



Transplant Patient Expense Reimbursement Program (TPER)

TPER Application Form

This form is to be completed by all eligible heart, lung, heart-lung, and small bowel transplant recipients and submitted with original or scanned receipts.

Section A: Applicant Information

Name: _____ Gender: M F Other

Date of Birth: _____ Phone Number: _____ Email: _____

Home Address: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Health Card Number: _____

Transplant Hospital: _____ Heart Lung Heart-Lung Small Bowel

Do you prefer correspondence via email? Yes No

Parent or Caregiver Contact Information

If a substitute decision-maker or power of attorney (for the property) is listed here, please include documentation supporting status with this application.

Check here to indicate the payment should be payable to the parent or guardian.

First Name: _____ Last Name: _____

Relationship: _____

Home Telephone: _____ Mobile Telephone: _____ Email Address: _____

Section B: Funding from Other Programs

Please complete the table below to disclose funding you have received from other programs/activities (e.g., government programs or registered charities) to directly or partially cover accommodation expenses related to relocation for transplantation purposes. **I am not receiving funding from other programs.**

Program	Date Received	Amount (\$)	Comments/Notes

Section C: Accommodation Expense Claims

If, at any time, the details of your local accommodations (e.g., address, rental costs, etc.) change, you are required to notify the TPER Administrator immediately at 416-619-2342 / 1-888-977-3563.

Address of Relocation

Address: _____

City: _____

Province: _____

Postal Code: _____

Local

Telephone: _____

Lease/ Rental Details

Rental or Property Management Company: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Property Manager or Landlord's Full Name: _____

Contact Telephone: _____

Term of Lease/ Rental Agreement

Please provide documentation to support your temporary relocation lease/rental agreement. Original or copies of detailed accommodation receipts must be provided to process a reimbursement.

Start Date: _____

End Date: _____

Monthly Lease/ Rental Cost: _____

PAYMENT SCHEDULE:

Please complete the fields as fully as you can. Any additional information relating to the consideration of reimbursement in the subsequent months can be sent to Ontario Health TGLN later.

Month	Date	Claim (\$)	Receipt Enclosed (Y/N)	Reimbursement (For Office Use)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
TOTAL				

Section D: Certification Statement

I, _____ (Print Full Name of the Applicant or Parent/ Caregiver), certify that the information provided on this application, in any documents attached, and in future information subsequently provided is and will be correct, complete, and fully discloses all relevant sources of funding (including government funding, registered charities, or other programs/activities) meant for my specific and direct use to cover accommodation costs associated with relocation for transplantation purposes.

I also agree to notify TGLN of any changes that may affect my eligibility or continued eligibility for receiving reimbursement through this program.

Signature of Applicant or Parent/ Caregiver

Date (MM/DD/YYYY)

Section E: Direct Deposit Claim Submission Form

If this is your first time submitting a claim to the Transplant Patient Expense Reimbursement Program (TPER), please include this page and your banking information (void cheque or letter from financial institution) and application form.

If your payment information has changed or you previously received a payment by cheque, please re-submit or include this form with your application and all relevant banking details.

Patient Information

Patient's Last Name

Patient's First Name

Banking Information for Electronic Funds Transfer

- You will not receive your payment if you do not complete this section and submit a voided cheque or banking letter.
-

Name of Financial Institution

Address of Financial Institution

Canadian Bank Account Information:

Bank Number

Branch Number

Account Number:

Authorization

By signing this form, I certify that all information submitted is true and accurate, to the best of my knowledge.

Signature of Patient

Date

TPER Application Checklist

This checklist includes instructions on how to submit an application to TPER

To ensure that your TPER application is processed as quickly as possible, please submit all the correct forms and supporting documentation in completion.

Please refer to the Application Checklist (below) before submitting your application package.

Required Documents: All heart, heart-lung, lung, and small bowel transplant recipients seeking financial reimbursement from TPER must submit these forms.

<input type="checkbox"/>	TPER Application Form	✓ Must be completed by the Applicant or Parent/ Caregiver
<input type="checkbox"/>	Lease or Rental Agreement	✓ Must be completed by the Applicant or Parent/ Caregiver
<input type="checkbox"/>	Proof of Payment/ Receipt	✓ Must be completed by the Applicant or Parent/ Caregiver
<input type="checkbox"/>	Void Cheque/ Letter from Financial Institution	✓ Must be submitted if opt for Direct Deposit, along with Section E of this Application Form.
<input type="checkbox"/>	Support for Relocation Form	✓ Must be completed by the Transplant Coordinator.

