



Union County Senior Services Prescription Assistance Program

Union County Senior Services' Prescription Assistance Program was established to help meet the rising demands of prescription drug costs for Union County Seniors age 60 and over who do not qualify for Medicaid or Medicare Extra Help, but who are unable

to afford the prescription drugs they need. **In addition to this program, Union County Senior Services will work with seniors to explore a variety of other programs that are available to help them with their prescription drug costs.**

Seniors may apply no more than once in a calendar year. Assistance is awarded based on need, eligibility and availability of funds. **Please be sure to fill in all of the blanks and attach all appropriate documentation.**

Date		
Name	Phone Number	
Address		
Mailing Address (if different)		

1. Description of Need

Please provide a brief description of your current situation and why you are in need of financial assistance for your prescription drug costs:

2. Financial Information

<ul style="list-style-type: none"> • total in bank accounts (checking, savings, certificates of deposits) 	<input type="checkbox"/> none	\$ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> , <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • stocks, bonds, IRAs, other investments 	<input type="checkbox"/> none	\$ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> , <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • any cash at home or anywhere else 	<input type="checkbox"/> none	\$ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> , <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>

3. Monthly Income Information

<ul style="list-style-type: none"> • Social Security benefits (before deductions) 	<input type="checkbox"/> none	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
<ul style="list-style-type: none"> • Pensions, Railroad benefits, Veterans benefits (do not include any income from sources listed in question 2) 	<input type="checkbox"/> none	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
<ul style="list-style-type: none"> • Other income not listed above including alimony, workers compensation, net-rental income, etc. 	<input type="checkbox"/> none	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

4. Attach Documentation

Attach proof of income as well as a copy of the costs of your current medications or your latest statement from your Medicare Part D drug plan provider.

5. Signature

I hereby declare I am 60 years of age or older, have a gross income not exceeding \$1,805 / month if single or \$2,428 / month household of two; and with assets of no more than \$1,500; and am not eligible for Medicaid or Medicare Extra Help. **I understand that a credit will be applied to an account in my name at Dave's Pharmacy in Marysville, Ohio to be used only for necessary prescription drugs as prescribed for me by my doctor.** I also certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements.

Applicant's Signature: _____

Date: _____

6. Send the Completed Form to: Union County Senior Services
 18000 State Route 4, Suite D 128
 Marysville, OH 43040

7. What to Expect

Within 2 weeks you will receive a letter through the mail notifying you if you have been accepted to the Union County Senior Services' Prescription Assistance Program. The letter will include the amount awarded if applicable. If you have been selected to receive assistance through Union County Senior Services, you will have a credit for the amount listed in your letter at Dave's Pharmacy. You will be notified by telephone when the funds are available for use. If Dave's Pharmacy is not your drug provider, an account will be established for you until the credit is depleted. You do not have to switch pharmacies. You will be mailed monthly statements notifying you how much remains of your award.

Thank you for completing the application for Union County Senior Service's Prescription Assistance Program. Senior Services offers a variety of services for Union County Seniors.

If you have any questions, or if we could be of further service to you or your loved ones, please call Union County Senior Services 937-644-9629, ext 2.