



MEDICATION REPOSITORY PROGRAM

Intake Eligibility Application

Completion of this form meets the requirements under Minnesota Statute 151.555 for obtaining attestation of eligibility to receive drugs or medical supplies through the Medication Repository Program. This form must be maintained for at least two years.

Questions about completing this form may be directed to Minnesota Medication Repository Program at 612-584-4647; fax 866-254-9105; or email info@roundtablerx.org.

RECIPIENT INFORMATION

Recipient Name	Recipient Phone Number	Recipient Date-of-Birth
Recipient Address		

By signing this document, I attest that:

1. I am a resident of Minnesota;
2. I have no prescription drug coverage; or I am underinsured;
3. I acknowledge that the drugs or medical supplies received through the program may have been donated; and
4. I consent to a waiver of the child-resistant packaging requirements of the federal Poison Prevention Packaging Act.

Signature of Recipient

Date

For Completion by the Local Repository

Recipient is a Minnesota Resident: Yes No

Recipient is Uninsured: Yes No

Recipient is Under-insured: Yes No

Recipient is eligible: Yes No

Valid for (1) year from Start Date (today's date) _____ and expires on _____.

Reviewed by (print name) _____ at (name of Local Repository) _____.

Local Repository to send copy of this form to Central Repository within 10 days of application approval.