

Medication & Dental Assistance

Client Information Needed

Mon-Thurs 8:30a-4:30p & Fri 8:30a-12:00p; Phone: 574/372-3604; Fax: 574/372-3619

Emergency Medication and Medical Supply Voucher

- Limited or no prescription drug coverage
- Residence or doctor's office must be in Kosciusko County
- Picture ID and proof of address
- Proof of family income

Long-Term Assistance Program

- May not have prescription drug coverage
- Residence or doctor's office must be in Kosciusko County
- Picture ID and proof of address
- Proof of family income
- Most recent tax return

Dental Assistance

- May not have dental insurance coverage
- Residence must be in Kosciusko County
- Picture ID and proof of address
- Proof of family income
- \$10.00 application fee (cash only)

Kids Smile Kosciusko Dental Assistance

- Must be 3rd Grade or under
- Proof of eligibility
 - Letter from school for Free or Reduced Price Lunch, or
 - Proof of parent(s) income

Documentation Explanations

- Picture ID & Proof of Address** – If your license or other picture ID does not list your current living address, bring in a piece of mail that has your name and current living address
- Proof of Family Income** – Income includes, but is not limited to:
 - Most recent tax return _____
 - Most recent paycheck stub _____
 - Child support docket _____
 - Unemployment statement _____
 - Social security award letter _____
 - Other income _____

- For verification of no income** – Obtain a Proof of Income statement from Work One
WORK ONE: 715 S Buffalo St, Warsaw, IN 46580; (574) 269-3050
[M, T, W, F: 8AM-3PM & Th: 10AM-3PM] Must have your Social Security Card & picture ID