*** REFERRAL FORM ***

Faith Community Pharmacy, Inc.
601 Washington Ave., Ste. 100
Newport, KY 41071
Phone Number: (859) 426-7837
Fax Number: (859) 426-5708

****** Medication Supply Can Be Limited & Variable; We Have No Contraceptives, Controlled Substances or Narcotics ******

To obtain assistance from our charitable pharmacy:

- **fax this completed form to the number above**
- **send electronic prescriptions (e-scribe) to Faith Community Pharmacy**
  (or fax prescriptions to the number above if e-scribe capability is not available)

WHO IS ELIGIBLE?

Residents of Northern Kentucky who meet program guidelines.

WHAT WILL THEY RECEIVE?

Upon receipt of a Referral form and Prescriptions, the referred individual will receive a phone call offering a one-time 90-day supply of medication AND an opportunity to enroll in our free medication program for one year. To enroll in our program, patients must provide proof of residency, proof of household income and ID. If their household income is at or below 300% of the federal poverty level, they will be enrolled and receive free medications on an ongoing basis. Those who use our services are encouraged to enroll in our program within 90 days of their one-time medication assistance. Failure to enroll within 90 days will require another referral. If an individual is over the income qualification guidelines, we will fill one 90-day supply, once per calendar year, with a new referral from the physician.

REFERRING INSTRUCTIONS:

Complete the information below & fax to the number above
Send electronic prescriptions (e-scribe) to our pharmacy

PATIENT INFORMATION

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____

Zip Code: _____ **Phone #:** _____ **SS#:** _____-_____-_____

Primary Care Physician: _____

Reason For Need: **Low Income** **No Rx Insurance** **Co-pays Unaffordable** **Medicare D Coverage Gap**

REFERRING PRESCRIBER or Partner

Agency Name and Representative:_____

Address: _____ **Phone #:** _____

Referring Prescriber Name: _____ **Date:** _____

Notes: