## REGAS & HAAG, Ltd

Attorney at Law 3969 Convenience Circle, NW Suite 101 Canton, Ohio 44718

(330) 649-9102

FAX (330) 649-9103

## ASSISTANCE INFORMATION FOR STARK COUNTY OHIO

### STARK COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

Canton Office 220 East Tuscarawas Street Canton, Ohio 44702 Telephone (330) 452-4661 Toll Free (888) 698-6893 Fax (330) 451-8928 TDD: (330) 451-8879 Alliance Office 405 South Linden Avenue Suite 102 Alliance, Ohio 44601 Telephone (330) 829-9575 Fax (330) 829-9627

Website www.djfs.co.stark.oh.us

Apply for food stamps, cash assistance, Medicaid and/or Medicare and other emergency assistance.

## Home Energy Assistance Program (HEAP)

Toll Free 1 (800) 282-8000 TDD: 1 (800) 868-1557

Website www.odod.state.oh.us/cdd/ocs/heap.htm

Apply for utility assistance

#### UNITED WAY of Stark County, Ohio

322 Second Street NW Canton, Ohio 44702 Telephone (330) 455-INFO (4636) or Dial 211

Website www.uwgsc.org

United Way's 2-1-1 and Information & Referral can link you or someone you know to vital services throughout Stark County. 2-1-1 and Information & Referral

is Stark County's one-stop referral service that can quickly answer your questions regarding child care, senior services, programs for the entire family and much more. In addition, the United Way's 2-1-1 and Information & Referral Specialists can also help locate resources for more difficult problems, such as mental health counseling, terminal illness, alcoholism, drug abuse, family violence, disabilities and others. United Way's 2-1-1 and Information & Referral is a user-friendly phone service that offers a direct-help line for employees, professionals and the general public.

United Way is a source of abundant information. The staff at the United Way are very friendly and willing to help with any information they can provide.

STARK COUNTY COMMUNITY ACTION AGENCY 1326 Market Avenue North Canton, Ohio 44714

Telephone (330) 580-9347 Fax (330) 580-9359

Website www.starkfip.org

A great source for education assistance.

#### **NOVA Behavioral Health**

832 McKinley Avenue NW Canton, Ohio 44703

Telephone (330) 455-9407

Website www.novabehavioral.org

#### STARK COUNTY HEALTH DEPARTMENT

3951 Convenience Circle NW Canton, Ohio 44718

Telephone (330) 493-9904

Website www.starkhealth.org

Adult Health Clinics are free clinics that are held at various locations throughout Stark County. The area public health nurse is available to listen to your concerns and understand your health care needs. Services include: blood pressure screening, health education, referrals as needed, medication discussion,

## Ohio's Best Rx

Website: www.ohiobestrx.org

Are you or anyone in your family:

- A resident of Ohio with no prescription drug insurance coverage, 60 years of age or over; OR
- A resident of Ohio with no prescription drug insurance coverage, under age 60 with an annual income less than \$23,940 (single), \$32,100 (family of two), \$40,236 (family of three) or more based on family size.

If you answered "yes" to either of these questions, you may be eligible for Ohio's Best Rx drug card. Contact the participant help desk at 1-866-923-7879; TTY users should call 1-866-763-9630, Monday through Friday 8:00AM to 9:00PM, Saturday 9:00AM to 6:00PM, Sunday 12 Noon to 5:00PM EST.

Mailing address: Ohio's Best Rx P O Box 408 Twinsburg, Ohio 44087 State Program Office: Ohio's Best Rx Ohio Department of Job & Family Services Office of Family Stability 145 South Front Street, 2<sup>nd</sup> Floor Columbus, Ohio 43215 Phone: 1-614-466-9783

(See Attachment)

GOODWILL INDUSTRIES of East Central Ohio

408 – 9<sup>th</sup> Street SW Canton, Ohio 44707 Telephone (330) 454-9461 Fax (330) 454-9465

Website www.goodwillcanton.org

The Goodwill Industries of East Central Ohio offers many programs such as:

