

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 WAYNE COUNTY OHIO

WAYNE COUNTY DEPARTMENT OF JOBS AND FAMILY SERVICES

356 West North Street
P O Box 76
Wooster, Ohio 44691
Telephone (330) 287-5800
Fax (330) 287-5899
TTY/TDD (330) 264-2065

Apply for cash assistance, Medicaid, Food Stamps and other available help.

UNITED WAY OF WAYNE AND HOLMES COUNTIES

215 South Walnut Street
P O Box 548
Wooster, Ohio 44691-0548
(330) 264-5576

InfoLink

(800) 247-9473
(330) 263-6363

InfoLink offers free, confidential and comprehensive information and referral services to residents of Wayne and Holmes Counties. InfoLink is able to direct people to community resources where they find answers to questions such as:

- Resources for older adults
- Government agencies
- Support groups
- Housing assistance
- Emergency food, clothing and shelter
- Parenting assistance
- Addiction recovery resources
- Crisis intervention services
- Domestic Violence Agencies
- Social Services

- Employment Services
 - Applications for medication
-

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

PRESCRIPTION DRUG ASSISTANCE

Rx For Ohio

Website: www.rxforohio.org

Rx for Ohio is primarily an internet based service. You will need access to a computer. You can go to your local library if you do not have your own computer.
(See attachment)

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, 2nd Floor
Columbus, Ohio 43215
Phone: 1-614-466-9783

(See Attachment)

Wayne County Health Department Office

www.wayne-health.org

Walnut Street Office

203 South Walnut Street

Wooster, Ohio 44691

(330) 264-9590

Monday – Friday 8:00AM – 4:30PM

The Wayne County Health Department Provides Patient Care Services

The Counseling Center of Wayne and Holmes Counties

2285 Benden Drive

Wooster, Ohio 44691

(330) 264-9029

www.ccwhc.org

The Center provides a comprehensive array of treatment services and also offers a number of specialized programs designed to prevent mental and emotional problems, or to provide ongoing support and assistance to persons with more severe forms of mental illnesses. Some Center services include:

- Counseling
- Psychological rehabilitation services
- Crisis Intervention
- Specialized services for children
- Community support programs
- Community education and prevention
- Stress management
- Time management
- Parenting
- Suicide prevention
- Assertiveness training
- Communication skills
- Divorce adjustment
- Self-esteem
- Management training
- Team building
- Coping with the holidays

GOODWILL INDUSTRIES OF WAYNE AND HOLMES COUNTIES

1034 Nold Avenue
P O Box 1188
Wooster, Ohio 44691
(330) 264-1300
www.woostergoodwill.com

To help people with disabilities and barriers to employment make the transition to independence through education, training and employment services.

Retail Locations:

Loudonville Thrift Shoppe
16630 State Route 3
Loudonville, Ohio 44842
(419) 994-2323

Millersburg Thrift Shoppe
1659 South Washington Street
Millersburg, Ohio 44654
(330) 674-9222

Orrville Thrift Shoppe
351 Smithville Road
Orrville, Ohio 44667
(330) 684-2050

Rittman Thrift Shoppe
260 N. Main Street
Rittman, Ohio 44270
(330) 925-3082

Wooster Thrift Shoppe
1991 Portage Square Plaza
Wooster, Ohio 44691
(330) 262-7196

Wooster Bureau of Vocational Rehabilitation (BVR)

534 Riffel Road, Suite D
Wooster, Ohio 44691
(800) 716-1594 or
Voice/TTY (330) 345-8200

Website: www.rsc.ohio.gov

BVR 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

www.ymca.net

YMCA of Wooster Ohio
680 Woodland Avenue
Wooster, Ohio 44691
(330) 264-3131

YMCA of Orrville Ohio
1801 Smucker Road
Orrville, Ohio 44667
(330) 683-2153

Dalton – Kidron Family Center YMCA
100 Kurzen Road North
Dalton, Ohio 44618
(330) 682-1033

YMCAs are for people of all ages, abilities and incomes. They count older adults as some their most loyal members. At YMCAs, older adults have a chance to keep active and grow in spirit, mind and body. New friends and new opportunities add joy to life, and the Y also gives seniors a chance to share their time and talents with others, such as children and teens.

