

REGAS & HAAG, Ltd

Attorney at Law
3969 Convenience Circle, NW
Suite 101
Canton, Ohio 44718

(330) 649-9102

FAX (330) 649-9103

ASSISTANCE INFORMATION FOR CARROLL COUNTY OHIO

CARROLL COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

Carrollton Office

95 East Main Street
P.O. Box 219
Carrollton, Ohio 44615
Telephone: 330-627-2571
Fax: 330-627-3904

Hours of operation: 7:45 - 4:30 Mon-Fri

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

Apply for utility assistance

UNITED WAY

New Philadelphia Office
1458 5th Street NW
New Philadelphia, Ohio 44663
Telephone (330) 343-7771

Alliance Office
2040 South Union Avenue
Alliance, Ohio 44601
Telephone (330) 823-5177

Website: www.informationandreferral.com Website: www.alliancelink.com

United Way is a source of abundant information. The staff at the United Way are very friendly and willing to help with any information they can provide.

BUREAU OF VOCATIONAL REHABILITATION (BVR)

401 Market Ave. N., Suite 200
Canton, OH 44702-1543
Telephone (330) 438-0500
FAX (330) 438-0566
TTY (330) 438-0555

Website: www.rsc.ohio.gov

These 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.

PERSONAL AND FAMILY COUNSELING SERVICES

1433 – 5th Street NW
New Philadelphia, Ohio 44663
Telephone (330) 343-8171

Website: www.pfcs1.org

Serving Carroll County and Tuscarawas County

Services include:

- Family Life Education
- Ways to Work: Family Loan Program
- Counseling
- Family Preservation Services
- Positive Parenting Program
- Drug and Alcohol Abuse Services
- Kinship Caregiver Support Program

NOVA Behavioral Health
832 McKinley Avenue NW
Canton, Ohio 44703
Telephone (330) 455-9407
Website www.novabehavioral.org

PRESCRIPTION DRUG ASSISTANCE

Rx For Ohio

Website: 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

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, 2nd Floor
Columbus, Ohio 43215
Phone: 1-614-466-9783

(See Attachment)

YMCA

211 Moody Avenue
Carrollton, Ohio 44615
(330) 627-9622
Website: www.ymca.net

LOW INCOME HOUSING – Elderly & Disabled

Carroll Court – 12th Street
(330) 627-2233

Carroll Squares – 3rd Street SE
(330) 627-7200

Malvern Manor
(330) 863-2674

LOW INCOME HOUSING

Carroll Crest – Canton Road
Telephone (330) 627-7151

Malvern Manor
Telephone (330) 863-2674

Terrace Apartments – Hudson Belmont Ltd.
Telephone (330) 868-3383

Minerva Oaks Apartments
Telephone (330) 868-3959

Metro Housing
Telephone (740) 942-8060 or
(740) 942-8372

FOOD AND GROCERY HELP

Loaves and Fishes 12:00 to 2:00 p.m.
Father David
Telephone (330) 627-1664

Mr. & Mrs. John Moody
Telephone (330) 627-2796

Martha and Russ King
(330) 627-4437
Christian Care Center – 4th Wednesday
Malvern
Telephone (330) 863-1303

Dorothy Crab
Telephone (330) 627-4396

Branch Food Ministries
2nd, 3rd, & 4th Friday
Fred Battles (614) 269-6071
Donna Snodgrass (614) 946-0911

Max Meindl
(Must have children attending
Brown Local Schools)
Telephone (330) 863-0374

Salvation Army
Sue Henderson
Telephone (330) 627-7017

Harcatus 8:30 – 12:00 & 1:00 – 3:30
Telephone (330) 624-4101

Salvation Army
Minerva/Kensington/Malvern
Mon., Wed., Fri. 10:00 – 1:00
Telephone (330) 868-3808

St. Vincent De Paul
Mon., Tues., Thurs. 12:00 – 2:00

CARROLL COUNTY HEALTH DEPARTMENT

301 Moody Avenue
Carrollton, Ohio 44615
Telephone (330) 627-4866
Fax (330) 627-3040
Website: www.carroll-lhd.com

Other Health Resources

Alcohol & Addiction Program
100 Canton Road NW
Carrollton, Ohio 44615
Telephone (330) 627-5891
Fax (330) 627-1401
Toll Free (800) 860-8302

Carroll County Health Dept. & BCMH
P O Box 98
301 Moody Avenue
Carrollton, Ohio 44615
Telephone (330) 627-4866
Website: www.carroll-lhd.org

Cornerstone Support Services
308 South Lisbon Street
Carrollton, Ohio 44615
Telephone (330) 627-3954
Fax (330) 627-3984

Mercy Health Center
125 Canton Road
Carrollton, Ohio 44615
Telephone (330) 627-7641
Fax (330) 863-2500

Aultman Immediate Care
1201 Trump Road
Carrollton, Ohio 44615
Telephone (330) 627-0091
Website: www.aultman.com

Carroll County Visiting Nurse Assoc.
P O Box 610
301 Moody Avenue SW
Carrollton, Ohio 44615
Telephone (330) 627-7625
Fax (330) 627-8005

Hospice of Carroll County, Inc.
1040 Trump Road, Suite B
Carrollton, Ohio 44615
Telephone (330) 627-4796
Fax (330) 627-7235
Toll Free (877) 339-3035
Website: www.hospiceweb.com

Women, Infant, Children Program
125 Canton Road
Carrollton, Ohio 44615
Telephone (330) 627-7641
Fax (330) 863-2500
(Inside the Mercy Health Building)



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 about Rx For Ohio or how to use the site, please contact us at 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.