- Resume Writing and Interviewing Skills
- Interviewing Skills
- Work Evaluation
- <u>Career Preparation</u>
- Parenting Skills Training
- Work Orientation
- Job Seeking Skills Training
- <u>Specialized Placement</u>
- Job Tryout Assessment
- Job Trainer Services

- <u>Community Work Experience</u>
- Speech, Language, and Hearing
- Service Dog Training
- Job Track

## **Goodwill Thrift Shoppe Locations**

- 408 Ninth St. SW, Canton, Ohio 330-454-9461 Ext. 213
- 950 S. Main, North Canton, Ohio 330-494-2464
- 1145 Lincolnway East, Massillon, Ohio 330-834-3494
- 2254 Locust St., Canal Fulton, Ohio 330-854-3453
- 2029 W. State St., Alliance, Ohio 330-821-4880
- 1002 30th St. NW, Canton, Ohio 330-649-9179

Bureau of Vocational Rehabilitation (BVR)

401 Market Ave. N., Suite 200 Canton, OH 44702-1543 Telephone (330) 438-0500 FAX (330) 438-0566 TTY (330) 438-0555

Website: www.rsc.ohio.gov

These services may include:

- continuing education or specialized job training, including supplies and books;
- work adjustment training;
- tools and equipment, including assistive technology or adaptive devices/low vision aids which enable you to work;
- on-the-job training; and
- job placement and follow-up.

#### YMCA

Website: www.ymca.net

*YMCA of Central Stark County* 405 2nd St NW, Canton, OH 44702 Telephone: 330-580-4162

*YMCA of Western Stark County* 131 Tremont Ave SE, Massillon, OH 44646 Telephone: 330-837-5116

*Lake Community YMCA* 11928 King Church Ave, Uniontown, OH 44685 Telephone: 330-877-8933

Louisville Area YMCA 1421 Nickel Plate Ave S, Louisville, OH 44641 Telephone: 330-875-1611

*Minerva Area YMCA* 687 Lynnwood Dr, Minerva, OH 44657 Telephone: 330-868-5988

*Alliance YMCA* 205 S Union Ave, Alliance, OH 44601 Telephone: 330-823-1930

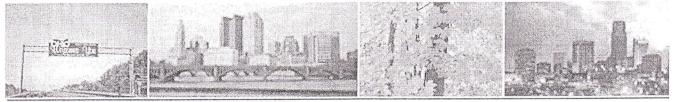
#### YWCA

Website: www.ywca.org

*YWCA Alliance* 239 East Market Street Alliance, Ohio 44601 Telephone (330) 823-1840 Fax (330) 823-1841

*YWCA Canton* 231 – 6<sup>th</sup> Street NE Canton, Ohio 44702 Telephone (330) 453-7644 Fax (330) 453-2735

YWCA Massillon 876 Amherst Road NW Massillon, Ohio 44646 Telephone (330) 834-0254 Fax (330) 834-0402



# Rx For Ohio

#### **Prescription Assistance**

Do you, or does someone you know, need help affording prescription drugs? Did you know that the pharmaceutical industry provides prescription drugs to people who qualify for assistance? There are also government programs to help people afford prescription drugs. <u>Click here</u> to learn more about these programs.

Do you know someone that might benefit from being able to search for prescription assistance programs online, but they don't have a computer? <u>Click here</u> to see how to find publicly available internet-capable computers in your community.

## About Patient Assistance Programs

What are Patient Assistance Programs?

The research-based pharmaceutical industry has a long tradition of providing prescription medicines free of charge to patients who might not otherwise have access to necessary medicines. Generally, a Patient Assistance Program provides prescription medicines to patients who do not have prescription drug coverage or who are underinsured through either private and/or government health plans.

For many years, the innovator pharmaceutical companies, that research and develop new drugs, have been concerned that patients did not have access to the newest and most effective medicines available. Since as early as the 1950s and 1960s, pharmaceutical companies have worked with doctors to identify patients in need who would benefit most from these programs.

