

PRESCRIPTION ASSISTANCE

WILL COUNTY CENTER FOR COMMUNITY CONCERNS

Phone: 815-722-0722 2455 Glenwood Ave, Joliet, IL 60435 Fax: 815-722-6344



How to apply:

Monday through Friday. Applications are taken on a walk-in basis. Limited number of applications taken each day.

HOW MUCH?

MAXIMUM AMOUNT IS \$75.00 PER PERSON, PER PROGRAM YEAR

Income: To be eligible for assistance you have to be at or below 125% poverty level.

WHAT DO I NEED TO GET A VOUCHER?

- PHOTO ID FOR THE APPLICANT
- SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- PROOF OF TOTAL HOUSEHOLD (all income being received in the household) GROSS INCOME FOR THE PAST 90 DAYS
- ANYONE 18 YRS OR OLDER IN THE HOUSEHOLD WITH NO INCOME MUST HAVE PRINTOUT FROM UNEMPLOYMENT SHOWING NO BENEFITS RECEIVED 90 DAYS PRIOR TO DATE OF APPLICATION.
- PROOF OF WILL COUNTY RESIDENCY (lease, utility bill)
- PRINTOUT OF DHS (public aid) BENEFITS. *If applicable*
- CURRENT PRESCRIPTION OR PRESCRIBED MEDICINE CONTAINER.
- DOCTOR'S NAME AND TELEPHONE NUMBER.
- ADDITIONAL DOCUMENTS MAY BE REQUIRED.

WHERE CAN I USE MY VOUCHER?

WE CAN OFFER A LIST OF PARTICIPATING PHARMACIES ALL OVER WILL COUNTY FROM WHICH YOU CAN CHOOSE.