



Emergency Assistance for Medication Program Financial Eligibility Screening

(To be completed each time a client requests medication assistance under this program)

Client Requesting Assistance: _____

Client must meet all the requirements listed below to qualify, please check all boxes as applicable.

- Client meets income criteria for ADAP with no co-pay (400% poverty level)
- Medication is not covered by ADAP if client is ADAP eligible
- Medication is not covered by any insurance policy currently held by client and client has no other sources of funding that could pay for this service.
- Medication expenses are not being used to meet Medi-Cal share of cost

Signature of Referring Case Manager Agency Date

Print Name of Referring Case Manager Phone Fax

*Once completed please fax to Scott Blaisdell, ASF Director of Clinical Services, at (949) 809-5779. Also, please call the ASF Director of Clinical Services at (949) 809-5737 to notify of fax being sent.