



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

**HOLMES COUNTY HEALTH DEPARTMENT
PRESCRIPTION ASSISTANCE PROGRAM
INTAKE FORM**

Patient's Name _____ Marital Status: Married
Address: _____ Divorced
Single
Widow

Patient's Phone Number: _____

Patient's SS Number _____ - _____ - _____ Spouse's SS Number _____ - _____ - _____

Patient's Birthday _____

Physician's Name _____

Drug Allergies _____

Medication _____ Health Problem _____

Medication _____ Health Problem _____

Medication _____ Health Problem _____

Medication _____ Health Problem _____

Medication _____ Health Problem _____

Household Income: Monthly: _____ Yearly: _____

Number in household _____

Veteran? Yes No Disabled? Yes No Do you file income tax? Yes No

Income source: SS _____ SSD _____
Wages _____ Checking _____
Other _____ Food Stamps _____

Receiving Medicare? Yes No Medicaid? Yes No

A COPY OF ONLY ONE OF THE FOLLOWING ITEMS IS NEEDED:
Copy of current Income Tax Copy of last bank statement
Copy of recent pay stubs
4506T (for individuals who do not file Income Tax)

"Promote, protect and improve the health of all people in Florida"