



**Do you need prescription medications you can't afford?**

# CENTER FOR HEALING & HOPE

**Medication Assistance Program is here to help!**

*What is it? Am I eligible?*

**Contact us to request an appointment!**

Mon-Fri 9am-4pm  
574-534-4744 x 201  
[info@CHHclinics.org](mailto:info@CHHclinics.org)

## Medication Assistance Program

*Offered by the Center for Healing & Hope*

The Medication Assistance Program helps patients apply for free medications that may be available through drug manufacturers' assistance programs. Patients who have no insurance and who meet income guidelines may qualify.

### To be eligible

1. You do not have any prescription drug coverage. There are some exceptions, such as Medicare Part D.
2. Your income is less than \$30,000 a year (for individuals) or less than \$40,000 a year (for couples). Note that income levels are not the same for each company offering assistance.

### Providing proof of income

Income assessments are by household, not individual so you will need documents for any income for everyone in your household.

To prove your income, you must bring the following documents that apply:

- Your most recent federal tax return (1040)
- A Social Security statement
- If your income is zero, send a statement as to how you survive
- Unemployment statement showing your Weekly Benefit Amount (WBA)
- If your household receives any other type of income, this must be included. Child support, pensions, interest on investments are counted as income.

### Processing time for applications

It can take up to four weeks to process an application. If you are approved, your medication will be shipped either to your home or to the Center for Healing & Hope (CHH). If shipped to CHH, we will notify you when it arrives.

### How to apply

Complete the application in this brochure and bring it to your appointment with your proof of income. We will use this information to complete the paperwork needed for drug application assistance. Once we've completed the applications, there are two more steps:

1. We send the applications to your physician for a signature and to obtain your prescriptions.
2. We send the applications and supporting documents to the drug companies.

Some companies contact you to tell you are approved. Others simply send the medication to you or CHH.

*There is a fee of \$5 for this service, which is refunded if you are not eligible for help.*

# Application for Medication Assistance Program

Your physician \_\_\_\_\_

Physician's phone number \_\_\_\_\_

Patient's name

\_\_\_\_\_  
First Middle

\_\_\_\_\_  
Last

Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State and ZIP code \_\_\_\_\_

Social Security number \_\_\_\_\_

Gender M F

Birthdate (mm/dd/yyyy) \_\_\_\_\_

Phone number \_\_\_\_\_

Alternate number \_\_\_\_\_

US citizen Yes No

Marital status:

Single Married Divorced Widowed

Employed Yes No

Retired Yes No

Disabled Yes No

Veteran Yes No

## Insurance

Do you have any of the following?

Medicare (A and B) Yes No

Medicaid Yes No

Insurance coverage for medications Yes No

## Medications

Drug allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the medications you need assistance for  
and the physicians who prescribed them

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Number of people in household

In your household, how many  
adults, including you? \_\_\_\_\_

children under 18 years old? \_\_\_\_\_

## Financial for the household

How much income  
each month?

Work income Yes No \_\_\_\_\_

Social Security Yes No \_\_\_\_\_

Disability Yes No \_\_\_\_\_

Pension Yes No \_\_\_\_\_

Food stamps Yes No \_\_\_\_\_

Unemployment Yes No \_\_\_\_\_

Alimony or  
child support Yes No \_\_\_\_\_

Other income Yes No \_\_\_\_\_

**Total monthly income** \_\_\_\_\_

Did you file federal taxes for the most recent tax  
year? Yes No

*If yes, then bring copy with application.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

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