

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. Call 910-433-3602 & we will schedule you an appointment to be interviewed for enrollment into our program. Please complete the application and bring it with you on the day of your interview. Wait times for interviews are currently 1-3 weeks.

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 to schedule your interview or if you have any further questions.

Your appointment is with _____

at _____ on _____
Time Date

***Please DO NOT PULL A NUMBER when you come for your interview,
Inform the employee that you have an appointment.***

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

- If you need to cancel an appointment, you can call and speak with a staff member.
- If an appointment is not cancelled, it will count as a no-show. If you have 2 no-shows, you will be unable to reapply for the program for **one** year.
- If you do not show up for your interview, you will be rescheduled **one** additional time.
- If you have not been interviewed within 8 weeks of application your application will be shredded.

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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.

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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 2020 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) 2021 Award Letter for Social Security
	3) 2021 Retirement Pension Statement
	4) 2021 Alimony/Child Support Statement
	5) 2021 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) 2021 Food Stamp Letter
	8) 2021 Housing Assistance Letter
	9) If you <u>DID NOT</u> file taxes for 2020, the following information is REQUIRED ► W-2 statement(s) with Verification of Non-filing (VON*) CCMAP can provide you with the 4506T form to request a VON* from the IRS after June 1st 2021.

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 2021, we will no longer accept 2019 tax returns as proof of income)
- 3) Outdated, old or illegible statements of any kind.