



MEDICAL ASSISTANCE PROGRAM APPLICATION

Batavia RSVP, Inc.

327 W. Wilson St. Batavia, IL 60510

630-406-9993

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Birth Date _____

Primary Physician _____ City _____ Phone _____

Pharmacy Normally Used* _____ City _____

****If approved you must obtain your medications from Osco Drug Pharmacy – Batavia***

PLEASE NOTE: ALL INFORMATION GIVEN ON THIS APPLICATION IS CONFIDENTIAL

	Yes	No
Do you currently have prescription medication under the Illinois Cares or Circuit Breaker Pharmaceutical Program?	<input type="radio"/>	<input type="radio"/>

Do you have insurance other than Medicare that reimburses you, in whole or in part, for the costs of prescription medications?	<input type="radio"/>	<input type="radio"/>
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Please list the amount of every portion of your annual income:

Social Security \$ _____

Pension \$ _____

Interest, Dividends and Capital Gains \$ _____

Salary \$ _____

Other Sources of Income (e.g., rental, gifts, etc.) \$ _____

Total Annual Income \$ _____

Note: The following two (2) pieces of information **MUST** be submitted with this application:

1. A copy of your most recent Federal or State Income Tax Return (preferred) or Statement of Social Security Benefits
2. A listing of your out of pocket expenses for prescription medications over the past 12 months. This can be obtained from your pharmacist. **(This is needed for first-time applicants only.)**

I certify that the above information is an accurate and complete disclosure of the requested information.

Applicant's Signature _____ Date _____