

Richmond County



Pharmacy Assistance
Program

Bring form to:

Richmond County
Pharmacy Assistance Program
127 Carolina Street
Rockingham, NC 28379
(910)417-4909

Documentation of Homelessness

I, _____, swear or affirm, to the best of my knowledge and belief, that I am currently homeless. I currently do not have any income and I receive my mail at the following address:

_____.

Date of Birth _____

Signature _____

Date _____

Additional information (if needed):
