

DONOR TRAVEL & LOST WAGES APPLICATION WORKSHEET

This is a combined application worksheet for living organ donors who are applying to the National Living Donor Assistance Center (NLDAC) for reimbursement of travel expenses and lost wages.

Pages 2-3 are specific to **travel expense reimbursement**. In addition to this worksheet, the donor must attach a copy of a document that verifies their household income. The recipient must also complete a recipient application worksheet and attach documentation of their household income in order to complete your request for travel expense reimbursement.

Page 4 is specific to the **reimbursement of lost wages**. The National Living Donor Assistance Center (NLDAC) is conducting a pilot project that provides lost wages reimbursement to living organ donors at select transplant programs. To apply for reimbursement of lost wages related to your living organ donation, you must complete this Donor Lost Wages Application Worksheet. Additionally, you must provide a copy of a completed Wage Verification Form, documentation of your income (such as a paystub or tax return) and complete a survey about your decision to become a living donor and the impact that lost wage reimbursement may have had on your decision. The survey is available at <https://www.livingdonorassistance.org/Resources/LostWagesDemo/Survey>. At the conclusion of the survey you will receive a completion code that **must** be provided on this application worksheet.

All donors must complete and sign the attestation on page 5.

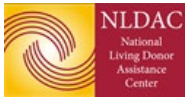
Return the completed worksheets and income documents to a transplant professional (social worker, nurse coordinator, etc.), who will submit the application to NLDAC. Do not send these worksheets to NLDAC. Allow at least 15 business days from the date of submission to NLDAC for application processing. Applications must be approved before surgery, and NLDAC cannot reimburse travel expenses incurred before the application is approved.

For more information, visit www.livingdonorassistance.org or call NLDAC at (888) 870-5002. If this application is not approved, the recipient can provide financial assistance to the donor. While the National Organ Transplant Act (NOTA) prohibits the buying and selling of organs, it allows reasonable reimbursement associated with the expenses of travel, housing, and lost wages incurred by the donor of a human organ.

First name	Last name	Date of birth	U.S. Social Security Number or Tax Identification Number

Important: Full name must match name on Social Security card

Sex	Race	Ethnicity	Marital Status	Education
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian (includes Indian subcontinent) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or another Pacific Islander <input type="checkbox"/> White (includes Middle Eastern)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Married/civil union <input type="checkbox"/> Living with partner <input type="checkbox"/> Single <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Grade school <input type="checkbox"/> High school/GED <input type="checkbox"/> Post HS/tech or trade school <input type="checkbox"/> Some college <input type="checkbox"/> 4-year college <input type="checkbox"/> Post college/professional
Employment status		Organ	Please answer:	
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> On disability leave <input type="checkbox"/> Retired	<input type="checkbox"/> Homemaker/caregiver <input type="checkbox"/> Student <input type="checkbox"/> Unemployed	<input type="checkbox"/> Intestine <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Uterus	Are you participating in a paired or chain organ exchange? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you an anonymous non-directed organ donor? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a U.S. citizen or lawfully admitted resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you signed the Attestation Form? (see page 5) Yes <input type="checkbox"/> No <input type="checkbox"/>	



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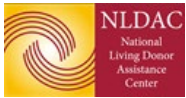
RELATIONSHIP TO TRANSPLANT CANDIDATE			
I am the _____ of the recipient. <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
If <i>other</i> , please specify:			
TYPE OF RELATIONSHIP: <input type="checkbox"/> Blood related <input type="checkbox"/> Non-blood related (e.g. through marriage, adoption, etc.) <input type="checkbox"/> Unrelated <input type="checkbox"/> Non-Directed			
Address <input type="checkbox"/> Check if donor and recipient live at the same address.			
Street:	City:	State:	Zip:
Location <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural			
Cell:	Alt phone:	Email address:	
<i>If application is approved, we will send approval letter by email</i>			
Send reimbursement to address of primary residence? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, provide alternate address:			
Street:	City:	State:	Zip:

