

# REGAS & HAAG, Ltd

Attorney at Law  
3969 Convenience Circle, NW  
Suite 101  
Canton, Ohio 44718

(330) 649-9102

FAX (330) 649-9103

## ASSISTANCE INFORMATION FOR SUMMIT COUNTY, OHIO

### SUMMIT COUNTY DEPARTMENT OF JOBS AND FAMILY SERVICES

Website: [www.co.summit.oh.us/jafs/](http://www.co.summit.oh.us/jafs/)

#### Location

##### **Main Street - Building #1**

47 N. Main St.  
Akron, OH 44308  
Customer Service: 330-643-7811  
Operator: 330-643-8200  
Hours: 7:00am - 5:30pm M-F

##### **Main Street - Building #2**

37 N. Main St.  
Akron, Oh 44308  
Customer Service: 330-643-7811  
Operator: 330-643-8200  
Hours: 7:00am - 5:30pm M-F

##### **Sojourner Truth Building**

37 N. High St.  
Akron, OH 44308  
Customer Service: 330-643-7811  
Operator: 330-643-8200  
Hours: 7:00am - 5:30pm M-F

##### **Macedonia / Twinsburg Neighborhood Center**

9699 Valley View Road  
Macedonia, Ohio 44056  
Phone: 330-650-2523  
Hours: 8:00am - 4:30pm M-F

#### Services by location

Ohio Direction Card (Active)  
Resource Room  
Job Developers  
Paternity Testing  
State Hearings  
Fraud Investigation

Medicaid  
Passport Waiver Program  
Medicare Premium Assistance

Food Stamps (Apply)  
OWF/TANF (Apply)  
Ohio Direction Card (Apply)  
Prevention, Retention & Contingency (PRC)  
Child Care (Apply)  
Head Start Registration  
Healthy Start/Healthy Families  
Transportation Services

Food Stamps (Apply)  
Ohio Direction Card (Apply)  
OWF/TANF Application  
Healthy Start/Healthy Families  
Child Care  
Prevention, Retention & Contingency

**AKRON GENERAL BUREAU OF VOCATIONAL REHABILITATION (BVR)**

161 South High Street, Suite 103-B

Akron, Ohio 44308

Telephone (330) 643-3080

TTY: (330) 643-3090

Fax: (330) 643-3084

Toll Free: 1 (800) 251-2368

Website: [www.rsc.ohio.gov](http://www.rsc.ohio.gov)

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**SUMMIT COUNTY HEALTH DEPARTMENT**

1100 Graham Road Circle

Stow, Ohio 44224

Telephone (330) 923-4891

Fax (330) 923-7558

Barberton Community Health Clinic

113 – 9<sup>th</sup> Street NW

Barberton, Ohio 44203

Telephone (330) 745-7471

(Offers and expands a free health care clinic staffed by volunteer area physicians, nurses, laboratory technicians, pharmacists, and lay personnel)

Wadsworth FISH

1804 Wall Street,

Wadsworth, OH 44281

Telephone 330.336.4300

(Provides emergency assistance to Wadsworth residents in need of food, shelter, clothing and other basic needs.)

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**PRESCRIPTION DRUG ASSISTANCE****Rx For Ohio**

Website: [www.rxforohio.org](http://www.rxforohio.org)

Rx for Ohio is primarily an internet based service. You will need access to a computer. You can go to your local library if you do not have your own computer.

(See attachment)

**Ohio's Best Rx**

Website: [www.ohiobestrx.org](http://www.ohiobestrx.org)

Are you or anyone in your family:  
(see next page)

- A resident of Ohio with no prescription drug insurance coverage, 60 years of age or over; OR
- A resident of Ohio with no prescription drug insurance coverage, under age 60 with an annual income less than \$23,940 (single), \$32,100 (family of two), \$40,236 (family of three) or more based on family size.

