

**Cumberland County
Medication Access Program**

1235 Ramsey Street
Fayetteville, NC 28301

**Application for
Medication Assistance**

*Reminder to attach
required documents.

Patient's Last Name _____

Patient's *First Name*: _____ *Middle Name* _____

Date of Birth: _____ Gender: Male Female

Social Security Number: _____ - _____ - _____

Street Address: _____

City _____ State _____ Zip _____

*County (circle one): Cumberland Harnett Sampson Hoke other _____

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

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

In Household _____ (including self) # in Household under 18 years of age _____

Marital Status (circle one): Single Widowed Divorced Separated Married

If married please provide spouse's name and Social Security Number: _____

Ethnicity: African-American Asian Caucasian Hispanic Native American Other

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: _____

*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. Please staple to application. Application cannot be processed with proof of income/residency attached. If you list zero or no income, or financial support from friends or family, additional paperwork will need to be filled out prior to your interview.**

Did the applicant or applicant's spouse file a tax return last year?

Patient: Yes or No Spouse: Yes or No

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

I attest that this information is true and accurate to the best of my knowledge. I attest I do not have prescription coverage. I will notify staff immediately if my financial or insurance status changes. I agree to update this information annually and as required by CCMAP and I agree to provide supporting documents as requested. I authorize the release of my personal health information in order to obtain medications through CCMAP. I agree you may contact my physician. I acknowledge I have received a copy of the CCMAP Frequently Asked Questions hand out and that I will comply with program requirements or I will be dismissed from the program according to the CCMAP Policies which will be reviewed with each patient during the interview.

Applicant Signature _____ Date _____

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1235 Ramsey Street Fayetteville, NC 28301
(910) – 433 - 3602

*Before you leave today, please make sure we have answered all your questions about what you need to bring with you to your interview.
Thank you.*

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 current lease/rental agreement
- 4) A North Carolina issued ID (must be current within 3 months)

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) 2010 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. ► If you DID NOT file taxes for 2010 a 4506T – IRS Verification of Non-Filing (VON*)
	2) W-2 statements with Verification of Non-filing (VON*)
	3) 2011 Award Letter for Social Security
	4) 2011 Retirement Pension Statement
	5) 2011 Alimony/Child Support
	6) 2011 Unemployment Benefit Letter
	7) 2011 PEBES/FICA (Can be obtained at the Social Security Office)
	8) CCMAP's Zero Income Letter
	9) CCMAP's Contribution Statement
	10) 2011 Food Stamp Letter
	11) 2011 Housing Assistance Letter
	12) Letter from a Homeless Shelter
	13) Pay stubs – <i>may be used</i> if your income has decreased substantially since filing a 2010 tax return ► Must submit tax return
►	**A VON* is a verification of Non-Filing form from the IRS and is required for most applicants (unless you turn in a current tax return). CCMAP can provide you with the 4506T application to request a VON. The patient will need to mail or fax the VON and when the verification arrives from the IRS, the patient will bring the form to CCMAP.

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 2011, we will no longer accept 2009 tax returns as proof of income) We will only accept 2010 tax returns after May 1st, 2011.**
- 3) Outdated, old or illegible statements of any kind.

Remember to Bring all Household Income with you to your appointment so you don't have to reschedule!

Applicant Signature _____ Date _____

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Dear CCMAP Applicant,

Please complete the previous 2 pages & attach up to date household income & proof of county residency.

Please note that if you have no documented proof of household income or if your only documented household income is food stamps, you will need to complete a "Zero Income Verification" letter and/or a "Contribution Statement" explaining how your monthly expenses are paid. Both these forms are available by request at CCMAP.

You will also be required to submit a PEBES form if you have no personal income. The PEBES form can be obtained at the Social Security Office on Rowan Street in Fayetteville.

Acceptable proof of residency includes any of the following that have been issued within the last 3 months: power bill; home phone bill; water bill; property or vehicle tax bill; current lease/rental agreement; or a North Carolina issued ID. Proof of residency must include your name and address. If you need a North Carolina ID they are issued at the Department of Motor Vehicles.

You may return the completed application and income attachment along with household income & proof of to CCMAP during business hours & we will schedule you for an appointment to be interviewed and added to our program. Wait times for interviews are currently 2-3 weeks. If the application is incomplete, an interview will not be scheduled. Call us at 433-3602 if you have any questions when completing these forms.

Thank-you,

The Staff of Cumberland County Medication Access Program

Applicant Signature _____ Date _____