

# REGAS & HAAG, Ltd

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(330) 649-9102

FAX (330) 649-9103

## ASSISTANCE INFORMATION FOR ASHLAND COUNTY OHIO

### **ASHLAND COUNTY DEPARTMENT OF JOBS AND FAMILY SERVICES**

15 West Fourth Street  
Ashland, Ohio 44805  
(419) 282-5000  
TTY/TDD: (419) 282-5002

[www.jfs.ohio.gov](http://www.jfs.ohio.gov)

Apply for cash assistance, Medicaid, Food Stamps and other available help.

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### **UNITED WAY OF ASHLAND COUNTY**

1011 East Main Street  
Suite A  
Ashland, Ohio 44805  
(419) 281-5551

[www.unitedwayashlandohio.com](http://www.unitedwayashlandohio.com)

United Way offers free, confidential and comprehensive information and referral services to residents of Wayne and Holmes Counties. United Way is able to direct people to community resources where they find answers to questions such as:

- Resources for older adults
- Government agencies
- Support groups
- Housing assistance
- Emergency food, clothing and shelter
- Parenting assistance
- Addiction recovery resources
- Crisis intervention services
- Domestic Violence Agencies

- Social Services
  - Employment Services
  - Applications for medication
- 

### **Home Energy Assistance Program (HEAP)**

Toll Free 1 (800) 282-8000  
TDD: 1 (800) 868-1557

Website [www.odod.state.oh.us/cdd/ocs/heap.htm](http://www.odod.state.oh.us/cdd/ocs/heap.htm)

Apply for utility assistance

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### **PRESCRIPTION DRUG ASSISTANCE**

#### **Rx For Ohio**

Website: [www.rxforohio.org](http://www.rxforohio.org)

Rx for Ohio is primarily an internet based service. You will need access to a computer. You can go to your local library if you do not have your own computer. (See attachment)

#### **Ohio's Best Rx**

Website: [www.ohiobestrx.org](http://www.ohiobestrx.org)

Are you or anyone in your family:

- A resident of Ohio with no prescription drug insurance coverage, 60 years of age or over; OR
- A resident of Ohio with no prescription drug insurance coverage, under age 60 with an annual income less than \$23,940 (single), \$32,100 (family of two), \$40,236 (family of three) or more based on family size.

If you answered "yes" to either of these questions, you may be eligible for Ohio's Best Rx drug card. Contact the participant help desk at 1-866-923-7879; TTY users should call 1-866-763-9630, Monday through Friday 8:00AM to 9:00PM, Saturday 9:00AM to 6:00PM, Sunday 12 Noon to 5:00PM EST.

Mailing address:  
Ohio's Best Rx  
P O Box 408  
Twinsburg, Ohio 44087

State Program Office:  
Ohio's Best Rx  
Ohio Department of Job & Family Services  
Office of Family Stability  
145 South Front Street, 2<sup>nd</sup> Floor  
Columbus, Ohio 43215  
Phone: 1-614-466-9783

(See Attachment)

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**Ashland County Health Department Office**

110 Cottage Street  
Ashland, Ohio 44805  
(419) 282-4357  
www.ashlandhealth.com

Ashland County Health Department offers patient services, contact them to find out what services and locations are offered.

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**GOODWILL INDUSTRIES OF AKRON**

(Serves Summit, Portage, Ashland, Medina and Richland Counties)  
570 East Waterloo Road  
Akron, Ohio 44319  
(330) 724-6995  
(800) 989-8428

To help people with disabilities and barriers to employment make the transition to independence through education, training and employment services.

Retail Locations:

1215 Claremont  
Ashland, Ohio 44805  
(419) 28-2589

1776 West Fourth Street  
Mansfield, Ohio 44906  
(419) 529-4112

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**Ashland Bureau of Vocational Rehabilitation (BVR)**

Mansfield General BVR  
2281 Village Mall Drive  
Suite A  
Mansfield, Ohio 44906  
Voice and TTY (419) 747-3000  
(800) 354-6271

Website: [www.rsc.ohio.gov](http://www.rsc.ohio.gov)

BVR services may include:

- continuing education or specialized job training, including supplies and books;
  - work adjustment training;
  - tools and equipment, including assistive technology or adaptive devices/low vision aids which enable you to work;
  - on-the-job training; and
  - job placement and follow-up.
- 

## **YMCA**

[www.ymca.net](http://www.ymca.net)

YMCA of Ashland  
207 Miller Street  
Ashland, Ohio 44805  
(419) 289-0626

YMCA of Mansfield  
750 Scholl Road  
Mansfield, Ohio 44907  
(419) 522-3511

YMCAs are for people of all ages, abilities and incomes. They count older adults as some their most loyal members. At YMCAs, older adults have a chance to keep active and grow in spirit, mind and body. New friends and new opportunities add joy to life, and the Y also gives seniors a chance to share their time and talents with others, such as children and teens.

