



**APPLICATION FOR REPLACEMENT OF PERSONAL OR PET MEDICATION AND/OR MEDICALLY NECESSARY FOOD.**

**INSTRUCTIONS TO CLIENTS:** If a replacement issuance is requested you must complete this form and provide all documentation within thirty (30) days of the loss. Allow at least two weeks for your application to be processed.

**INSTRUCTIONS TO SCCAP:** Provide one (1) copy to the participant or authorized representative.

<b>Application Check List</b>				
<b>Assistance Application:</b> <input type="checkbox"/> Completed & Signed <input type="checkbox"/> Affidavit Completed & Signed <input type="checkbox"/> Release of Information		<b>Identification</b> <input type="checkbox"/> Photo ID		<b>Today's Date</b>
<b>Documentation</b> <b>Must provide documentation from a medical professional and/or photo of item to be replaced – in addition to verification documents below.</b>				
<input type="checkbox"/> Documented prescription replacement cost <input type="checkbox"/> Receipts for Medically Necessary Food				
<b>Eligibility Check List</b>				
<b>Categorical Eligibility (Must Provide Benefit Letter)</b> <input type="checkbox"/> SNAP <input type="checkbox"/> State or Federal Health Insurance <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Free or Reduced Lunch <input type="checkbox"/> Head Start <input type="checkbox"/> EAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Project Based Voucher		<b>Without Categorical Eligibility:</b> <input type="checkbox"/> <b>Proof of Income</b> <input type="checkbox"/> 2023 Tax Return <input type="checkbox"/> 3 months' pay statement <input type="checkbox"/> Current yearly benefit/award letter from the Social Security Office		<b>Duke Energy Customer</b> <input type="checkbox"/> Yes Account # _____ <input type="checkbox"/> No
<b>First Name</b>			<b>Last Name</b>	
<b>Physical Address</b>			<b>Mailing Address</b>	
<b>Household Size</b>		<b>Preferred Phone Number</b>		<b>Email</b>
<b>Gender</b>		<b>Race</b>		<b>Ethnicity</b> <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins
<b>Highest Level of Education</b>		<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Homeless</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>Employment</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed
<b>Signature of participant or authorized representative</b>				<b>Date (month, day, year)</b>

**FOR SCCAP USE ONLY**

- Date application received \_\_\_\_\_
- Date application entered into Charity Tracker \_\_\_\_\_

Comments

South Central Community Action  
Program  
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