

Financial Assistance Application

Mid-America Transplant is a non-profit organization that provides accommodations to pre- and post-transplant patients at the Mid-America Transplant Family House. Patients must be receiving care at Barnes Jewish Hospital, SSM Health Cardinal Glennon Children's Medical Center, Saint Louis University Hospital, or St. Louis Children's Hospital. Accommodations are provided at an already reduced rate; however, rates may be further reduced based on substantial financial need. By asking for financial assistance, you are asking Mid-America Transplant to make a financial investment in you. Financial assistance is provided only in the form of a rate reduction.

- This form can be completed by the Patient and/or Family of Patient requesting accommodations
- Guests must reapply each visit
- Applicant must have a complete referral
- Applications that are incomplete or are illegible will not be accepted.
- Referral/application can be returned by email or fax
- Not all applicants will be determined eligible for financial assistance

| Today's Date: | Anticipated Check-In Date: | Anticipated Length of Stay: | | |
|---|----------------------------|-----------------------------|-----------------|--|
| Name of Responsible Party: | | | | |
| Name of Patient: | | | | |
| Estimated Monthly Household Income (before-tax) | | | Household Size: | |
| I certify the above information is current and factual to the best of my knowledge. | | | | |
| Signature of Responsible Party | | | | |

Income includes: earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income (SSI), public assistance, veterans' payments, survivors' benefits, pension or retirement income, interest dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. **Noncash** benefits (ex. Foods stamps or housing subsidies) **do not** count. **Exclude** capital gains or losses.

| Mid-America Transplant Family House Office Use Only | | | |
|---|--------------------------|--|--|
| ☐ Granted ☐ Not Granted − Reas | Not Granted – Reason: | | |
| Category: | Length of Stay Approved: | | |
| Rate: | Estimated Cost of Stay: | | |
| Approved by: | | | |