

Nelson County Community Clinic

300 West John Fitch Avenue, Suite 200
Bardstown, Kentucky 40004
Phone: 502-349-5990 Fax: 502-349-5993
Becky Johnson bjohnson@bardstown.com

2026

Kentucky Prescription Assistance Program - KPAP Client Information Data Sheet

Name: _____ Date of Birth: _____
 First Middle Last

Address: _____
 Street City County State Zip Code

Home Phone # _____ Cell Phone # _____

Social Security # _____ E-mail Address _____

Emergency Contact: (List Name, Telephone # & Relationship) _____

Alternative Contact: (List Name, Telephone # & Relationship) _____

Race: (circle one) Caucasian / White African American Hispanic Other: _____

Marital Status: (circle one) Single Married Divorced Widowed

Are You a US Citizen or Legal Resident? (Circle one) Yes No

Are you a Veteran? (Circle one) Yes No

Pharmacy: _____

Health Insurance Benefits: (check all that apply and provide identification card/cards)

Medicare A & B: _____ Medicare C (Advantage): _____

Medicare D (Rx): _____ Medicare Supplement/Medigap _____

Private Insurance (Not Medicare): _____ Pharmacy Used: _____

Household Member(s) Information:

Name	Age	D.O.B.	Relationship
Self-----		-----	-----

I certify that the information submitted is true: (sign) _____ Date _____

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Kentucky Prescription Assistance Program

Signature Waiver/Release of Information

I, _____

(Print Name)

hereby authorize Nelson County Community Clinic Prescription Assistance Staff to apply for refills for my medications and to sign all request forms. I give permission for the Nelson County Community Clinic to share medical information including HIP to coordinate my care with other medical providers.

All information provided is true to the best of my knowledge.

Street Address

City

State

Zip Code

Client Signature Date

Authorized Program Representative Date

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