



Homebound Agency: _____

- YOU MAY CIRCLE A TOTAL OF 6 ITEMS
- NO MORE THAN 1 ITEM PER CATEGORY

Cough, Cold, & Allergy	Skin Treatment	Laxative/Hemorrhoids	Pain Relief	Digestive Aids	Vitamins
Cough Syrup	Anti-Fungal	Laxative Stool Softener	Ibuprofen (Advil)	Heartburn Relief	Apple Cider Vinegar
Daytime Cold	Cold Sore Treatment	Enemas	Muscle Rub	Motion Sickness	Garlic
Nighttime Cold	Wart Remover	Hemorrhoid Cream	Acetaminophen (Tylenol)	Anti-Diarrheal	Fish Oil
Cough & Cold HBP	Allergy	Men's Health	Miscellaneous		Ashwagandha
Cough Drops	Nasal Spray	Prostate Health	COVID Test		Prenatal Vitamins
	Benadryl	Testosterone Support	Readers 1.50 2.00 3.00		Immune Support
	Allergy Relief (Allegra, Claritin, Zyrtec)		Nicotine Gum		

I promise that this medicine will be used for myself and not returned to a store, sold for profit, or given away.

(Yo prometo que esta medicina va a ser usada por mí y no devuelta a una tienda, vendida para lucro, o regalada).

Signature: _____

Date: _____



Mobile Free Pharmacy Homebound

Homebound Agency: _____ County: _____

Your Name (Nombre): _____

Street Address (Direccion): _____ Apt/Unit: _____ City (Ciudad): _____

Zip Code (Codigo Postal): _____ Email (Correo Electronico): _____ Phone (Telefono): _____

Gender (Sexo): FEMALE (Mujer) MALE (Hombre) Age (Edad): _____

Ethnicity (Etnia): Caucasian/White African American/Black American Indian/Alaska Native Asian Latino/Hispanic
Bi-Racial/Multi-Racial Native Hawaiian/Pacific Islander Other: _____

**How did you hear about this event?
(Como escucho de este evento?)**

- ___ I am a MedAssist Client
- ___ DSS
- ___ Flyer
- ___ Friend/Family
- ___ Clinic/Dr. Office/Hospital
- ___ Shelter
- ___ Radio
- ___ Newspaper
- ___ Television

Please complete the following Survey Questions (Por favor complete las siguientes preguntas):

- ⇒ Do you currently have insurance? (Usted tiene seguro medico?):
 ___ Medicaid ___ Medicare ___ Private Insurance (Seguro Privado) ___ No Insurance (No Seguro)
- ⇒ If you selected **No Insurance**, do you need help paying for your prescription medications?
 (Si usted seleccionó **No Seguro**, necesita ayuda para pagar por sus prescripciones?)
 ___ Yes (Si), ___ No, I am not interested at this time (No estoy interesado)
- ⇒ In the past 12 months did you or someone in your household visit the Emergency Room and the visit could have been prevented if you had the necessary over-the-counter medicine?
 ___ Yes (Si), ___ No ___ Unsure (Inseguro)

Notice: Under North Carolina law, a volunteer medical or health care provider shall not be liable for damages for injuries or death alleged to have occurred by reason of an act or omission in the medical or health care provider's voluntary provision of health care services unless it is established that the injuries or death were caused by gross negligence, wanton conduct, or intentional wrongdoing on the part of the volunteer or health care provider.

Aviso: Bajo la ley de Carolina del Norte, un médico voluntario o proveedor de atención médica no será responsable de los daños por lesiones o muerte alegada por haber ocurrido un acto u omisión en la provisión voluntaria de servicios médicos por parte del médico o proveedor de atención médica, se establece que las lesiones o la muerte fueron causadas por una negligencia grave, una conducta desenfrenada o una mala conducta intencional por parte del voluntario o proveedor de atención médica.