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## **OHIO DOMESTIC VIOLENCE NETWORK**

Recognizing Domestic Violence

- Violence may impact a child's development and a parent's ability to care for that child
- Without intervention, domestic violence usually increases in frequency and severity

**SOME SIGNS TO LOOK FOR**

### Parent displays:

- Unexplained injuries, especially during pregnancy
- Physical symptoms related to stress (trouble sleeping, fatigue, frequent headaches, stomachaches)
- Abuse of alcohol or drugs
- Lack of interest in things, appears detached
- Fear of partner or reluctance to speak in front of partner
- Isolation or lack of support system

### Child displays:

- Fear of father (who is usually the abuser) or other adults
- Fear of leaving the mother (who is usually the victim)
- Eating or sleeping problems
- Nervousness, jumpiness, or frequent crying
- Violent behavior, acting out or appearing withdrawn

### Helpful things to say to a victim of domestic violence:

- "You're doing a great job dealing with this situation."
- "No one deserves to be treated this way."
- "I'm afraid for your safety." Or "I'm afraid for the safety of your children"
- "Abuse usually gets worse not better."
- "You deserve to make your life safe and happy."
- "I believe you."
- "You are not alone. You can ask for help."

### Help the victim access support

- Have you talked to anyone else about your situation?
- If there anyone that could help you if you needed it?
- Have you considered calling you local Domestic Violence program?

### Provide information about the local domestic violence program:

If you would like further information about resources available in your area to victims of domestic violence, contact Ohio Domestic Violence Network (ODVN) at 1-800-934-9840.

(the above information was provided by the ODVN)



# Rx For Ohio

[Prescription Assistance](#) | [Resources](#) | [Who](#)

## Prescription Assistance

Do you, or does someone you know, need help affording prescription drugs? Did you know that the pharmaceutical industry provides prescription drugs to people who qualify for assistance? There are also government programs to help people afford prescription drugs. [Click here](#) to learn more about these programs.

Do you know someone that might benefit from being able to search for prescription assistance programs online, but they don't have a computer? [Click here](#) to see how to find publicly available internet-capable computers in your community.

## About Patient Assistance Programs

### What are Patient Assistance Programs?

The research-based pharmaceutical industry has a long tradition of providing prescription medicines free of charge to patients who might not otherwise have access to necessary medicines. Generally, a Patient Assistance Program provides prescription medicines to patients who do not have prescription drug coverage or who are underinsured through either private and/or government health plans.

For many years, the innovator pharmaceutical companies, that research and develop new drugs, have been concerned that patients did not have access to the newest and most effective medicines available. Since as early as the 1950s and 1960s, pharmaceutical companies have worked with doctors to identify patients in need who would benefit most from these programs.

Patient Assistance Programs are the Pharmaceutical Industry's best-kept secret. Many PAPs have been organized in the past ten years. However, two date back to the 1950s, one was formed in the 60's, two were formed in the 70's, and two started in the 80's. Many drugs have been supported by Patient Assistance Programs for some time. To make it easier for patients and physicians to find information about company-sponsored programs, PhRMA, the Pharmaceutical Research and Manufacturers of America, put together a directory of programs in 1992 to

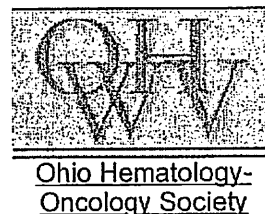
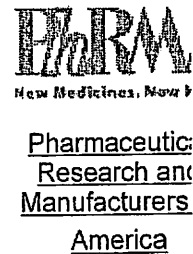
## Who We Are

RxForOhio.org is a service brought to you by a collaboration of concerned individuals and organizations joining America's pharmaceutical companies to improve health care access for the citizens of Ohio.