Patient Assistance Programs are the Pharmaceutical Industry's best-kept secret. Many PAPs have been organized in the past ten years. However, two date back to the 1950s, one was formed in the 60's, two were formed in the 70's, and two started in the 80's. Many drugs have been supported by Patient Assistance Programs for some time. To make it easier for patients and physicians to find information about company-sponsored programs, PhRMA, the Pharmaceutical Research and Manufacturers of America, put together a directory of programs in 1992 to Prescription Assistance | Resources | Who

## Who We Are

RxForOhio.org is a service brought to you by a collaboration of concerned individuals and organiz joining America's pharmaceutical companies to im health care access for the citizens of Ohio.

Users can now search over 1,400 medications in ( government, industry and privately-sponsored pro from one central point. If you have any questions ; For Ohio or how to use the site, please contact via at rxforohio@hotmail.com. We'll get back to you ri away.

Click <u>here</u> to see a complete list of RxForOhio sug and get links to their web sites.

Supporters of RxForOhio.org include:



PLARM.

Pharmaceutic: Research and Manufacturers America





The Ohio Heal Advocacy Netw



Ohio Hematology-Oncology Society



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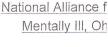
#### provide all company program information in one place.Each individual company sponsoring a patient assistance program(s) is listed on RxforOhio.org.

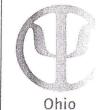
Each company determines the eligibility criteria for its program; eligibility criteria and the application processes vary. Basic eligibility criteria generally involve income requirements, family size, and status of insurance coverage for prescription drugs.

more>>>



Ohio State Medical Association





Psychologic Association

The Ohio Psycho Association



Central Ohio Brea Association

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Toledo/Lucas County Carenet



Rx For Ohio - Main Page

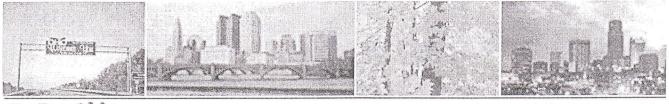
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The Leukemia & Lymphoma Society, Southern Ohio Chapter

For more information on the supporters of RxforOhio.org, please visit our Who We Are page.

Rx for Ohio | 172 East State Street | Suite 410 | Columbus, Ohio 43215 | (877) Rx4Ohio | Email Us!



## **Rx For Ohio**

Prescription Assistance | Resources | Who

Local Assistance Information

#### County:

Stark

#### Program:

Stark Prescription Network

#### Eligibility:

200% of the poverty level

#### **Description:**

The program is privately funded from 3 non-profit foundations, the Sisters of Charity Foundation, Communi Health Fund, and the Austin-Bailey Health and Wellness Foundation, to provide prescription drug assistant to the people of Stark County. Part of "Medshare" (Cincinnati). To see an explanatory diagram of this program, <u>click here</u>.

#### Details:

STARK COUNTY PRESCRIPTION ASSISTANCE NETWORK 1320 MERCY DR. NW, MERCY HALL CANTON, OHIO 44708 330-458-4272 FAX: 330-580-4793 E-MAIL carol.risaliti@csauh.com

The Stark County Prescription Assistance Network's mission is: To serve the medication needs of vulnerable populations in Stark County through advocacy, education, and coordination of services.

The Network provides health care through the free clinics and all of the patients medications needs are taken care of through the clinic pharmacy, pharmaceutical company programs and with samples. Each clin operates a pharmacy.

Patients who receive care and prescriptions from private physicians will be assisted through the Network's voucher program; pharmaceutical company patient assistance programs (PAP) and may buy medications through MedShare which offers drugs at reduced cost. The Network office, Catholic Charities of Stark County and Community Services of Stark County offer patients assistance with the application process with pharmaceutical companies. In addition, the Network is beginning to open sites at Senior Centers and churches throughout the community. Patients may call the Network office to determine the site that would I most convenient for them.

 $J^{i} \rightarrow J^{i} = U^{i}$ 





Bob Taft, Governor

## APPLICATION There is no application or enrollment fee

For additional assistance, contact us at 1-866-923-7879 (866-9BESTRX), TTY 1-866-763-9630 or go to our website, www.ohiobestrx.org.

