

West Caldwell Health Council, Inc.
Collettsville Medical Center/Happy Valley Medical Center

FREE MEDICATION PROGRAM

Things to remember:

1. If you receive any information from your drug company, please contact me.
2. If any medications are delivered to you home, please contact me.
3. Please get in touch with me at least 4 weeks prior to being out of medications.
4. Remember in some cases you may have to purchase your medications at your pharmacy.
5. Please contact me with medication changes.
6. At the first of each new year, you will need to furnish me with your current income tax.
7. Please remember to be patient while waiting for your free medications to arrive. It may take 4-6 weeks for medications to arrive. By signing below, I give WCHC permission to sign all medications applications for me to get free medications.

If you have any questions about the free medication program, please call Lisa Gurley at 754-2409 ext 102.

PLEASE FILL THIS FORM OUT COMPLETELY.

FULL NAME _____

MAILING ADDRESS _____

City _____, STATE _____, zip code _____

Telephone # _____, cell phone # _____

Male or female DATE OF BIRTH _____

Social security # _____, DISABLED-YES OR NO

EMPLOYMENT STATUS _____

NUMBER OF PEOPLE IN HOME, INCLUDING YOU _____

TOTAL MONTHLY INCOME FOR HOUSEHOLD\$ _____

MARITAL STATUS _____ RACE _____

DRUG ALLERGIES _____, INSURANCE-YES OR NO

Name of your doctor _____

Your signature _____

Date _____