Users can now search over 1,400 medications in government, industry and privately-sponsored programs from one central point. If you have any questions: For Ohio or how to use the site, please contact via [rxforohio@hotmail.com](mailto:rxforohio@hotmail.com). We'll get back to you right away.

Click [here](#) to see a complete list of RxForOhio supporters and get links to their web sites.

Supporters of RxForOhio.org include:



provide all company program information in one place. Each individual company sponsoring a patient assistance program(s) is listed on RxforOhio.org.

Each company determines the eligibility criteria for its program; eligibility criteria and the application processes vary. Basic eligibility criteria generally involve income requirements, family size, and status of insurance coverage for prescription drugs.

[more>>>](#)

National Alliance f  
Mentally Ill, Oh



Ohio State Medical  
Association



Ohio  
Psychologic  
Association

The Ohio Psycho  
Association



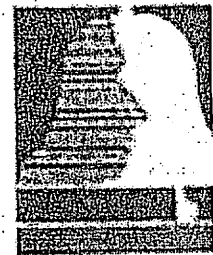
Ohio State Grange



The Ohio Academy of  
Family Physicians



Epilepsy Foundation of  
Central Ohio



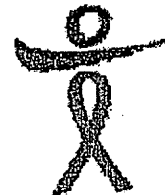
Mental Health  
Association of Fra  
County



The Center for Health Affairs



Epilepsy Foundation of  
Greater Cincinnati, Inc.



COLUMBUS  
A I D S  
T A S K  
F O R C E  
Columbus Aids Task  
Force



S C D A  
Ohio Sickle Cell Dis  
Health Associa



Prevent  
Blindness  
Ohio  
Prevent Blindness Ohio



Epilepsy Foundation of  
Northeast Ohio



Toledo/Lucas County  
Carenet

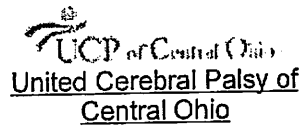
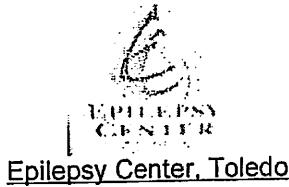
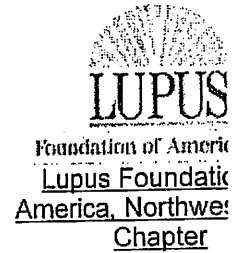


Central Ohio Bre  
Association

American Cancer Society - Ohio Division Inc.

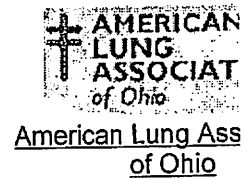
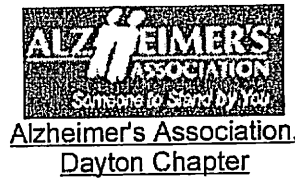
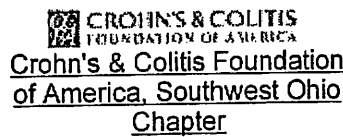
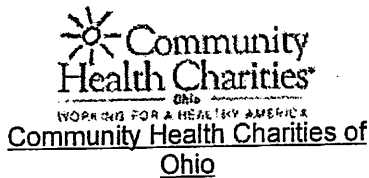
Ohio AIDS Coalition

Neighborhood Health Centers

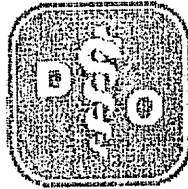


Lutheran Social Services of Central Ohio

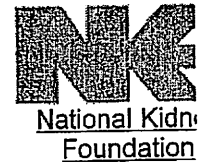
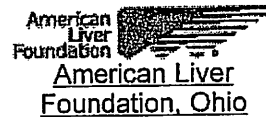
American Heart Association  
Fighting Heart Disease and St  
American Heart Association--Central Ohio Affiliate



The Leukemia & Lymphoma Society, Northern Ohio Chapter



Ohio Osteopathic Association



The Leukemia & Lymphoma Society, Southern Ohio Chapter

**OAHCA**  
Ohio Advocates for Health Care Access  
Ohio Advocates for Health Care Access

For more information on the supporters of RxforOhio.org, please visit our Who We Are page.

