



Demetricia C. Patterson Foundation

Non-Profit Assistance Drug Program for Senior Citizens

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Personal Certification

I/we, _____,

certify the following:

- 1) That I/we fall within the "Low-to-Moderate" income bracket
- 2) That I/we have little or no medical coverage
- 3) That I/we have provided all information to the best of my/our knowledge
- 4) That I/we suffer from life-threatening illness(es) that require medication.
- 5) That I/we are at least 50 years of age or older.

Signature: _____

Print Name: _____

Date: _____

Signature: _____

Print Name: _____

Date: _____