

If you receive Medicaid or "Extra Help" based on your income, check here. _____

If you want information on these programs, and your monthly income is less than \$1,843 for a single person or \$2,485 for a couple, check here. _____ There are other restrictions as well, but you MAY be eligible.

SHIBA representative results:

Date: _____ Drug List if applicable: _____

Top 3 Plans: 1. _____

2. _____ 3. _____

Comments: _____

_____ SHIBA Volunteer: _____