## PLEASE PRINT CLEARLY AND USE INK

Complete one application form per individual or family (a family is a couple, a couple with children or an adult with children)

| Please I   | ist all family members whe | o are applying:                |            |            |
|------------|----------------------------|--------------------------------|------------|------------|
| First Name | Last Name                  | Relationship:<br><b>Self</b>   | Birth Date | Sex<br>M F |
| First Name | Last Name                  | Relationship:<br><b>Spouse</b> | Birth Date | Sex<br>M F |
| First Name | Last Name                  | Relationship:<br>Child         | Birth Date | Sex<br>M F |
| First Name | Last Name                  | Relationship:<br>Child         | Birth Date | Sex<br>M F |
| First Name | Last Name                  | Relationship:<br>Child         | Birth Date | Sex<br>M F |

Applicant(s) must live in Ohio; if applying as a family, all family members must also live at the same address.

|                | your home address? |                          |
|----------------|--------------------|--------------------------|
| Street Address |                    | City                     |
| State          | Zip Code           | Telephone Number:<br>( ) |

Applicant(s) cannot currently have prescription drug coverage (includes third party insurance from an employer or insurer, Medicaid, disability assistance or children's health insurance).

| Step 3: Do you have prescription drug coverage?   |
|---|
| No one applying for this program currently has or has had prescription drug coverage in the last 4 months.  |
| <ul> <li>Someone applying for this program had prescription drug coverage in the last four months but:</li> <li>The person(s) who had coverage is/are age 60 or older</li> <li>The insurance company that provided drug coverage has filed for bankruptcy</li> <li>The person(s) is/are no longer eligible for coverage through a retirement plan</li> <li>The person(s) is/are no longer eligible for Medicaid, disability medical assistance, or children's health insurance</li> </ul> |
| PLEASE COMPLETE THE BACK OF THIS FORM   |

## Note: If all applicants are age 60 or older, please skip Step 4.

If <u>under</u> the age of 60, your yearly or monthly family income cannot be more than income maximums in the chart below. Income maximums are based on the <u>total</u> number of family members not just those that are applying.

| 1 person                           | 2 people                    | 3 people                                      | 4 people                                      |
|------------------------------------|-----------------------------|---|---|
| \$23,940/yearly                    | \$32,100/yearly             | \$40,236/yearly                               | \$48,396/yearly                               |
| \$1995/monthly                     | \$2675/monthly              | \$3353/monthly                                | \$4033/monthly                                |
|                                    |                             |   |   |
|                                    |                             |   | <b>a</b> 1                                    |
| 5 person                           | 6 people                    | 7 people                                      | 8 people                                      |
| <b>5 person</b><br>\$55,556/yearly | 6 people<br>\$64,680/yearly | 7 people<br>\$72,840/yearly<br>\$6070/monthly | 8 people<br>\$81,000/yearly<br>\$6750/monthly |

Include the Social Security number of each family member reporting income

| Step 4: What is the income for each adult family member?            |                            |                              |                        |
|---|----------------------------|------------------------------|------------------------|
| Self:   | Yearly Income or<br>\$     | Last 3 months<br>\$          | Social Security Number |
| Spouse:<br>(even if spouse is not applying                          | \$                         | \$                           |                        |
| for Ohio Best Rx)<br>Child over 18 (if applying):                   | \$                         | \$                           | 10 12 3.00             |
| Child over 18 (if applying):<br>Income must include alimony, intere | \$<br>st income on bank ac | \$<br>counts and property of | or additional income   |

## YOU MUST SIGN THIS APPLICATION TO APPLY FOR OHIO'S BEST RX

| Statement of Truth  |
|---|
| I affirm that the information and any documentation provided in this application is true, complete and accurate to the best of my knowledge and belief. |
| If signing on behalf of the applicant, I also affirm that I am authorized to do so.   |
| PLEASE NOTE: Knowingly making a false statement on this form is the offense of falsification, a misdemeanor of the first degree.                        |
| Date<br>Signature or mark of Applicant  |
| Date  |
| Signature of Representative (if applicable)   |
| Representative's Telephone Number:  |
| Signature of Representative = Legal Guardian/Custodian or Authorized Representative   |
| Signature authorizes release of information and enrollment into the Program   |
| IF FAXING THIS APPLICATION, YOU MUST FAX BOTH SIDES TO 1-877-923-7879 or MAIL TO:   |

OHIO'S BEST RX P.O. BOX 408 TWINSBURG, OHIO 44087-0408

November 2004