



Transplant Patient Expense Reimbursement (TPER) Program

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

<p>Please send the completed form to: ATTN: TPER Administrator Trillium Gift of Life Network 157 Adelaide Street West, #606 Toronto, Ontario M5H 4E7</p> <p>For more information: Telephone: 416-619-2342 or 1-888-977-3563 Fax: 416-363-4002 Email: TPER@giftoflife.on.ca</p>	<p>The applicant must complete and submit:</p> <ul style="list-style-type: none"> • Pre-payment for Applicants in Receipt of Qualified Government Support and/or Social Assistance Form • Supporting documents proving support from other programs • Void Cheque/ Letter from Applicant's Financial Institution <p>Please speak with your Transplant Coordinator or Social Worker about other forms and documentation required.</p>
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Applicants 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:
Home Address:		
City:	Province:	Postal Code:
Home Telephone:	Mobile Telephone:	Email Address:

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.

First Name:	Last Name:	
Relationship:		
Home Telephone:	Mobile Telephone:	Email Address:

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 a copy and original in the mail with the TPER application**). Supporting documentation must be current, indicate the time period of approval, and/or include a letter of approval or benefits statement to show receipt of government assistance. For continued funding, applicants must submit supporting documentation for the use of all pre-paid accommodation funding.

I hereby certify the information provided above is accurate. 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 if the received pre-payment exceeds incurred accommodation expenses, subsequent payments will be adjusted accordingly.

Applicant's Signature

Date (MM/DD/YYYY)