

Richmond County



Pharmacy Assistance  
Program

**Contact us:**

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Pharmacy Assistance  
Program**

127 Caroline Street  
Rockingham, NC 28345  
(910) 417-4909

## Application Checklist

1. \_\_\_\_\_ **Application** Completed and **signed** by you.
2. \_\_\_\_\_ **Original Prescription** No bottles, lists, copies, or transfers please. Call your doctor to have them e-scribe or fax(704-536-9812) prescriptions directly to our pharmacy. Please any mail hard copies.
3. \_\_\_\_\_ **Proof of Residency** Any document with **your name and current address**. Examples include: State ID (driver's license), utility or medical bill, lease, food stamp letter, Medicaid Denial, Medicare Denial, or any government issued letter.
4. \_\_\_\_\_ **Proof of Current Income or No Income** Examples include (Please include **income of spouse** if married):  
All income documents must be dated within **the last 60 days**.
  - If working a **job**, a month's worth of consecutive pay stubs (4 pay stubs if paid weekly, 2 if paid bi-weekly or 1 if paid monthly). If you cannot access your pay stubs, complete an **Income Verification Form**. W-2s not accepted.
  - If you are receiving **VA benefits, workers comp, or short term disability**, we need a current year statement.
  - If you receive **retirement/Pension income**, we need a statement for the current year.
  - If you receive **Social Security**, we need a **2020 year statement**. If you receive **Social Security Disability**, we also need a "**Notice of Award**" (1099 not accepted).
  - If you receive **child support**, we need a statement with current amount received in the last month.
  - If you are receiving **unemployment benefits**, we need proof of Employment Security Commission unemployment benefits.
  - If you are **paid in cash**, please complete the **Self-Employment Form**.
  - If you are **self-employed** or receive other taxable income, please attach the **Schedule C, D, E, and F** along with your tax return and **Schedule 1**.
  - If you are **not currently working**, you will need to have the person who is providing you with support (such as room and board, bills) sign the **Letter of Support** enclosed in the application.
  - If you are in a **shelter or a residential program**, we need a letter stating you live there or are in a program.
  - If you are **homeless and/or move from place to place**, please have your health provider write a letter of no income or please complete a **Zero Income Statement**. Non-working spouses must also complete this form.
  - If you have recently lost your income due to COVID-19, you can complete the **COVID-19 Income Loss Form**.
5. \_\_\_\_\_ **Proof of Tax Filing or Non-filing** Examples include (1040 if you filed taxes or 4506T if you did not file taxes):
  - **4506-T** If you **did not file taxes**, please sign and date the **4506-T** form as verification of non-filing.
  - **1040** If you filed taxes, **please provide the 1040** from your federal income tax return. Please include your spouse's return if you are married. W-2s not accepted. **Please sign and date your tax return**.