



Donor Information Form (page 1 of 2)

You have the option of filling in this form onscreen. When completed, you can "save as" and email to heather.johnson@kidney.ca or print, sign and fax to 1-800-667-8871.

Or you can mail your completed and signed printed form to the above address.

I, the undersigned, understand that in making application to The Kidney Foundation of Canada, BC & Yukon Branch for reimbursement. I am required to provide certain information to the Foundation including:

PART 1: LIVING ORGAN DONOR INFORMATION

Donor's DID #: OFFICE USE ONLY

Donor's Name: First Last

I identify my gender as: Age:

Home Address:

City: Province/State: Postal /Zip:

Email:

Home Phone: Other Phone:

Original Transplant Hospital: VGH St. Paul's BCCH Donating: Kidney Liver

Your Relationship to Recipient (i.e. mother to child) Are you an anonymous donor? No Yes

Donating through Paired Exchange Program: No Yes If Yes, at which hospital?

Assessment Date: Estimated Transplant Date (if known):



Donor Information Form (page 2 of 2)

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PART 2: FOR CANADIAN DONORS ONLY

Please complete this section if you may need the LODERP Loss of Income Subsidy

1. Are you: Self Employed Employed

If self employed, you will be required to provide copies of the previous two years' Income Tax Returns, to verify income.

2. Are you eligible for paid time of work? No Yes Uncertain

(includes leave of absence, sick or vacation time, short term disability)

3. Are you eligible for Employment Insurance? No Yes Uncertain

4. Will you be applying for LODERP Loss of Income Subsidy? No Yes Uncertain

If you answered "yes", the Income and Benefit Verification Form needs to be completed and submitted.

PART 3: CONSENT BY LIVING DONOR

I understand that the personal information provided in this application is accurate and complete and will be used only for establishing my eligibility for expense reimbursement from The Kidney Foundation of Canada, BC & Yukon Branch (KFOC-BC&Y). I further understand that the KFOC-BC&Y may compile statistical information to report to the Living Organ Donor Expense Reimbursement Program or for demographic purposes; no identifying personal information will be used for such reporting.

If you have concerns about how KFOC-BC&Y Branch manages your personal information please visit www.kidney.ca/kidney-foundation-policies/privacy-policy or call the Privacy Officer at 604-736-9775 or 1-800-567-8112.

Signature of Donor _____ Date: _____