If you answered "yes" to either of these questions, you may be eligible for Ohio's Best Rx drug card. Contact the participant help desk at 1-866-923-7879; TTY users should call 1-866-763-9630, Monday through Friday 8:00AM to 9:00PM, Saturday 9:00AM to 6:00PM, Sunday 12 Noon to 5:00PM EST.

Mailing address:  
Ohio's Best Rx  
P O Box 408  
Twinsburg, Ohio 44087

State Program Office:  
Ohio's Best Rx  
Ohio Department of Job & Family Services  
Office of Family Stability  
145 South Front Street, 2<sup>nd</sup> Floor  
Columbus, Ohio 43215  
Phone: 1-614-466-9783

(See Attachment)

## YMCA

**YMCA of Akron Ohio, Inc.**  
209 South Main Street, Suite 501  
Akron, Ohio 44308  
Telephone (330) 376-1335  
Website: [www.akronymca.org](http://www.akronymca.org)

**Longwood YMCA**  
8761 Shepard Road  
Macedonia, Ohio  
Telephone (330) 650-6144  
Email: [longwood@akronymca.org](mailto:longwood@akronymca.org)

**Canal Square Branch YMCA**  
1 Canal Square Plaza  
Akron, Ohio 44308  
Telephone (330) 434-9622  
Email: [canalsquare@akronymca.org](mailto:canalsquare@akronymca.org)

**East Akron YMCA**  
110 Goodyear Blvd.  
Akron, Ohio 44305  
Telephone (330) 784-0708  
Email: [east@akronymca.org](mailto:east@akronymca.org)

**Firestone Park Branch YMCA**  
350 W. Wilbeth Road  
Akron, Ohio 44301  
Telephone (330) 724-1255  
Email: [firestone@akronymca.org](mailto:firestone@akronymca.org)

**Riverfront Family YMCA**  
544 Broad Blvd  
Cuyahoga Falls, Ohio 44221  
Telephone (330) 923-5223  
Email: [riverfront@akronymca.org](mailto:riverfront@akronymca.org)

**Green Family YMCA**  
3800 Massillon Road  
Uniontown, Ohio 44685  
Telephone (330) 899-9622  
Email: [green@akronymca.org](mailto:green@akronymca.org)

**Medina Family YMCA**  
3076b Remsen Road  
Medina, Ohio 44256  
Telephone (330) 725-3098  
Email: [medina@akronymca.org](mailto:medina@akronymca.org)

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**YWCA**

670 West Exchange Street  
Akron, Ohio 44302  
Telephone (330) 253-6131  
Fax (330) 253-1126

Website: [www.ywca.org](http://www.ywca.org)

Offers crisis intervention services for rape and sexual assault victims; infant care, day care, school aged child care, vocational services, recreation and fitness activities, workshops for women pursuing public and political leadership, and youth leadership programs.

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**ASSISTED HOUSING****Akron Metropolitan Housing Authority**

100 West Cedar Street  
Akron, Ohio 44307  
Telephone (330) 762-6271  
Website: [www.akronhousing.org](http://www.akronhousing.org)

**Emergency/Homeless Shelters***Harvest Home*

24 North Prospect Street  
Akron, Ohio 44304  
Telephone (330) 535-1563

(Temporary emergency shelter for women and children. Males over the age of 12 are not accepted at the Harvest Home. Individuals needing emergency shelter can call ahead and check for availability, obtain initial information regarding the shelter, undergo a phone assessment, and make an appointment. A drug screen and photo identification is required before shelter is provided)

*Haven of Rest Ministries*

175 East Market Street  
Akron, Ohio 44309  
Telephone (330) 535-1563

(Temporary emergency homeless shelter for men. Individuals needing emergency shelter could call ahead for availability, obtain initial information regarding the shelter, undergo a phone assessment and make an appointment. A drug screen and photo identification is required before shelter is provided.)