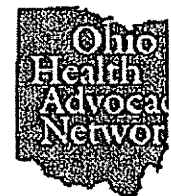
Supporters of RxForOhio.org include:



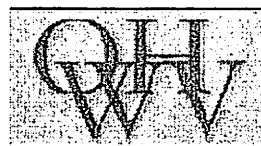
Abbott/Ross Laboratories



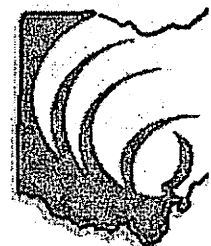
Pharmaceutical Research and Manufacturers of America



The Ohio Health Advocacy Network



Ohio Hematology-Oncology Society

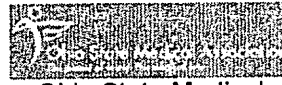


provide all company program information in one place. Each individual company sponsoring a patient assistance program(s) is listed on RxforOhio.org.

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
Associatio

The Ohio Psycho
Association



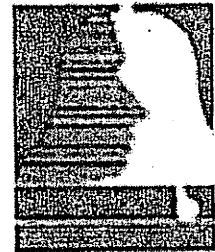
Ohio State Grange



The Ohio Academy of
Family Physicians



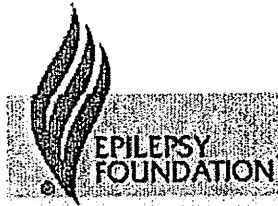
Epilepsy Foundation of
Central Ohio



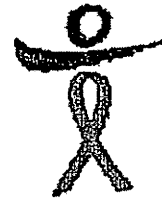
Mental Health
Association of Fra
County



The Center for Health Affairs



Epilepsy Foundation of
Greater Cincinnati, Inc.



COLUMBUS
AIDS
TASK
FORCE
Columbus Aids Task
Force



OHIO SICKLE CELL
DISEASE
HEALTH ASSOCIATION
Ohio Sickle Cell Dis
Health Associa



Prevent Blindness Ohio



Epilepsy Foundation of
Northeast Ohio



Toledo/Lucas County
Caret




Central Ohio Bre
Association


American Cancer Society - Ohio Division Inc.

Ohio AIDS Coalition

Neighborhood Health Centers



LUPUS
Foundation of America
Lupus Foundation of America, Northwest Chapter

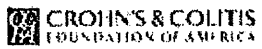

Epilepsy Center, Toledo


United Cerebral Palsy of Central Ohio


Lutheran Social Services of Central Ohio


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

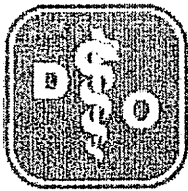

Community Health Charities of Ohio
WORKING FOR A HEALTHY AMERICA


Crohn's & Colitis Foundation of America, Southwest Ohio Chapter



Alzheimer's Association, Dayton Chapter



American Lung Association of Ohio


The Leukemia & Lymphoma Society, Northern Ohio Chapter


Ohio Osteopathic Association


American Liver Foundation, Ohio


National Kidney Foundation


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.

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)

Step 1: How many people are in your family? <input style="width: 40px; height: 20px;" type="text"/>				
Please list all family members who are applying:				
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.

Step 2: What is your home address?		
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).

Step 3: Do you have prescription drug coverage?
<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"> <input type="checkbox"/> The person(s) who had coverage is/are age 60 or older <input type="checkbox"/> The insurance company that provided drug coverage has filed for bankruptcy <input type="checkbox"/> The person(s) is/are no longer eligible for coverage through a retirement plan <input type="checkbox"/> The person(s) is/are no longer eligible for Medicaid, disability medical assistance, or children's health insurance

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.

1 person	2 people	3 people	4 people
\$23,940/yearly \$1995/monthly	\$32,100/yearly \$2675/monthly	\$40,236/yearly \$3353/monthly	\$48,396/yearly \$4033/monthly

5 person	6 people	7 people	8 people
\$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

Step 4: What is the income for each adult family member?			
	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

Statement of Truth

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.

PLEASE NOTE: Knowingly making a false statement on this form is the offense of falsification, a misdemeanor of the first degree.

Signature or mark of Applicant Date _____

Signature of Representative (if applicable) Date _____

Representative's Telephone Number: _____

Signature of Representative = Legal Guardian/Custodian or Authorized Representative

Signature authorizes release of information and enrollment into the Program

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