Rx for Ohio | 172 East State Street | Suite 410 | Columbus, Ohio 43215 | (877) Rx4Ohio | Email Us!



# OHIO'S BEST Rx



Bob Taft, Governor

## APPLICATION

**There is no application or enrollment fee**

For additional assistance, contact us at 1-866-923-7879 (866-9BESTRX), TTY 1-866-763-9630 or go to our website, [www.ohiobestrx.org](http://www.ohiobestrx.org).

**PLEASE PRINT CLEARLY AND USE INK**

- ✦ Complete one application form per individual or family (a family is a couple, a couple with children or an adult with children)

<b>Step 1: How many people are in your family?</b> <input type="text"/>				
<b>Please list all family members who are applying:</b>				
First Name	Last Name	Relationship: Self	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: Spouse	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: Child	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: Child	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: Child	Birth Date MM DD YYYY	Sex M F
If you have additional children, please list them on a separate sheet and attach to this form.				

- ✦ Applicant(s) must live in Ohio; if applying as a family, all family members must also live at the same address.

<b>Step 2: What is your home address?</b>		
Street Address		City
State	Zip Code	Telephone Number: (     )

- ✦ Applicant(s) cannot currently have prescription drug coverage (includes third party insurance from an employer or insurer, Medicaid, disability assistance or children's health insurance).

<b>Step 3: Do you have prescription drug coverage?</b>
<input type="checkbox"/> No one applying for this program currently has or has had prescription drug coverage in the last 4 months.
<input type="checkbox"/> Someone applying for this program had prescription drug coverage in the last four months but: <ul style="list-style-type: none"> <li><input type="checkbox"/> The person(s) who had coverage is/are age 60 or older</li> <li><input type="checkbox"/> The insurance company that provided drug coverage has filed for bankruptcy</li> <li><input type="checkbox"/> The person(s) is/are no longer eligible for coverage through a retirement plan</li> <li><input type="checkbox"/> The person(s) is/are no longer eligible for Medicaid, disability medical assistance, or children's health insurance</li> </ul>

**PLEASE COMPLETE THE BACK OF THIS FORM**

**Note: If all applicants are age 60 or older, please skip Step 4.**

- If under the age of 60, your yearly or monthly family income cannot be more than income maximums in the chart below. Income maximums are based on the total number of family members not just those that are applying.

<b>1 person</b>	<b>2 people</b>	<b>3 people</b>	<b>4 people</b>
\$23,940/yearly \$1995/monthly	\$32,100/yearly \$2675/monthly	\$40,236/yearly \$3353/monthly	\$48,396/yearly \$4033/monthly
<b>5 person</b>	<b>6 people</b>	<b>7 people</b>	<b>8 people</b>
\$55,556/yearly \$5340/monthly	\$64,680/yearly \$5390/monthly	\$72,840/yearly \$6070/monthly	\$81,000/yearly \$6750/monthly

- Include the Social Security number of each family member reporting income

<b>Step 4: What is the income for each adult family member?</b>			
	Yearly Income or	Last 3 months	Social Security Number
Self:	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Spouse: (even if spouse is not applying for Ohio Best Rx)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Child over 18 (if applying):	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Child over 18 (if applying):	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Income must include alimony, interest income on bank accounts and property or additional income

**YOU MUST SIGN THIS APPLICATION TO APPLY FOR OHIO'S BEST RX**

<b>Statement of Truth</b>	
I affirm that the information and any documentation provided in this application is true, complete and accurate to the best of my knowledge and belief.	
If signing on behalf of the applicant, I also affirm that I am authorized to do so.	
<b>PLEASE NOTE: Knowingly making a false statement on this form is the offense of falsification, a misdemeanor of the first degree.</b>	
Signature or mark of Applicant	Date _____
Signature of Representative (if applicable)	Date _____
Representative's Telephone Number: _____	
Signature of Representative = <input type="checkbox"/> Legal Guardian/Custodian or <input type="checkbox"/> Authorized Representative	
<b>Signature authorizes release of information and enrollment into the Program</b>	

IF FAXING THIS APPLICATION, YOU MUST FAX BOTH SIDES TO 1-877-923-7879 or MAIL TO:

OHIO'S BEST RX  
P.O. BOX 408  
TWINSBURG, OHIO 44087-0408