TKF USE ONLY

Amount Approved________________________________

Request Approved by ___________________________________

Vendor ____

2018 Emergency Assistance Form

Patient Information

Last 4 of Patient Social Security Number ________________________ Birthdate ______________________

Patient First Name ________________________________ Patient Last Name____________________________________

Street Address____ City State Zip_________________________________

County of Residence ____

Clinic Information

Dialysis/Transplant Center ____

Dialysis /Transplant Social Worker ____

Office Number ____

Dialysis/Transplant Center Street Address: ____

City____________________________ State________ Zip ____________________

Type of Assistance Requested (Please check one) ○Housing ○ Utilities ○Insurance Premiums

○Dental Needs ○ Food ○ Related Medical Supplies/CoPays/Pharmacy

○*Car Repair (for patients using their personal vehicles for transportation to and from dialysis)

STOP: If Dental, first seek assistance through State Renal Program (615) 741-5225

Vendor Name ____

Vendor Address ____

Account Status (Please check one) ○Past Due ○ Disconnected ○Cut-off Notice ○Eviction

Brief Description of Problem ____

____

Please return to: Cynthia Harris at: cynthia@tnkidney.org

Action Taken to Date

What other services or agencies have contacted for assistance?
____

____

What is that status of the request from other services or agencies?
____

____

How will you pay this bill next month?
____

____

Amount of Request ______________

I certify that the information above is correct to the fullest extent of my knowledge, that the above problem is within the scope of the Foundation's emergency assistance program, and that all possible alternative resources for funding have been explored.

_________________________________ _____________________________________
Signature of Physician or Social Worker Date

____
Patient's Signature

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Amount Approved_______________________________

Request Approved/Declined by ____________________________

Reason Declined ____

____

Please return to: Cynthia Harris at: cynthia@tnkidney.org