



Transplant Patient Expense Reimbursement (TPER) Program EXCEPTION APPLICATION FORM

Please send the 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 Transplant Coordinator must complete and submit:

- Exception Application Form
- Letter from Medical Director (for exception applications only)
- Support for Relocation Form

The applicant must complete and submit:

- Application Form
 - Supporting Documents (if applicable)
 - Lease or Rental Agreement
 - Proof of Payment
 - Void Cheque/ Letter from Applicant's Financial Institution
- Please speak with your patient to check that all necessary documentation is completed and submitted.

The Transplant Patient Expense Reimbursement (TPER) Program aims to facilitate access to transplant services for and assist in alleviating the financial burdens of patients who satisfy standard eligibility criteria: <https://www.giftoflife.on.ca/en/transplant.htm#financialassistance>

In some cases, applicants may qualify as exceptions to the TPER Policy. Examples of such applicants include the following:

- The individual is a recipient of a qualified government or social assistance program and will not be providing accommodation funding to support secondary residences for medical purposes.
- The individual does not have any other financial assistance to fund a secondary residence in Toronto other than TPER funding.
- The applicant is awaiting listing for transplantation or transplantation itself, and is required to relocate with or without support; however, the applicant does not have the means to cover expenses with the current policy's maximum of \$1500.00/month.
- The applicant does not meet the distance eligibility criteria and is required to relocate as determined by the transplant hospital to be waitlisted for heart, heart-lung, lung, or small bowel transplantation and/or post-transplant surgical discharge care.

Application for TPER exceptions is reviewed and approved on a case-by-case basis in accordance with the TGLN's Exception Policy. Once TGLN has reached a decision, the transplant program will be notified (via e-mail) to the individual who submitted the request. Upon receipt, transplant programs should confirm receipt and verify that the patient's listing information is accurately captured in the Ontario Health - Trillium Gift of Life Network's transplant and allocation information system.

Transplant Hospital Information

Physician's Full Name: _____

Transplant Hospital: _____

Transplant Coordinator's Full Name: _____

Telephone: _____

Email: _____

Transplant Type: Heart Lung Heart-Lung Small Bowel

Date Submitted: _____

Patient Information

Patient's Full Name: _____

Diagnosis: _____

Exception Request: _____

Reason for Exception Request: _____

Supporting documents attached? Yes No

FOR TPER ADMINISTRATOR USE

TGLN ID#: _____

Wait-List Date: _____

Transplant Date: _____