

Maine Rx Plus

Including Low Cost Drugs for the Elderly or Disabled (DEL) Benefit

Information and Application Form

Do you spend too much for prescription drugs?

Maine Rx Plus may be able to help you!

Enroll in Maine Rx Plus now and start saving on your prescriptions at participating Maine pharmacies.

More than 200,000 Maine residents are eligible.

For more information call toll free:

1-866-RxMaine (1-866-796-2463)

TTY/TDD 207-287-1828 or 1-800-423-4331

Maine Department of Human Services

How To Fill Out Your Application.

1. Person Applying

Give information about the person filling out the application. Be sure to provide the Social Security Number to avoid delays in processing.

2. Mailing Address

This is the address where you get your mail.

3. Household Members

List everyone who lives with you. Tell us if they want to enroll for this benefit. You need to list the Social Security Numbers for you, your spouse and those who are applying.

4. Citizenship

Answer only for people applying. This information is not shared with Immigration Services and will not affect applications for citizenship.

5. Disability

If anyone age 19 – 62 has a disability please check the box and write their name in the space provided.

6. Health Insurance

List anyone applying who has health insurance. Tell us about the insurance. MaineCare will pay for covered services after other insurance has paid their part.

7. Income

If you are employed please tell us the name of your employer, the amount you earn, how often you are paid, and your hours worked each week. If you expect changes in income in the next month, please tell us about this.

Tell us all the income information for you, your spouse and dependents living with you and any other person in your household who is applying.

8. Assets

List any assets owned by you, your children or your spouse who lives with you. Include assets owned jointly or together with anyone else.

A. Cashable Assets – This includes savings and checking accounts, certificates of deposit (CDs), credit union shares, stocks, bonds, annuities, individual retirement accounts (IRAs), Keogh, or profit sharing.

B. Real Estate – This includes any property you own.

C. Vehicles – This includes any motorized vehicle such as a car, truck, boat, camper, motor cycle, snowmobile, or ATV.

9. Help With Applying

If you would like us to contact someone to help fill out the application, tell us who this is and how to contact them.

How Can I Get Information Or Help Filling Out My Application?

Call the Maine Department of Human Services
toll free at 1-866-RxMaine (1-866-796-2463)

Or visit the Department of Human Services web site at:
www.maine.gov/dhs

Maine Rx Plus Application

Including Low Cost Drugs for the Elderly or Disabled (DEL) Benefit

Return to:
Department of Human Services
13 Prescott Drive
Machias, Maine
04654
Received _____

1. Person Applying

Your name (first, middle initial, last)		
Social Security Number	Birthdate (month/day/year)	Sex

2. Mailing Address

Street, PO Box, or RR (include apartment number, in care of, etc.)			
City	State	Zip	Phone
If different from your mailing address, give the address where you actually live:			

3. Household Members *List the people who live with you.*

First name	Last name	Sex	Birthdate	Relationship to you	Is this person applying for benefits?	Social Security Number for those applying

4. Citizenship *Answer only for people applying.*

Are all the people who are applying U.S. citizens? Yes No

If no, list their names and Alien Registration Numbers. This is on the back of the I-94 card.

Name	Alien Registration Number

5. Disability

Check here if anyone in your household has a disability. If yes, who _____

6. Health Insurance

Check here if you or anyone who is applying has health insurance. If yes, who _____

Name of insurance company _____ Policy# _____

Does this insurance cover prescription drugs? Yes No

7. Income *Answer for you, your spouse and dependents living with you and any other person in your household who is applying.*

Employer's name and phone number	Amount you earn	How often you are paid	Hours worked each week

(Income continued on other side.)

7. Income *(continued)*

List all gross income (before taxes). This includes income from wages and from other sources such as pensions, Social Security, Unemployment Compensation, interest income, Worker's Compensation, child support.			
Name of person with income	Source of income (wages, Social Security, etc.)	How often received?	Gross amount received <small>(Add to your check amount the total taken out to pay for your Medicare Part B premium)</small>
1.			
2.			
3.			
4.			
Self-Employment			
Name of person who is self-employed		Name of business	
List business income from the most recent federal tax return: Form 1040, line 12			
If you did not file a tax return, what is your yearly income from self-employment (minus business expenses)			

8. Assets *Compare only if you are applying for yourself along with your children and teens age 18 and under.*

A. Cashable Assets	Name(s) on account	Account number and bank	Value or balance	
Type of asset				
B. Real Estate (other than the home where you live)		Type of real estate		
Owners				
C. Vehicles				
Year	Make/model	Owners	Current value	Amount

9. Help with Applying

<p>If you know someone who can answer the questions on this form and you would like us to ask them to help with this application, please tell us who this is:</p> <p>Name _____ Telephone _____</p> <p>Address _____</p>
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I understand the questions on this form. As far as I know all my answers are correct and complete. I know that if I give information that is not true I am breaking the law.

Signature of person applying _____ Date _____

Signature of person filling out this form _____ Date _____

Social Security Numbers are used to do computer matches with I.R.S., the Social Security Administration, Department of Labor, other government agencies and private financial institutions. The Department of Human Services and federal officials may verify any information given.

The only benefit is help with paying for prescription drugs.