

**Norman Housing Authority** 

 700 N. Berry Road
 Norman, Oklahoma 73069
 Phone (405) 329-0933
 Fax (405) 573-0345

## **PUBLIC HOUSING - PHARMACY EXPENSES VERIFICATION**

Applicant/Participant Name	Social Security Number		D.O.B
Applicant/Participant Address	City	State	Zip

### **ATTENTION PHARMACY PROVIDER**

The person named above has either applied for or is receiving housing assistance. Since the rental rates on public housing units can be reduced for some families with prescription expenses, we are required by law to obtain certain information with regard to these pharmacy expenses. To comply with this requirement, we ask your cooperation by verifying *anticipated* prescription expenses **not covered by a medical insurance plan** for the next twelve (12) months below regarding the referenced individual. We will use any information you provide only to determine the family's eligibility and rent.

We would greatly appreciate your prompt return of this form. If you have any questions or concerns, please call (405) 329-0933 ext. 309.

# Cristina Fuentes

Norman Housing Authority Representative

## APPLICANT/PARTICIPANT RELEASE OF INFORMATION

I hereby consent to and authorize the release of information requested by Norman Housing Authority regarding my medical care expenses.

Signature of Applicant/Participant

Date

### TO BE COMPLETED BY PHARMACEUTICAL PROVIDER FOR INDIVIDUAL REFERENCED ABOVE

Based upon the individual's past prescription history, the individual may anticipate the following costs for prescription medicines in

the coming twelve (12) months: \$\_\_\_\_\_ (please do not count prescriptions paid by insurance)

(Please do not attach prescription list, as we do not need to know the individual's medial conditions or prescriptions)

#### I certify that to the best of my knowledge, the above amount is true and correct for the coming twelve (12) months.

Name of Person Completing Form

Signature

Address

Telephone Number

Title

Date

Please Return Form To:Norman Housing Authority<br/>Public Housing OfficeFax: (405) 573-0345700 N. Berry Rd. Norman, OK, 73069