*Fair Housing Contact Services*

333 South Main Street, Suite 300

Akron, Ohio 44308

Telephone (330) 376-6191

(Provides various types of services including counseling, investigation, referrals and seminars. These services are provided to address problems such as discrimination because of race, color, religion, national origin, gender, familial status, disability or handicap. Problems such as sexual harassment, change of housing terms, misrepresentation of availability of housing, and predatory lending are also addressed)

Fair Housing Advocates

520 South Main Street, Suite 2459

Akron, Ohio 44311

Telephone (330) 253-2450

(Provides various types of services primarily dealing with landlord/tenant issues. Services available include mediation, public education, investigation, and referrals. These services are provided to address problems such as discrimination because of race, color, religion, national origin, gender, familial status, disability or handicap. Problems such as sexual harassment, change of housing terms and misrepresentation of availability of housing are also addressed.)

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## **HOME ENERGY ASSISTANCE PROGRAM (HEAP)**

Toll Free: 1 (800) 282-8000

TDD: 1 (800) 626-1557

Website: [www.odod.state.oh.us/cdd/ocs/heap.htm](http://www.odod.state.oh.us/cdd/ocs/heap.htm)

Apply for utility assistance

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## **SALVATION ARMY**

Will provide assistance for medical and dental needs, utilities, furniture and appliances. Very limited emergency assistance available for prescriptions via voucher system. No co-pay is involved. Monthly income cannot exceed \$275.00/month. Not available if any minors are in the home. Client to call in for phone assessment. Alcoholism prevention and treatment for males 18 years of age and older. Program for tutoring homeless children. School supplies in late August. Summer camp. Food pantry with referral via info-line or agency caseworker. Please phone ahead for guidance criteria. Applicants should call (330) 762-8481

Salvation Army – Barberton

560 Wooster North

Barberton, Ohio 44203

Telephone (330) 745-2836

Salvation Army – Summit County

190 South Maple Street

Akron, Ohio 44302

Telephone (330) 762-8481

Salvation Army – Wadsworth

527 College Street

Wadsworth, Ohio 44281  
Telephone (330) 335-2327

Hot meals are served at this site the last 5 weekdays of the month (excluding December), from 4:00 p.m. – 5:00 p.m.

Booth Manor is a family shelter. Client should phone ahead for information, details, criteria, and to schedule an intake appointment. Openings are not always available.

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#### **GREEN WELFARE ASSOCIATION**

6233 Redbird Terrace  
Clinton, Ohio 44216

Telephone (330) 882-3396

(Provides direct assistance to the needy of the township, including food, utility payment and clothing.)

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#### **HUDSON COMMUNITY SERVICES ASSOCIATION**

P O Box 398

Hudson, Ohio 44236

Telephone (330) 653-5868

(Coordinates the distribution of emergency assistance in the community including food, medical supplies, utility payments and clothing; sponsors activities for senior citizens.)

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#### **LAKEMORE UNITED COMMUNITY COUNSEL**

P O Box 199

Lakemore, Ohio 44250

Telephone (330) 733-3649

(Provides emergency food assistance; helps with utility bills and some prescriptions; supports athletic and recreational programs for youth.)

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#### **SPRINGFIELD TOWNSHIP COMMUNITY FUND**

2094 Portage Line Road

Mogadore, Ohio 44260

Telephone (330) 784-3990

(Provides emergency/short-term financial assistance to residents in need of food, clothing, shelter and medical services.)

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#### **Violet's Cupboard**

655 North Main Street

Akron, Ohio 44310

Telephone (330) 375-2159

(Provides services free to persons infected with HIV/AIDS and their families including; food, transportation, case management, counseling, primary medical services, legal, emergency assistance and advocacy.)

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## **INFO-LINE**

Info-Line is a 24-hour information and referral service. In addition to providing information and referrals, Info-Line also offers programs such as Senior Info-Line, MedAssist and Child Care Connection.

