PUBLIC HOUSING - PHARMACY EXPENSES VERIFICATION

Re: _____   _____ - _____

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.

_____

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   Title

_____   _____

Signature   Date

_____   _____

Address   Telephone Number

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Please return form to one of the following:

Norman Housing Authority   **Attn: Leasing Coordinator**
Public Housing Office   **Fax: (405) 857-6143**
700 N. Berry Road   **Email: kcothran@normanha.org**
Norman, OK 73069

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