



Transplant Patient Expense Reimbursement (TPER) Program

PRE-PAYMENT FOR APPLICANTS IN RECEIPT OF QUALIFIED GOVERNMENT SUPPORT AND/OR SOCIAL ASSISTANCE

Please send completed form to:

ATTN: TPER Administrator
Trillium Gift of Life Network
157 Adelaide Street West, #606
Toronto, Ontario M5H 4E7

For more information:

Telephone: 416-619-2342 or 1-888-977-3563
Fax: 416-363-4002
Email: TPER@giftoflife.on.ca

The applicant must complete and submit:

- Pre-payment for Applicants in Receipt of Qualified Government Support and/or Social Assistance Form
- Supporting documents proving support from other programs

Please speak with your Transplant Coordinator or Social Worker about other forms and documentation that may be required.

Applicants who are receiving funding under certain specified and qualified government-funded programs may be entitled to pre-payment of accommodation expenses. Personal information provided will be used to determine eligibility for pre-payment. Eligibility for pre-payment is subject to the Ministry of Health guidelines and policy. Please contact the TPER Administrator for further details at 416-619-2342 or 1-888-977-3563.

SECTION A: COMPLETED BY THE APPLICANT

Patient Information

First Name:	Middle Initial:	Last Name:
<hr/>		
Home Address:		
<hr/>		
City:	Province:	Postal Code:
<hr/>		
Home Telephone:	Mobile Telephone:	Email Address:
<hr/>		

Parent or Caregiver Contact Information

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

First Name:	Last Name:	
<hr/>		
Relationship:		
<hr/>		
Home Telephone:	Mobile Telephone:	Email Address:
<hr/>		

Please indicate all government support and social assistance programs under which you are receiving funding (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> Employment Insurance |
| <input type="checkbox"/> Ontario Disability Support Program | <input type="checkbox"/> Guaranteed Annual Income System for Seniors |
| <input type="checkbox"/> Rent-geared to income housing programs | <input type="checkbox"/> Other, please specify: _____ |

Note: Applications for pre-payment will not be processed without supporting documentation from the above noted programs (**please attach copy and original in the mail with TPER application**). Supporting documentation must be current, must indicate time period of approval, and/or include a letter of approval or benefits statement to show receipt of government assistance. For continued funding, applicants are required to submit supporting documentation for the use of all pre-paid accommodation funding.

I hereby certify the information provided above is true. If there are any changes to the receipt of support I receive, or my eligibility for pre-payment, I will notify TGLN immediately. I understand that in the event that the received pre-payment exceeds incurred accommodation expenses, subsequent payments will be adjusted accordingly.

Applicant's Signature

Date (MM/DD/YYYY)



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SECTION B: COMPLETED BY THE TRANSPLANT COORDINATOR

Transplant Hospital Information

Transplant Hospital: _____

Transplant Type: Heart Lung Heart-Lung

Patient Information

First Name: _____

Middle Initial: _____

Last Name: _____

Gender: _____

M

F

Date of Birth (MM/DD/YYYY): _____

OHIP Number: _____

I hereby certify that the aforementioned patient has been asked by the transplant physician to relocate to be near the transplant hospital (in accordance with the transplant hospital's policy) as a prerequisite to be waitlisted for transplantation and/or for post-transplant assessment. Upon receipt of evidence in support of his/her relocation, he/she will be listed for transplantation.

Upon the patient's relocation, our program will fax Trillium Gift of Life Network the "Support for Relocation Form" to confirm his/her listing and relocation.

Print Full Name of Transplant Coordinator

Telephone Number

Signature of Transplant Coordinator

Date (MM/DD/YYYY)