INCOME INFORMATION: Combine the incomes of all members of your <u>household</u> . The transplant professional who files your application will confirm and record household income based on the document(s) you provide.	
Yearly household income: \$	Persons in household: #
Select the income document used to verify your household income and give a copy to your transplant professional.	
<input type="checkbox"/> Federal income tax return - most recent year (use adjusted gross income)	<input type="checkbox"/> Medicaid eligibility
<input type="checkbox"/> Pay stubs (use gross income)	<input type="checkbox"/> Social Security benefits statement
<input type="checkbox"/> W2 (use gross income)	<input type="checkbox"/> Other document (pension, unemployment, short-term disability statement, etc.)
<input type="checkbox"/> Government assistance program (HUD, WIC, food stamps)	

ACCOMPANYING PERSON(S)

NLDAC allows **one** accompanying person to go on two trips to the transplant center, or **two** persons to go on one trip.

First accompanying person				Second accompanying person				
<input type="checkbox"/> Check here if address is the same as donor's address				<input type="checkbox"/> Check here if address is the same as donor's address				
First name:	Last name:	First name:	Last name:	First name:	Last name:	First name:	Last name:	
Date of birth:	Ph #:	Date of birth:	Ph #:	Date of birth:	Ph #:	Date of birth:	Ph #:	
Address:				Address:				
City:	State:	Zip:	City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> Evaluation only		<input type="checkbox"/> Surgery only		<input type="checkbox"/> Evaluation only		<input type="checkbox"/> Surgery only		
<input type="checkbox"/> Evaluation & surgery		<input type="checkbox"/> Surgery & follow up		<input type="checkbox"/> Evaluation & surgery		<input type="checkbox"/> Surgery & follow up		
<input type="checkbox"/> Evaluation & follow up		<input type="checkbox"/> Follow up only		<input type="checkbox"/> Evaluation & follow up		<input type="checkbox"/> Follow up only		



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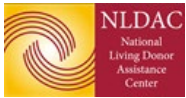
TRAVEL REIMBURSEMENT REQUEST

TRIPS	EVALUATION	SURGERY	FOLLOW UP
HOTEL EXPENSES	<i>Up to 2 nights</i>	<i>Up to 14 nights</i>	<i>Up to 1 night</i>
Will the donor require a hotel room/lodging?			
If yes, how many nights?			
Will the accompanying person require a separate room?			
If yes, how many nights?			
PER DIEM/FOOD EXPENSES: COMPLETE ONLY IF HOTEL IS NOT REQUESTED	<i>Up to 2 days</i>	<i>Up to 14 days</i>	<i>Up to 1 day</i>
How many days will the donor/accompanying person be away from home?			
TRANSPORTATION EXPENSES			
How will the donor travel to transplant center? <i>Air, car, bus, train</i>			
If driving, how many miles will be traveled round trip?			
How will the acc. person(s) travel to transplant center? <i>Air, car, bus, train</i>			
If companion travels in a separate car , how many miles round trip?			
Will the donor need a rental car?			
If yes, for how many days? <i>(for evaluation: 2 days; for surgery: up to 14)</i>			
How many days of parking requested?			
Estimate daily parking costs at hospital	\$	\$	\$
Estimate tolls <i>(if any)</i>	\$	\$	\$
Estimate cost if taking a cab/shuttle/Uber	\$	\$	\$
NOTE: NLDAC can approve additional trips for donor complications or health related issues.			
Additional information about your trip for our consideration:			

EVALUATION QUESTIONS

How you answer these questions will not affect your eligibility to receive the travel grant. Your answers may help NLDAC demonstrate the need to keep funding for the grant and may help us learn how to tailor assistance to donors in the future.

