



DONOR LOST WAGES APPLICATION WORKSHEET

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. Return these documents to your transplant professional (social worker, nurse coordinator, etc.), who will submit the application to NLDAC on your behalf. Do not send these documents to NLDAC. Applications must be submitted and approved before the donation surgery. For more information, call NLDAC at (888) 870-5002.

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 (check all that apply)	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 (check all that apply)		Organ	Answer yes/no	
<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 a U.S. citizen or lawfully admitted resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you signed the Attestation Form? (see page 3) Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>	

RELATIONSHIP TO INTENDED 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			
Donor Address <input type="checkbox"/> Check if donor and recipient live at the same address.			
Street:	City:	State:	Zip:
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:



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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.

Based on your conversations with the transplant center, how many weeks of unpaid leave do you plan to take during your recovery?

What is your weekly income? \$

Total expected loss of income: \$

Does your employer offer paid leave for organ donation? Yes No

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 organ 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:



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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 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 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. 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.
- If this application for lost wages reimbursement is approved, I will not request reimbursement of wages paid through any other source (e.g. employer paid leave program, National Kidney Registry, Georgia Transplant Foundation, etc.).
- 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.

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: _____