

Help Us Spread the Word!

To add your program to the website, complete and mail or fax this form or fill out an online form found in the Advocates section of this website.

info@needymeds.org

Program Information Form

Please complete this form and return it to us by fax or mail at the address below.

Program Name _____

Sponsoring Organization/Agency _____

Address _____

City _____ State _____ ZIP _____

Local Phone _____ Toll Free Number _____

Email _____ Fax _____

Website _____

Hours/Days of Service _____

Who You Help (be specific) _____

Geographic Area Served _____

How You Help _____

Eligibility Criteria _____

How to Apply _____

Is your organization a non-profit? Yes No

Do you charge a fee? If yes, how much? _____

Languages spoken _____

The following information is for our files and does not appear on the website.

Please check one or more of these descriptions to help us categorize your program;

This program or foundation is based on a specific disease, assists patients with health-related expenses (including financial grants, insurance copays, the purchase of some health-related goods or other assistance with expenses).

This program helps patients find and apply for Patient Assistance Programs and other types of assistance.

This program is funded and administered by the state.

This is a Free Clinic that provides direct medical, dental or mental health services at little or no charge or on a predefined sliding scale.

Contact Person _____

Contact's Phone _____ Contact's Email Address _____

Contact's Address (if different from above)

Comments

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