- | | | |
|---|-------------------------------|--------------------------------|
| The NLDAC program will make it possible for me to donate an organ | True <input type="checkbox"/> | False <input type="checkbox"/> |
| The NLDAC program will help my stress and give me less worry | True <input type="checkbox"/> | False <input type="checkbox"/> |
| I had hoped that the recipient would have received a deceased donor organ | True <input type="checkbox"/> | False <input type="checkbox"/> |
| In addition, I wish that NLDAC could assist more donors with lost pay or vacation/leave | True <input type="checkbox"/> | False <input type="checkbox"/> |



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INCOME INFORMATION: Answer the following questions to prepare for a conversation with a member of the NLDAC staff about your reimbursement. The transplant professional who files your application will confirm and record your income information based on the document(s) you provide and your Wage Verification Form. If you need help, call NLDAC at (888) 870-5002.

How many weeks of unpaid leave do you plan to take during your recovery?

What is your weekly income? \$

Total expected loss of income: \$

Other information (short term disability benefits, paid time off, etc.):

Select the document you will provide to verify your income, and give a copy to your transplant professional.

- Pay stubs – use gross pay and submit your two most recent pay stubs
- W2 – use box 1: wages, tips, and other compensation
- Federal income tax return Form 1040 – use line 1: wages, salaries, tips, etc. (only acceptable if single, or married filing separately)
- Federal income tax return Schedule C – only if self-employed
- Other

SURVEY COMPLETION: In order to participate in the demonstration project, you must complete a survey about your decision to become a living donor and the impact that lost wage reimbursement may have had on your decision. The survey is available at <https://www.livingdonorassistance.org/Resources/LostWagesDemo/Survey>. You must record the completion code below. Your application is not complete until the survey is complete and the completion code is provided.

Survey Completion Code:



DONOR TRAVEL & LOST WAGES APPLICATION WORKSHEET

Attestation Form - Donor Candidate

Transplant professionals: Please retain this form in patient's medical record.

I, _____ as a live organ donor candidate, have truthfully and completely provided all the information requested in the application for reimbursement of travel expenses and lost wages incurred during living organ donation.

- 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 if the transfer affects interstate commerce.
- My decision to undergo live organ donation was not motivated by the exchange of any valuable consideration.
- I do not have any other information indicating that valuable consideration is being exchanged in connection with this donation procedure.
- I understand that NLDAC, under Federal law, cannot provide reimbursement to any living organ donor for travel and other qualifying expenses if the donor can receive reimbursement for those expenses from any of the following sources: (1) Any state compensation program, an insurance policy, or a Federal or State health benefits program; (2) an entity that provides health services on a prepaid basis; or (3) the recipient of the organ.
- I give permission for the transplant center to share my information with the National Living Donor Assistance Center.
- I acknowledge that lost wages reimbursement is subject to federal and/or state income tax reporting. Additionally, travel reimbursement may be subject to federal and/or state income tax reporting. Applicant is responsible for contacting a qualified tax advisor to determine tax liability. Neither NLDAC nor other entities providing reimbursement are responsible for any tax consequences of the lost wage reimbursement program.
- I understand that this application is for reimbursement of lost wages reported within 100 days due to organ donation surgery which occurs prior to January 31, 2022.
- If this application for travel and lost wages reimbursement is approved, I will not request reimbursement of wages or travel expenses paid through any other source (e.g. employer paid leave program, National Kidney Registry, Georgia Transplant Foundation, etc.).
- (only for donors whose recipient is fully commercially insured by UnitedHealthcare) I give permission to NLDAC to provide the information in this application to other entities, including the recipient's health insurer, for review and potential reimbursement for travel and other qualifying expenses. The health insurer will only use or disclose the information in accordance with the applicable law.

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 lost wages reimbursement if I do not tell the truth when applying for assistance under the demonstration program or if I conceal or fail to disclose facts regarding the information supplied in the application process.

Donor signature: _____ Date: _____

Transplant center application filer signature: _____ Date: _____