PATIENT ELIGIBILITY FORM

SafeNetRx™
DRUG DONATION REPOSITORY

LEARN MORE AT
WWW.SAFENETRX.ORG

APPLICANT INFORMATION

Full Name : _____
First Name *Middle Initial* *Last Name*

Date of Birth : ____ / ____ / ____ **Gender :** ☐ Male ☐ Female **Phone Number :** _____

Address : _____
Street Address *Apt/Unit #*

_____
City, State, Zip-Code

ELIGIBILITY DETAILS

I am currently living in the state of Iowa. ☐ Yes ☐ No

I am unable to afford my prescription regardless of insurance coverage. ☐ Yes ☐ No

I understand the prescription received has been donated. ☐ Yes ☐ No

I understand the medications may not be in a child safe container and waive my rights to the Poison Prevention Packaging Act. ☐ Yes ☐ No

PERSONS IN HOUSEHOLD	ANNUAL INCOME
1	$31,300
2	$42,300
3	$53,300
4	$64,300
5	$75,300
6	$86,300
7	$97,300
8	$108,300

My family income is at or below the above levels. ☐ Yes ☐ No

By my signature, I certify that all information on this form is accurate and complete. I understand SafetNetRx may contact me in the future to verify this information. If the information I have provided is incomplete or inaccurate, and I do not meet the eligibility requirements any services I request may be denied.
Further, I understand that the pharmacy, pharmacist, clinic, and others involved with this program cannot be held liable for problems with this medication that has been accepted for donation and dispensed in good faith.
Privacy Policy SafeNetRx will take all appropriate steps to keep any personal information you share with us confidential. SafeNetRx will not sell, rent, or give away personal information gathered for use in selling other company's products or services. Any information we do gather will be used to improve our relationships with our members. If you have any questions about this privacy policy, you may contact us at repository@safenetrx.org, or call tollfree at 1-866-282-5817 M-F 8:00a.m. to 4:30p.m. CST.

APPLICANT SIGNATURE **DATE**

This form must be kept on file (physically or electronically) at the clinic/pharmacy dispensing the donated medicine(s) for 5 years from the date completed. A copy of this form does NOT need to be sent to SafeNetRx, but we may ask to see them during a site visit