

MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES

**Patient Assistance Program (PAP)
Consumer Receipt of Medication**

The Community Mental Health Staff will assist me in requesting a limited supply of the medication my doctor prescribed from the drug manufacturer. When my doctor changes my PAP medication, I agree to relinquish any remaining supply of medication that was obtained for me through the PAP.

If, in the future my Community Mental Health Physician determines that I require this medication, and I am unable to obtain it because of lack of insurance or financial resources, and I am actively enrolled in the PAP, the center will make every attempt to provide me with this medication.

Consumer's Signature

Date

Witness' Signature

Date