

Is Applicant disabled? Yes No

Number of applicant's dependents? _____ Age(s) of dependent(s): _____

Number of individuals in applicant's household : _____

Relationship(s) to Patient: _____

How many in applicant's house are employed? _____

Transplant Date (MM/DD/YYYY): ____ / ____ / _____ Transplant Center _____

Does the applicant have: Medicare? Part A Part B Part D

Medicaid? Yes No

Insurance? Yes No

ASSETS / INCOME / EXPENSES

Stocks/Bonds \$ _____

Bank Accounts: Checking \$ _____ Savings \$ _____ Other \$ _____

Automobile(s): Year(s) and Make(s) _____

MONTHLY INCOME

Employer Name _____

Spouse's Employer Name _____

Monthly Take Home Pay..... \$ _____

Spouse's Monthly Take Home Pay..... \$ _____

Social Security..... \$ _____

SSI/SSDI..... \$ _____

AFDC..... \$ _____

Retirement Income..... \$ _____

Veteran's Benefits..... \$ _____

Food Stamps..... \$ _____

Child Support..... \$ _____

Other _____ \$ _____

TOTAL MONTHLY INCOME \$ _____

MONTHLY EXPENSES

Rent or Mortgage..... \$ _____

Food..... \$ _____

Telephone..... \$ _____

Cell phone..... \$ _____

Electricity..... \$ _____

Gas..... \$ _____

Water..... \$ _____

Taxes..... \$ _____

Auto Payment..... \$ _____

Gasoline..... \$ _____

Treatment Related Transportation..... \$ _____

Hospital Payments..... \$ _____

Patients Medications..... \$ _____

Family Members' Medications..... \$ _____

Medical Insurance..... \$ _____

Auto Insurance..... \$ _____

Other Insurance..... \$ _____

Loans..... \$ _____

Cable T.V..... \$ _____

Credit Card..... \$ _____

Other _____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

List all other assistance applied for. Please include documentation of referral and denial.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

MEDICAL STATEMENT

List other medical conditions: _____

Physician's Name _____ Physician's Telephone (_____) _____

SOCIAL WORKER'S EXPLANATION

The narrative **MUST** include the following pertinent information. Provide a complete and detailed explanation of the circumstances which require this application for assistance. Incomplete or unclear narratives will cause the application to be denied. **Include patient's plan to handle future expenses**

SOCIAL WORKER'S ACKNOWLEDGMENT AND SIGNATURE

I attest that the information in this application is complete and accurate to the best of my knowledge.

Social Worker Signature _____ Date _____

APPLICANT'S ACKNOWLEDGMENT AND SIGNATURE

I confirm that I have authorized the social worker named on page 1 to prepare and submit this Hawthorne Fund Application for Financial Assistance on my behalf. I have reviewed the information listed within this application and attest that it is true and accurate. I confirm that the information I have given to my social worker to complete this application accurately represents the circumstances that substantiate my need for financial assistance. I have reviewed and do accept the guidelines of the Hawthorne Fund. I acknowledge that the National Kidney Foundation of Florida (NKFF) may wish to verify the information in this application and agree to provide NKFF with any financial statements, credit reports, tax returns or other documents it requests for its verification purposes. I hereby authorize NKFF to disclose my health care information provided in connection with this application to any NKFF volunteers or staff as may become involved in the processing and review of this application.

Applicant Signature _____ Date _____

APPLICATION INSTRUCTIONS

Social Workers: Please complete all pages of this application on behalf of and in conjunction with the applicant. You may complete pages 1-3 of the application electronically using the fillable PDF form fields. Sign the Social Worker's Acknowledgement and have the applicant sign the Applicant's Acknowledgment. Submit the completed application by e-mail to hawthornefund@kidneyfla.org or by fax to 407-895-0051. Note that, before the application can be processed, we must receive the original or an e-mail/fax copy of this acknowledgment page bearing actual signatures. Adobe digital (or similar) signatures will not be accepted.