Supplementary Documents: These documents apply to some heart, heart-lung, lung, and small bowel transplant recipients.

Please visit https://www.giftoflife.on.ca/resources/pdf/TPER_Backgrounder_Final2018.pdf or consult your transplant program/ TPER Coordinator to determine eligibility.

<input type="checkbox"/>	Pre-Payment Request Form	✓ Must be completed by the applicant who receives Qualified Government Support Program and/or Social Assistance
<input type="checkbox"/>	Proof of financial support from government or social assistance programs	✓ Must be submitted by the applicant if applying for a pre-payment request ✓ Supporting document should be current, indicate the time period of approval, and/or include a letter of approval/ benefit statement to show receipt of government assistance
<input type="checkbox"/>	Exception Application Form	✓ Must be completed by the Transplant Coordinator
<input type="checkbox"/>	Letter from Medical Director	✓ Must be completed by Medical Director illustrating the details for exception requests

Completed applications can be scanned and emailed to the TPER Coordinator (TPER@giftoflife.on.ca) or mailed in a confidential envelope to:

TPER Coordinator
Trillium Gift of Life Network
157 Adelaide Street West, Box 606
Toronto, Ontario, M5H 4E7

TPER Eligibility Criteria and Additional Information on Accommodations

The patient must satisfy all the following:

1. Must be a patient waiting for heart, heart-lung, lung, or small bowel transplantation.
2. Must reside a minimum of 2.5 hours driving distance from a transplant hospital and for greater certainty. The transplant hospital policy requires the patient to relocate as a prerequisite for placement on the transplant hospital's waiting list and/or post-surgery discharge assessment.
3. Must be an Ontario resident and be insured by the Ontario Health Insurance Plan (OHIP).
4. Must confirm that another program/organization does not cover accommodation costs and that all other funding sources specific to accommodation expenses have been exhausted.
5. Must be referred by a transplant physician, as specified on the Support for Relocation Form, before the patient relocates.

Eligibility for Accommodation Reimbursement (if your application is approved)

The patient must meet all of the following criteria to be eligible for the accommodation reimbursement:

1. The patient meets the TPER Program eligibility criteria set out above.
2. The patient has temporarily relocated or will imminently relocate to the transplant hospital's proximity to meet the transplant hospital requirement as set out above #2.
3. The patient has submitted original or copies of detailed accommodation receipts (e.g., official hotel or lodging receipts) to prove a lodging expense was incurred. For patients under 18 years of age, an accommodation receipt can be in the name of the parent/guardian and
 - a. in the case of determining payment for accommodation expenses before the transplant surgery, the transplant hospital has confirmed with Ontario Health - Trillium Gift of Life Network (TGLN) that the applicant is listed or will be listed upon imminent temporary relocation to the proximity of the transplant hospital for placement on the heart, heart-lung, lung or small bowel waiting list according to the criteria of the transplant hospital or;
 - b. In determining payment for accommodation expenses after the transplant surgery and post-discharge, the transplant hospital has confirmed with TGLN that the applicant requires follow-up care related to transplantation at the transplant hospital.

Suggested List of Accommodations around Transplant Programs

To assist with your home searching process, please see the following suggested lists of accommodations surrounding your closest hospital transplant programs:

1. **University Health Network – Toronto General Hospital:**
https://www.uhn.ca/PatientsFamilies/Patient_Services/Documents/Corp_PF_Services_AccommodationList.pdf
2. **London Health Sciences Centre – University Hospital:**
<https://www.lhsc.on.ca/multi-organ-transplant-program/accommodations-in-london>
3. **University of Ottawa Heart Institute:**
<https://www.ottawahospital.on.ca/en/patients-visitors/planning-your-stay/where-to-stay/residence-corporation/short-term-accommodations/>
4. **The Hospital for Sick Children:**
<https://www.sickkids.ca/contentassets/1c136e5d210148b381ac23b9b20546b2/short-term-accommodation.pdf>

IMPORTANT NOTE: Ontario Health TGLN has no affiliation with the above accommodation providers. Please get in touch with the vendors directly to learn more about their products/services.