

**The Free Clinic of Rockingham County, Inc.  
315 South Main Street  
Reidsville NC 27320**

**FOR PATIENTS IN THE MEDICATION ASSISTANCE PROGRAM (MAP)**

**As a patient of the Free Clinic, you may be eligible to receive free medication(s) from various manufacturers and / or programs. The application form used to obtain these free medications requires the patient's original signature, income status, as well as the most current tax forms.**

**By signing this form, you verify that the income information given to the Free Clinic is correct and that the clinic has your permission to complete the application for the Drug Assistance Program, release the necessary information for the pharmaceutical companies and sign the application in her name. A Free Clinic staff member will serve as your patient advocate in sharing necessary information with participating pharmaceutical companies. I also understand that the information I have given will be verified, and I give my consent for the verification process of the Clinic.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_