OHIO DOMESTIC VIOLENCE NETWORK

Recognizing Domestic Violence

- Violence may impact a child's development and a parent's ability to care for that child
- Without intervention, domestic violence usually increases in frequency and severity

SOME SIGNS TO LOOK FOR

Parent displays:

- Unexplained injuries, especially during pregnancy
- Physical symptoms related to stress (trouble sleeping, fatigue, frequent headaches, stomachaches)
- Abuse of alcohol or drugs
- Lack of interest in things, appears detached
- Fear of partner or reluctance to speak in front of partner
- Isolation or lack of support system

Child displays:

- Fear of father (who is usually the abuser) or other adults
- Fear of leaving the mother (who is usually the victim)
- Eating or sleeping problems
- Nervousness, jumpiness, or frequent crying
- Violent behavior, acting out or appearing withdrawn

Helpful things to say to a victim of domestic violence:

- "You're doing a great job dealing with this situation."
- "No one deserves to be treated this way."
- "I'm afraid for your safety." Or "I'm afraid for the safety of your children"
- "Abuse usually gets worse not better."
- "You deserve to make your life safe and happy."
- "I believe you."
- "You are not alone. You can ask for help."

Help the victim access support

- Have you talked to anyone else about your situation?
- If there anyone that could help you if you needed it?
- Have you considered calling you local Domestic Violence program?

Provide information about the local domestic violence program:

If you would like further information about resources available in your area to victims of domestic violence, contact Ohio Domestic Violence Network (ODVN) at 1-800-934-9840.

(the above information was provided by the ODVN)



Rx For Ohio

Prescription Assistance | Resources | Who

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. [Click here](#) 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? [Click here](#) 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

Who We Are

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

Users can now search over 1,400 medications in government, industry and privately-sponsored programs 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 right away.

[Click here](#) to see a complete list of RxForOhio supporters and get links to their web sites.

Supporters of RxForOhio.org include:



[Abbott/Ross Laboratories](#)



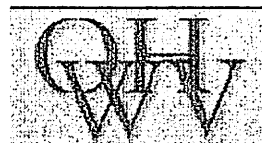
[Pharmaceutical Research and Manufacturers of America](#)



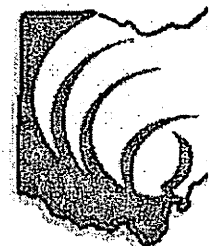
[Procter & Gamble](#)



[The Ohio Health Advocacy Network](#)



[Ohio Hematology-Oncology Society](#)



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

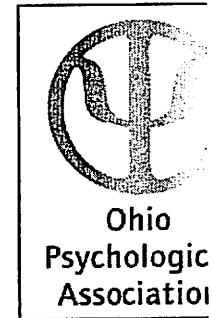
Each company determines the eligibility criteria for its program; eligibility criteria and the application processes vary. Basic eligibility criteria generally involve income requirements, family size, and status of insurance coverage for prescription drugs.

[more>>>](#)

[National Alliance f
Mentally Ill, Oh](#)



[Ohio State Medical
Association](#)



[The Ohio Psycho
Association](#)



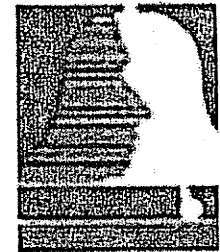
[Ohio State Grange](#)



[The Ohio Academy of
Family Physicians](#)



[Epilepsy Foundation of
Central Ohio](#)



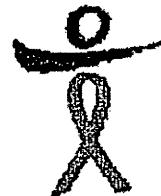
[Mental Health
Association of Fra
County](#)



[The Center for Health Affairs](#)



[Epilepsy Foundation of
Greater Cincinnati, Inc.](#)



[COLUMBUS
AIDS
TASK
FORCE
Columbus Aids Task
Force](#)



[SCDA
Ohio Sickle Cell Dis
Health Associa](#)



[Prevent Blindness
Ohio
Prevent Blindness Ohio](#)



[Epilepsy Foundation of
Northeast Ohio](#)



[Toledo/Lucas County
Caretet](#)




[Central Ohio Bre
Association](#)


American Cancer Society -
Ohio Division Inc.

