

Cumberland County Medication Access Program

1235 Ramsey Street • Fayetteville, NC 28301 ☎ 910-433-3602

Application for Medication Assistance

Dear CCMAP Applicant,

Please complete the following 2 pages and return the completed application to CCMAP during business hours & we will schedule you an appointment to be interviewed and enrolled into our program. Wait times for interviews are currently 1-3 weeks.

Your appointment is with _____

at _____ on _____
Time Date

***** Please note if you are more than 15 minutes late for your appointment we may need to reschedule your interview.***

Eligibility requirements for the CCMAP program are:

- Patients must **NOT** have any form of prescription insurance, such as Medicare Part D, Medicaid or any other 3rd party insurance.
- Must be a resident of Harnett, Cumberland, Sampson or Hoke County
- Must meet CCMAP financial criteria
 - ❖ Acceptable forms of income and proof of residency are listed on page 3 of this application.

Thank-you,

The Staff of Cumberland County Medication Access Program

You can reach CCMAP at 910-433-3602 if you have any further questions or concerns.

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Do you have any form of insurance that covers prescription medications? Yes No

Patient Information:

Last Name _____ First Name: _____ Middle Int. _____

Date of Birth: _____ Gender: M "F SSN#: _____ - _____ - _____

Street Address: _____

City _____ State _____ Zip _____

County: Cumberland Harnett Sampson Hoke other _____

Telephone: Home (_____) _____ - _____ Other (_____) _____ - _____

Marital Status: Single Widowed Divorced Separated Married

Ethnicity: African-American Asian "Caucasian"Hispanic"Native American"Other

Did the applicant or applicant's spouse file a tax return last year? **Patient:** Yes "No " **Spouse:** Yes""No

Have you applied for Medicaid in the last 2 years? "Yes" No

Are you allergic to any medications, if so please list? _____

Do you have any of the following medical conditions? (Circle all that apply)

Blood pressure"Cholesterol"Asthma"Acid Reflux"Diabetes"Depression"Other: _____

Household Information:

Approximate Household Annual Income (gross)\$ _____

List Source of Income and/or Financial Support if No Income (do not leave blank)

***Proof of income and proof of county residency must be provided with this application.** If you list zero, no income, or financial support from friends or family, additional paperwork will need to be filled out prior to your interview.

In Household _____ (including self)

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

I attest that this information is true and accurate to the best of my knowledge. I attest I do not have prescription coverage.

Applicant Signature

Date

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CCMAP will accept the following as proof of county residency (**provide at least one of the following at your interview*)

- 1) A utility bill with your name and address
 - a. Light Bill, home phone bill or water bill
- 2) A county tax bill (current tax year)
 - a. Property tax statement or vehicle tax statement
- 3) A North Carolina issued ID
- 4) Letter from a Homeless Shelter

CCMAP will accept the following as Proof of Household Income: Provide all that apply.

(Household Income is required for all applicants. All persons in the Household who have income or receive assistance must submit proof of that income/assistance for the applicant to be considered and qualified for enrollment into the medication assistance program.)

	1) Pay Stubs (1 months worth) AND 2011 tax return (1040, 1040a, 1040b, Schedule C, etc.) ► If you filed taxes, it is required that you turn in a copy of your tax return.
	2) 2012 Award Letter for Social Security
	3) 2012 Retirement Pension Statement
	4) 2012 Alimony/Child Support Statement
	5) 2012 Unemployment Benefit Statement
	6) CCMAP's Contribution Statement ► If you have no documented proof of household income, you will need to complete this form explaining how your monthly expenses are paid
	7) 2012 Food Stamp Letter
	8) 2012 Housing Assistance Letter
	9) If you <u>DID NOT</u> file taxes for 2011 the following information is REQUIRED ► W-2 statement(s) with Verification of Non-filing (VON*) ► You can obtain a VON* by calling the IRS at 1-800-908-9946 <p style="text-align: center;">OR</p> ► CCMAP can provide you with the 4506T application to request a VON* from the IRS

The following will not be accepted as Proof of Income:

- 1) Hand written notes/letters
- 2) ****Old tax returns if after May 1st of the new tax year (In May 2012, we will no longer accept 2010 tax returns as proof of income)We will only accept 2011 tax returns after May 1st, 2012.**
- 3) Outdated, old or illegible statements of any kind.