

## Transplant Patient Expense Reimbursement Program (TPER)

# 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.

### To be completed by Applicant or Patient/ Caregiver

- 1. TPER Application Form (**Section A, C & D are mandatory fields**)
- 2. For **Direct Deposit**: Void Cheque/ Letter from Financial Institution and **Section E** of this form
- 3. Proof of Payment/ Receipt
- 4. Lease or Rental Agreement
- Optional:** For applicants who receive Qualified Government Support Program and/or Social Assistance, you may be eligible for pre-payment requests. Please visit TGLN's website for more information: [T4 TPER PrePayment Form April2022.pdf \(giftoflife.on.ca\)](#)
- 5. Pre-Payment Request Form
- 6. Proof of financial support from government or social assistance programs

### To be completed by Transplant Programs

- 1. Support for Relocation Form

Completed applications can be scanned and emailed to the TPER Coordinator, [tper@ontariohealth.ca](mailto:tper@ontariohealth.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 Application Form

*This form is to be completed by patients or parents/caregivers and submitted with original or scanned receipts.*

## Section A\*: Applicant Information (Mandatory field\*)

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 VAD implantation

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 (Mandatory field\*)

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

### Address of Relocation

Address\*:

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City\*:

Province\*:

Postal Code\*:

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Local

Telephone\*:

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### Lease/ Rental Details

Rental or Property Management Company\*:

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Address\*:

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City\*:

Province\*:

Postal Code\*:

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Property Manager or Landlord's Full Name\*:

Contact Telephone\*

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### 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\*:

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End Date\*:

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Monthly Lease/ Rental Cost\*:

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## 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				
<b>TOTAL</b>				

### Section D\*: Certification Statement (Mandatory field\*)

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 Ontario Health 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)\*

### Payment Method\*

I would like to receive a cheque by mail. Payment will only be issued after the event/activity. Please allow at least 4 weeks for the cheque to be issued

I would like to receive a direct deposit (also known as an Electronic Funds Transfer) to my bank account. Payment will only be issued after the event/ activity. Please allow at least 10 business days for processing. Proceed to Section E.

## 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 Eligibility Criteria and Additional Information on Accommodations

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The patient must satisfy all the following:

1. Must be an Ontario resident and be insured by the Ontario Health Insurance Plan (OHIP).
2. Be a patient waiting for heart, heart-lung, lung, or small bowel transplantation, or patients requiring the implantation of Ventricular Assist Devices (VADs).
3. Reside a minimum mileage distance (listed below) from the transplant hospital, as required by the transplant hospital policy as a prerequisite for placement on the transplant hospital's waiting list and/or post-surgery discharge assessment.
  - a. Adult patients: minimum 100KM away from the closest transplant hospital
  - b. Paediatric patients: minimum 55KM away from the Hospital for Sick Children
4. Declare all other sources of funding he/she has received to directly cover or partially cover relocation accommodation expenses (e.g. David Foster Foundation).
5. Provide receipts or documentation that supports actual accommodation expenses eligible under TPER after expenses have been incurred.
6. Must be referred by a transplant program that the applicant has been or will be listed or that follow-up care post-transplant is required, as specified on the Support for Relocation Form.

### 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 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 Ontario Health TGLN that the applicant requires follow-up care related to transplantation at the transplant hospital.

### Suggested List of Accommodations around Transplant Programs

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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](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.