Ohio AIDS Coalition

Neighborhood Health
Centers



LUPUS
Foundation of America
Lupus Foundatio
America, Northwe
Chapter



Epilepsy Center, Toledo


United Cerebral Palsy of
Central Ohio


Lutheran Social
Services of Central Ohio


American Heart
Association
Fighting Heart Disease and St
American He
Association--Centr
Affiliate


Community
Health Charities
Ohio
WORKING FOR A HEALTHY AMERICA
Community Health Charities of
Ohio


CROHN'S & COLITIS
FOUNDATION OF AMERICA
Crohn's & Colitis Foundation
of America, Southwest Ohio
Chapter


ALZHEIMERS
ASSOCIATION
Someone to Stand by You
Alzheimer's Association,
Dayton Chapter



AMERICAN
LUNG
ASSOCIAT
of Ohio
American Lung Ass
of Ohio


The Leukemia & Lymphoma
Society, Northern Ohio Chapter


Ohio Osteopathic Association

American
Liver
Foundation
American Liver
Foundation, Ohio


NK
National Kidn
Foundation


The Leukemia & Lymphoma Society, Southern Ohio Chapter

OAHCA
Ohio Advocates for
Health Care Access
Ohio Advocates for Health Care Acces

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!



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

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

Step 1: How many people are in your family? <input type="text"/>				
Please list all family members who are applying:				
First Name	Last Name	Relationship: Self	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: Spouse	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: Child	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: Child	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: Child	Birth Date MM DD YYYY	Sex M F
If you have additional children, please list them on a separate sheet and attach to this form.				

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

Step 2: What is your home address?		
Street Address		City
State	Zip Code	Telephone Number: ()

- 4 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?	
<input type="checkbox"/> No one applying for this program currently has or has had prescription drug coverage in the last 4 months.	
<input type="checkbox"/> Someone applying for this program had prescription drug coverage in the last four months but: <ul style="list-style-type: none"><input type="checkbox"/> The person(s) who had coverage is/are age 60 or older<input type="checkbox"/> The insurance company that provided drug coverage has filed for bankruptcy<input type="checkbox"/> The person(s) is/are no longer eligible for coverage through a retirement plan<input type="checkbox"/> The person(s) is/are no longer eligible for Medicaid, disability medical assistance, or children's health insurance	

PLEASE COMPLETE THE BACK OF THIS FORM

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

- ✚ If under 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 total number of family members not just those that are applying.

1 person	2 people	3 people	4 people
\$23,940/yearly \$1995/monthly	\$32,100/yearly \$2675/monthly	\$40,236/yearly \$3353/monthly	\$48,396/yearly \$4033/monthly
5 person	6 people	7 people	8 people
\$55,556/yearly \$5340/monthly	\$64,680/yearly \$5390/monthly	\$72,840/yearly \$6070/monthly	\$81,000/yearly \$6750/monthly

- ✚ Include the Social Security number of each family member reporting income

Step 4: What is the income for each adult family member?

	Yearly Income	or	Last 3 months	Social Security Number
Self:	\$ <input type="text"/>		\$ <input type="text"/>	<input type="text"/>
Spouse: (even if spouse is not applying for Ohio Best Rx)	\$ <input type="text"/>		\$ <input type="text"/>	<input type="text"/>
Child over 18 (if applying):	\$ <input type="text"/>		\$ <input type="text"/>	<input type="text"/>
Child over 18 (if applying):	\$ <input type="text"/>		\$ <input type="text"/>	<input type="text"/>

Income must include alimony, interest income on bank accounts and property 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.

Signature or mark of Applicant

Date

Signature of Representative (if applicable)

Date

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