

Application Form
Reimbursement Program for Living Donors (RPLD)

This form must be completed by the applicant in block letters.

I, the undersigned, understand that to obtain reimbursement under Québec-Transplant's Reimbursement Program for Living Donors, I am required to provide the following:

Family name : _____

Given name: _____

Sex : Male Female

Date of birth : _____ - _____ - _____
yyyy mm dd

Health insurance number: _____

Address : _____
(Number and street)

(City, Province, State)

(Country)

(postal code/zip code)

Telephone number: _____

Email: _____

Transplant centre : _____ kidney liver

I prefer to be contacted by:

Téléphone

Standard mail

Email

If you live outside Canada :

Passeport number: _____

Issuing country : _____

Are you eligible for financial assistance under Quebec's *Frais remboursables aux malades devant se déplacer pour recevoir des soins et des services de santé non disponibles dans leur région* program (Reimbursable expenses for patients obliged to travel to receive health care and services not available in their region) or the *Gratuité du transport pour les autochtones devant se déplacer pour recevoir des soins de santé non disponibles dans leur région* program (No-charge transportation for Aboriginal people obliged to travel to receive health care not available in their region)?

Yes No

If so, have you taken steps to obtain this financial assistance ?

Yes No

If so, have you included the duly-completed form *Consent to Disclose Personal Information* provided under the *Reimbursement Program for Living Donors* ?

Yes No

Have you ever applied for financial assistance under the *Reimbursement Program for Living Donors* ?

Yes No

If so, in what year did you apply ? _____

Are you requesting compensation for lost income ?

Yes No

If so, have you included the duly-completed form *Income Loss Certificate* and *Claim for Income Loss* ?

Yes No

I, _____, the undersigned, hereby certify that the information provided above is
(Lettres majuscules)

accurate and complete. I understand that the information requested on the *Application Form* will be used for the sole purpose of determining my eligibility under the *Reimbursement Program for Living Donors*. I also understand that Québec-Transplant may use this information for statistical purposes or for purposes of managing the *Reimbursement Program for Living Donors*. Under no circumstances will information making it possible to identify me be used for purposes other than those of the Program.

Optional

The following information will be used solely for purposes of statistical analysis. This information is not related to information making it possible to identify you. Your answers shall remain confidential.

Are you related to the recipient of your organ ?

Yes No

Are you an anonymous donor ?

Yes No

Have you signed up for Canada's *Living Donor Paired Exchange Registry* ?

Yes No

(Signature of applicant)

____ - ____ - ____
yyyy mm dd