ethnicity: ☐ White, non-Hispanic ☐ Black, non-Hispanic ☐ Hispanic/Latino ☐ Unknown/Other
☐ Asian, non-Hispanic ☐ American Indian/Alaska native, non-Hispanic
☐ Pacific Islander, non-Hispanic ☐ Multiracial, non-Hispanic

Education: ☐ Less than high school ☐ High school graduate/GED ☐ Tech/trade school ☐ Some college
☐ 2-year college degree ☐ 4-year college degree ☐ Beyond 4-year college

Organ you will be receiving from living donor applying to the Living Donor Support Program:
☐ Kidney ☐ Liver ☐ Other, please specify: _____

Potential Living Donor Name: _____

Have any other potential living donors sought reimbursement from New York State-Living Donor Support Program to donate to you before this donor's application? ☐ Yes ☐ No

Are you currently on dialysis? ☐ Yes ☐ No

Printed Name: _____

Signature: _____ **Date:** _____

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RECIPIENT ATTESTATION FORM

Recipient Instructions: Write your name in the blank near the top, read through the statements, and sign your name at the bottom.

I, _____, as a potential living organ donor recipient, have truthfully and completely provided all the information requested in the eligibility application.

- The transplant center personnel have informed me of what constitutes "valuable consideration" and to the best of my understanding, I am in full compliance with Section 301 of NOTA (42 U.S.C. §274e), which stipulates, in part, that it shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organ for valuable consideration for use in human transplantation.
- My decision to undergo live organ donation was not motivated by the exchange of any valuable consideration.
- I do not have any information indicating that valuable consideration is being exchanged in connection with this donation procedure
- I understand that the New York State Living Donor Support Program, under State law, cannot provide reimbursement to any living organ donor for lost wages, travel and other qualifying expenses if the donor has or should receive reimbursement for those expenses from any third-party payor such as an insurance policy, an employer benefit, State compensation program, a Federal or State health benefits program, or an entity that provides health insurance on a prepaid basis.
- I give permission for the transplant center to share my information with the New York State Living Donor Support Program for purposes of information verification, determination of program eligibility and/or reimbursement.
- I give permission to the New York State Living Donor Support Program to exchange minimum necessary information with any third-party payor identified by the recipient or transplant center when needed for review or verification purposes.

In signing this form, I declare, under penalty of perjury under the Federal and State laws, that all the information I have provided is true, correct, and complete. I further understand that Federal and State law may provide for penalties of fine and/or imprisonment or denial of the requested reimbursement assistance if I do not tell the truth when applying for assistance under the New York State Living Donor Support Program or if I conceal or fail to disclose facts regarding the information supplied in the application process.

Recipient signature: _____ **Date:** _____

Transplant center application filer's signature: _____ **Date:** _____

Application filer full name: _____

Application filer title: _____

Application filer phone number: _____

Application filer E-mail: _____