FreeMed 

An outreach program of the Idaho Falls Conference of the Society of St. Vincent de Paul
301 South Boulevard Suite 2 – Idaho Falls ID 83401
Telephone: 208.528.6337 Fax: 208.528.6339

To enroll in FreeMed for help with prescription medications, please bring the following to your appointment:

Identification/Citizenship Verification

- Social Security Card **AND** (one of the following)
  - Driver's License **OR**
  - State Identification Card **OR**
  - Birth Certificate **OR**
  - Resident Alien Papers/Card

Insurance Information (every document might not apply to you)

- Current Medicaid Denial Letter **AND**
- Medical Insurance Card **AND/OR**
- All Medicare Cards

Proof of Income/Financial Information

- Current Federal Income Taxes **OR**
- Current Social Security Benefits Letter **OR**
- Current Veterans Benefits **OR**
- Current Workman's Compensation Benefits **OR**
- Three most recent paystubs **OR**
- Three most recent bank statements **OR**
- Current Health and Welfare benefits letter

Current Medications (please list **ALL** medications on the medication section of the application)

Call 208.528.6337 to make an appointment for your interview.

Office Hours:
Monday – Wednesday, 9:00 a.m. to 2:00 p.m.
Closed Thursday – Sunday

Applicant Information

FreeMed does NOT keep medications or cash on premises.

FreeMed

An outreach program of the Idaho Falls Conference of the Society of St. Vincent de Paul
301 South Boulevard Suite 2 – Idaho Falls ID 83401
Telephone: 208.528.6337 Fax: 208.528.6339

Date: _____

Name: _____

Street Address: _____

Mailing Address (if different than street address): _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone #: _____ Email: _____

Birthdate: _____ Social Security #: _____

United States Citizen	O Yes	O No	Current Federal Income Taxes	O Yes	O No
Legal Resident Alien	O Yes	O No	Social Security Disability	O Yes	O No
Veteran	O Yes	O No	Copy of Medicaid Denial Letter	O Yes	O No
Student	O Yes	O No			

Gender O Male O Female

Employment Status O Part-Time Employed O Full-Time Employed O Self-Employed
O Unemployed O Retired O Other

Marital Status O Single O Married O Widowed O Divorced

Number of persons in the household: _____ Monthly Income: $_____

Applicant Name: _____ Application Page 2

FreeMed does NOT keep
medications or cash on premises.

FreeMed

An outreach program of the Idaho Falls Conference of the Society of St. Vincent de Paul
301 South Boulevard Suite 2 – Idaho Falls ID 83401
Telephone: 208.528.6337 Fax: 208.528.6339

Physician Information

Physician Name: _____

Physician Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Client Diagnosis and Medications

Diagnosis:

_____

_____

Drug Allergies: (if additional allergies, please continue on back of page)

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Medications: (if additional medications, please continue on back of page)

- _____
- _____
- _____
- _____
- _____
- _____
- _____

FreeMed does NOT keep medications or cash on premises.