

## INSTRUCTIONS

### **DHS 8052 (Rev. 01/11)**

### **STATE PHARMACY ASSISTANCE PROGRAM APPLICATION**

#### **PURPOSE:**

The DHS 8052, State Pharmacy Assistance Program (SPAP) Application form shall be used for “application” and “reporting changes” purposes. Information captured will be used to determine program eligibility.

#### **GENERAL INSTRUCTIONS:**

1. This application must be dated and stamped by the Department.
2. All SPAP application shall be forward to the Med-QUEST SPAP office ( MQD-SPAP) via courier or U.S. postal mail

#### **SPECIFIC INSTRUCTIONS:**

1. Question #1 Identifying data, use legal names
2. Question #2, 3, 4, 5, 6 and 7 ‘Yes’ or ‘No’ to the questions and provide additional information as requested.
3. Question #8 Check the Medicare Part D plan that the applicant/recipient enrolled in.
4. Question #9 List all income the applicant/recipient’s household received in the past 12 months and indicate the family size. Household members includes applicants, their spouses and dependent children. Definition of income is provided.
5. Question #10 Enter the applicant/recipient’s total household assets as of the first day of the application month. Definition of assets is listed.
6. Question #11 Signature and date, self explanatory. Applicants and recipients must read the statement before signing the application/Reporting Change form.