



Children's Transplant Initiative

Children's Transplant Initiative Referral Form

Patient's Name:	M	F	DOB: / /	MINOR	Y
Hospital Name:	Social Worker:				
Parent or Guardian Name:					
Phone:	Mobile:	Email:			

Children's Transplant Initiative will help pediatric patients and families who have a child diagnosed in need of and/or a recipient of an organ transplant. They provide programs and services for families from the time of diagnosis until the child reaches their 18th birthday. The services offered include:

- **Hope Lifeline** – mentoring program to walk along side families as soon as they hear their child needs a lifesaving transplant. This program is for recipients, donors and caregivers.
- **Family Assistance Program** – financial assistance is provided to help with financial burdens, such as food, parking, transportation, copays, medication. Needs will be determined on a case by case basis.
Family Needs:
- **Housing Program** – temporary housing is offered to out of town transplant families. CTI provides housing in a two-bedroom apartment located minutes from the Texas Medical Center.
Housing Needs:

Authorization for Release of Patient Information

I acknowledge and hereby consent to the release of all health care information relating to the above named patient to Children's Transplant Initiative to facilitate access to any and all resources that may be available to the patient and patient's family.

Printed Name of Patient or Parent

Signature of Patient or Parent/Guardian

Signature of Social Worker

Date

Children's Transplant Initiative
23718 Creekview Dr.
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