

Program Application Requirements

Who may apply?

Applicants must meet ALL of the following requirements:

1. U.S. citizen/resident alien
2. Medicare recipient
3. Age 65 or older as of January 1, 2025
4. A resident of Elgin Township in Kane County

What must my total annual income be in order to qualify?

- Single person: Not more than \$34,600 annual gross income
- Married persons: Not more than \$40,600 annual gross income (combined with spouse's income)

When can I apply?

The application period is November 1 through December 13, 2024.

Where can I get an application?

Additional copies of this application are available at the Elgin Township Office at 729 S. McLean Blvd. in Elgin and also at ElginTownship.com under the Supervisor tab's Senior section.

How will I know if I have been approved for the program?

The Elgin Township Office will notify you by mail as to whether you have or have not been approved for this program. Please note: If more applications are submitted than funds available, a lottery will be held.

What drugs are covered?

This program covers most prescription drugs, including almost all used in the treatment of Alzheimer's, arthritis, cancer, diabetes (including insulin, syringes, and needles), glaucoma, heart disease, lung disease, multiple sclerosis, osteoporosis, and Parkinson's.

"Use It or Lose It": The \$500 provided must be used by 12/31/25.

Where do I redeem my voucher and fill my prescriptions?

The only pharmacy where you can have your prescriptions filled in this program is The Medicine Stop at 860 Summit Street in Elgin.

Additional questions? Call 847-741-2045



ELGIN TOWNSHIP CARES

Senior Prescription Drug Assistance Program

Elgin Township cares about its age 65 and older population and wishes to show support by offering a program to Elgin Township residents age 65 and older who are with limited income. This program will provide a limited number of qualified applicants with a credit voucher for out-of-pocket costs of eligible prescription drugs up to \$500 per recipient.

Elgin Township Cares Prescription Drug Assistance Program

729 S. McLean Blvd., Elgin, IL 60123
847-741-2045

Applicant's Name _____ Date of Birth _____

Address _____ City _____ State _____

County _____ Zip _____ Phone Number _____

Spouse's Name _____ Date of Birth _____

Annual income – PLEASE NOTE: ALL income must be listed.

Social Security (Monthly): You \$ _____ Spouse \$ _____

Pension (Monthly): You \$ _____ Spouse \$ _____

Wages (Monthly): You \$ _____ Spouse \$ _____

Other: You \$ _____ Spouse \$ _____

Combined ANNUAL Income (with Spouse): \$ _____

PLEASE NOTE: Each member of a married couple must fill out his/her own application.

**ALL APPLICATIONS AND ACCOMPANYING DOCUMENTS
MUST BE RECEIVED BY THE SUPERVISOR'S OFFICE AT ELGIN TOWNSHIP
(729 S. McLean Blvd. in Elgin) by Friday, December 13, 2024,
BY CLOSE OF BUSINESS (4:00 p.m.)**

Your application MUST be accompanied by the following documents:

- Current Medicare card
- Driver's license or state-issued photo ID
- Copy of federal income tax return filed the previous year or the current Social Security award letter if no tax return is filed