



Prescription

Assistance Program

PLEASE INCLUDE THE FOLLOWING ATTACHMENTS TO COMPLETE APPLICATION

- ___ List of medications which indicates prescribing doctor and dosage

- ___ Copy of most recent income tax return 1040 form (first two pages only) or 4506 form if you do not file income tax.

- ___ Copy of proof of income from any additional sources not covered by tax form (ex: social security statement, unemployment statement, etc.).

- ___ Copy of photo ID, social security, or green card.

- ___ Copy of health insurance cards

- ___ Printout showing current year medication expenses