# Living Donor Support Program Eligibility Application
## Donor 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. The recipient will need to complete their designated section of the application and attach copies of approved documents for proof of their New York State residency as well. Living Donor Support Program eligibility needs to be determined **before** surgery.

Please note that this application is required to determine acceptance or denial into the program. Further communication and submissions with the program will be needed to receive reimbursement after the eligibility application is approved. Worksheets are available to serve as a guide on how reimbursement may be distributed among the eligible expenses of 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 surgery specific to the donor's needs. Donors may seek reimbursement from one or all categories of eligible expenses. No single donor will be reimbursed more than $14,000.00 per living donation.

## INSTRUCTIONS

**1.** Complete the donor 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 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 of 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: DONOR ELIGIBILITY APPLICATION

### LIVING DONOR APPLICANT INFORMATION

**Instructions:** To be completed by the living donor applicant and submitted to the transplant center prior to surgery.

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

**Living Donor's Address of Primary Residence** ☐ Check if donor and recipient live at the same address

**Address 1:** _____

**Address 2:** _____

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

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

**E-mail:** _____

**Do you receive mail at the primary address?** ☐ Yes ☐ No If no, provide mailing address:

**Address:** _____

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

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.** _____

**Organ intended for donation:** ☐ Kidney ☐ Liver ☐ Other, please specify: _____

**Ultimate Intended Recipient Name:** _____

**Donor Employment Status:** ☐ Employed Full-Time ☐ Employed Part-Time ☐ On Disability Leave ☐ Self-Employed ☐ Homemaker/Caretaker ☐ Student ☐ Unemployed ☐ Retired ☐ Other

## LIVING DONOR 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 the 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

**Preferred Language:** _____ **Do you require Language Assistance Services?** ☐ Yes ☐ No

**Preferred Name:** _____ **Printed Name:** _____

**Signature:** _____ **Date:** _____

**What categories do you anticipate requesting reimbursement for?**

☐ Wages ☐ Dependent care ☐ Travel ☐ Support Person ☐ Unreimbursed medical expenses

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

## LIVING DONOR APPLICANT ATTESTATION FORM

**Transplant professionals:** Please retain a copy of this form in the donor's medical record.

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

I, _____, as a living organ donor applicant to the New York State Living Donor Support Program, have truthfully and completely provided all the information requested in the eligibility application and attest that I am intending to proceed through the living donor evaluation, surgery and follow-up processes as described by the transplant center unless it is indicated by the transplant center that I am unable to proceed with becoming an actual living donor.

- 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 become a living donor 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 my living donation.
- 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 any 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 acknowledge that reimbursement of eligible expenses, for example, lost wages, may be subject to federal and/or state income tax reporting. Applicant is responsible for contacting a qualified tax advisor to determine tax liability for reimbursement received from the Living Donor Support Program. The New York State Living Donor Support Program is not responsible for any tax consequences of the reimbursement program.
- If determined to be eligible for Living Donor Support Program participation, prior to seeking reimbursement of eligible expenses from the program, I will seek reimbursement from any third-party payors available to me and disclose this information to the Living Donor Support Program when applying for any reimbursement from the program for unreimbursed expenses.
- 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 living donor or transplant center when needed for review or verification purposes.

In signing this form, I declare, under penalty of perjury under Federal and State laws, that all the information I have provided is true and correct. 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.

**Donor Signature:** _____

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

**Application filer full name:** _____

**Application filer title:** _____

**Application filer phone number:** _____

**Application filer e-mail:** _____