

# Arrow Heights Organ Transplant Fund

3201 S. Elm Place

Broken Arrow, Oklahoma 74012

(918) 455-5020 Fax 455-8972

The Arrow Heights Organ Transplant Fund (AHOTF) is dedicated to providing financial assistance to transplant-needy persons and their families.

The AHOTF will use various means to raise the funds to be used to help meet the financial needs of transplant-needy persons.

The assistance provided by AHOTF will be given in the form of financial grants. Transplant-needy persons will apply to the AHOTF. The AHOTF committee will review the applications and decide if a grant is to be awarded and what the amount of the grant will be.

AHOTF applicants will be notified in writing as to the disposition of their grant request.

## 1. CORPORATE DEPOSITORY ACCOUNT

Funds collected will be deposited in the AHOTF account in Broken Arrow, Oklahoma as set forth in Paragraph 4. Funds will be used as follows:

## 2. TRANSPLANT-RELATED EXPENSES

“Transplant-related expenses” are those expenses which are caused by the transplant or the need for a transplant. The following are considered “transplant-related expenses” for which the funds may be used:

- a. Medical bills related to the transplant or the need for a transplant.
- b. Prescription drugs necessitated by the transplant or the need for a transplant.
- c. Other expenses may be considered “transplant-related” if, in the judgment of the AHOTF committee and the AHOTF staff, they are directly Caused by the recipient’s transplant or the need for a transplant.

### Adult Patient

- d. Travel, lodging, and food expenses for the recipient’s transplant evaluation
- e. Travel, lodging, and food expenses for the transplant recipient’s follow-up medical examinations.

- f. Normal household expenses such as utility bills, mortgage and rent payments, food bills, etc., may be paid with the funds raised for the recipient under the following conditions:
  - 1. The income of the transplant recipient has been reduced because of the transplant or need for a transplant.
  - 2. The transplant recipient will be entitled to receive the loss of income (with documentation) or the amount necessary to cover the normal household expenses, whichever is less.
  - 3. Taxes on all items reimbursed to the recipient which are deemed taxable under IRS guidelines will be the responsibility of the recipient. AHOTF will supply the recipient and the IRS with the appropriate documentation.

#### Child Patient

- g. Travel, lodging, and food expenses for the child and for the parent(s) for transplant evaluation.
- h. Travel, lodging, and food expenses for the parent(s) during hospitalization if the child is in critical condition while awaiting the transplant.
- i. Travel lodging, and food expenses for one parent and the child for follow-up medical examinations.
- j. Normal household expenses such as utility bills, mortgage and rent payments, food bills, etc., may be paid with funds raised for the child under the following conditions:
  - 1. The income of the parent(s) has been reduced because of the transplant or need for a transplant.
  - 2. The parent(s) will be entitled to receive the loss of income (with documentation) or the amount necessary to cover the normal household expenses, whichever is less.
  - 3. Taxes on all items reimbursed to the parent or guardian which are deemed taxable under IRS guidelines will be the responsibility of the parent or guardian. AHOTF will supply the parent or guardian and the IRS with the appropriate documentation.

### 3. PUBLIC SCRUTINY

The recipient recognizes that all funds raised for the transplant have been donated by the public and that both the recipient and AHOTF will be held strictly accountable by the church for all funds raised.

#### 4. ACCOUNTING FOR FUNDS

AHOTF will open the corporate depository account with a minimum deposit. All amounts in excess of the minimum deposit will be for the purpose of related expenses and for investing said funds. In order to help defray the cost of its services, AHOTF will be entitled to retain the interest earned on all funds deposited into the Revolving Fund. AHOTF will maintain complete and accurate records of all funds raised for the transplant recipient, including all transfers and payments. AHOTF provide monthly accounting of all funds deposited for transplant recipients.

#### 5. PAYMENT OF EXPENSES

AHOTF will pay for transplant-related expenses only after all available insurance benefits and governmental programs have been exhausted. The procedure for paying such expenses will be as follows:

1. AHOTF Committee and an Executive Director will be elected by AHBC.  
The Committee will be responsible for approving transplant-related expenses.
2. The family will deliver all invoices, bills and receipts to the Executive Director for approval.
3. The Executive Director will determine if the invoice, bill, or receipt is a justifiable transplant-related expense.
4. The Executive Director then forwards all approved invoices, bills, and receipts to the AHOTF Committee along with a payment authorization in an amount exceeding \$200.00.
5. AHOTF reserves the right to make the final decision as to whether the expenses are transplant-related and shall be paid.

#### 6. LIMIT OF LIABILITY

It is understood that AHOTF is not liable for any expenses of the transplant recipient. AHOTF only provides assistance grants to transplant-needy persons.

# AHOTF Application

Transplant Recipient Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Type of Transplant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Financial Needs \_\_\_\_\_

Amount Requested from AHOTF \_\_\_\_\_

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## Family Information

**Primary Wage Earner** \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Secondary Wage Earner** \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Others in Household: Name Date of Birth Relationship

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



Name \_\_\_\_\_

Name \_\_\_\_\_

Office Address \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (    ) \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Hospitals in which recommended treatment may be preformed:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (    ) \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Staff Social Worker \_\_\_\_\_

Staff Social Worker \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, \_\_\_\_\_,  
hereby give my consent for the release of medical information to AHOTF (Arrow Heights Organ Transplant Fund), its employees, agents, and assigns, in order to qualify for consideration for assistance with transplant-related expenses. I understand that the medical status is an important factor in both determining the eligibility for this program and/or the success of the program itself.

Patient's Signature \_\_\_\_\_  
(Parent or guardian's Signature required if patient under age 18)

Date of Release \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_





## Financial Information

### Combined Monthly Family Income (After Taxes)

Wages	\$ _____	
Social Security	\$ _____	
Disability	\$ _____	
Welfare	\$ _____	
Investments	\$ _____	
Other	\$ _____	
Total Family Income		\$ _____

### Other Financial Resources

Previous Fundraising Activities	\$ _____	
Total Liquid Assets (stocks, bonds, etc.)	\$ _____	
Other _____	\$ _____	
Other _____	\$ _____	
Total Other Financial Resources		\$ _____

### Estimated Total Monthly Living Expenses and Liabilities

Do you rent or own your primary residence? Rent \_\_\_\_\_ Own \_\_\_\_\_

Monthly Rent or mortgage	\$ _____	
Average total of combined monthly utilities	\$ _____	
Monthly payment of vehicle loan(s)	\$ _____	
Monthly payment for insurance	\$ _____	
Monthly payment for all other	\$ _____	
Total monthly living expenses and liabilities		\$ _____