



Mobile Free Pharmacy Homebound

Homebound Agency: _____ County: _____

Your Name (Nombre): _____

Street Address (Direccion): _____ Apt/Unit: _____ City (Ciudad): _____

Zip Code (Codigo Postal): _____ Email (Correo Electronico): _____ Phone (Telefono): _____

Gender (Sexo): FEMALE (Mujer) MALE (Hombre) Age (Edad): _____

Ethnicity (Etnia): Caucasian/White African American/Black American Indian/Alaska Native Asian Latino/Hispanic
Bi-Racial/Multi-Racial Native Hawaiian/Pacific Islander Other: _____

**How did you hear about this event?
(Como escucho de este evento?)**

____ I am a MedAssist Client

____ DSS

____ Flyer

____ Friend/Family

____ Clinic/Dr. Office/Hospital

____ Shelter

____ Radio

____ Newspaper

____ Television

Please complete the following Survey Questions (Por favor complete last siguientes preguntas):

⇒ Do you currently have insurance? (Usted tiene seguro medico?):
____ Medicaid ____ Medicare ____ Private Insurance (Seguro Privado) ____ No Insurance (No Seguro)

⇒ If you selected **No Insurance**, do you need help paying for your prescription medications?
(Si usted seleccionó **No Seguro**, necesita ayuda para pagar por sus prescripciones?)
____ **Yes (Si)**, please contact me by: (Por Favor contacteme por):
____ Address (My dirección) ____ Email (Correo electrónico) ____ Phone (Telefono)
____ **No**, I am not interested at this time (No estoy interesado)

Notice: Under North Carolina law, a volunteer medical or health care provider shall not be liable for damages for injuries or death alleged to have occurred by reason of an act or omission in the medical or health care provider's voluntary provision of health care services unless it is established that the injuries or death were caused by gross negligence, wanton conduct, or intentional wrongdoing on the part of the volunteer or health care provider.

Aviso: Bajo la ley de Carolina del Norte, un médico voluntario o proveedor de atención médica no será responsable de los daños por lesiones o muerte alegada por haber ocurrido un acto u omisión en la provisión voluntaria de servicios médicos por parte del médico o proveedor de atención médica, se establece que las lesiones o la muerte fueron causadas por una negligencia grave, una conducta desenfrenada o una mala conducta intencional por parte del voluntario o proveedor de atención médica.



Homebound Agency: _____

- YOU MAY SELECT A TOTAL OF 6 ITEMS
- NO MORE THAN 1 ITEM PER CATEGORY

Cough, Cold, & Allergy	Children's	Laxative/ Hemorrhoids	Pain Relief	Digestive Aids	Vitamins	Skin Treatment
Cough Syrup	Pain Relief	Laxative Stool Softener	Ibuprofen (Advil)	Heartburn Relief	Apple Cider Vinegar	Anti- Fungal
Daytime Cold	Cough/Cold	Enemas	Muscle Rub	Motion Sickness	Garlic	Cold Sore Treatment
Nighttime Cold	Vitamins	Hemorrhoid Cream	Acetaminophen (Tylenol)	Anti-Diarrheal	Fish Oil	Wart Remover
Cough & Cold HBP	Allergy	Men's Health	Miscellaneous		Ashwagandha	
Cough Drops	Nasal Spray	Prostate Health	COVID Test		Prenatal Vitamins	
	Benadryl	Testosterone Support	Readers 1.50 2.00 3.00		Immune Support	
	Allergy Relief (Allegra, Claritin, Zyrtec)		Nicotine Gum			

I promise that this medicine will be used for myself and not returned to a store, sold for profit, or given away.
 (Yo prometo que esta medicina va a ser usada por mí y no devuelta a una tienda, vendida para lucro, o regalada).

Signature: _____ Date: _____