InfoLine  
474 Grant Street  
Akron, Ohio 44311  
Telephone (330) 376-6660 or  
Northern Summit County (330) 650-2603

Website: [www.infolineinc.org](http://www.infolineinc.org)

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## **UNITED WAY OF SUMMIT COUNTY**

90 North Prospect Street  
Akron, Ohio 44309  
Telephone (330) 762-7601  
Information dial 2-1-1  
(the information hotline is available 24-hours a day 7-days a week)

Website: [www.uwsummit.org](http://www.uwsummit.org)

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## **GOODWILL INDUSTRIES of Akron, Ohio, Inc.**

570 East Waterloo Road  
Akron, Ohio 44319  
Telephone (330) 724-6995

Website: [www.goodwillakron.org](http://www.goodwillakron.org)

## OHIO DOMESTIC VIOLENCE NETWORK

### Recognizing Domestic Violence

- Violence may impact a child's development and a parent's ability to care for that child
- Without intervention, domestic violence usually increases in frequency and severity

### SOME SIGNS TO LOOK FOR

#### Parent displays:

- Unexplained injuries, especially during pregnancy
- Physical symptoms related to stress (trouble sleeping, fatigue, frequent headaches, stomachaches)
- Abuse of alcohol or drugs
- Lack of interest in things, appears detached
- Fear of partner or reluctance to speak in front of partner
- Isolation or lack of support system

#### Child displays:

- Fear of father (who is usually the abuser) or other adults
- Fear of leaving the mother (who is usually the victim)
- Eating or sleeping problems
- Nervousness, jumpiness, or frequent crying
- Violent behavior, acting out or appearing withdrawn

#### Helpful things to say to a victim of domestic violence:

- "You're doing a great job dealing with this situation."
- "No one deserves to be treated this way."
- "I'm afraid for your safety." Or "I'm afraid for the safety of your children"
- "Abuse usually gets worse not better."
- "You deserve to make your life safe and happy."
- "I believe you."
- "You are not alone. You can ask for help."

#### Help the victim access support

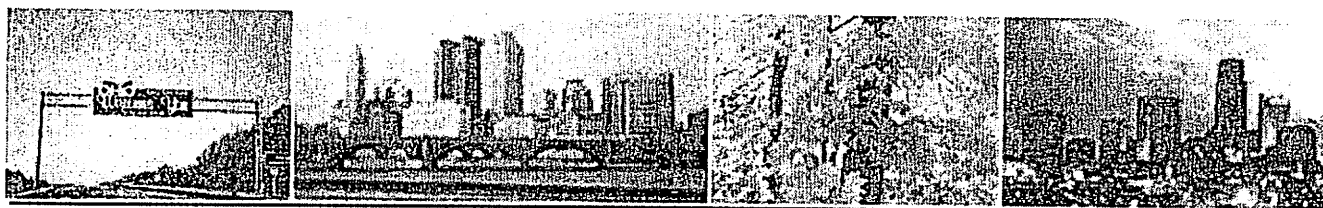
- Have you talked to anyone else about your situation?
- If there anyone that could help you if you needed it?
- Have you considered calling you local Domestic Violence program?

#### Provide information about the local domestic violence program:



If you would like further information about resources available in your area to victims of domestic violence, contact Ohio Domestic Violence Network (ODVN) at 1-800-934-9840.

(the above information was provided by the ODVN)



## Rx For Ohio

Prescription Assistance | Resources | Who

### Prescription Assistance

Do you, or does someone you know, need help affording prescription drugs? Did you know that the pharmaceutical industry provides prescription drugs to people who qualify for assistance? There are also government programs to help people afford prescription drugs. [Click here](#) to learn more about these programs.



Do you know someone that might benefit from being able to search for prescription assistance programs online, but they don't have a computer? [Click here](#) to see how to find publicly available internet-capable computers in your community.

### About Patient Assistance Programs

#### What are Patient Assistance Programs?

The research-based pharmaceutical industry has a long tradition of providing prescription medicines free of charge to patients who might not otherwise have access to necessary medicines. Generally, a Patient Assistance Program provides prescription medicines to patients who do not have prescription drug coverage or who are underinsured through either private and/or government health plans.

For many years, the innovator pharmaceutical companies, that research and develop new drugs, have been concerned that patients did not have access to the newest and most effective medicines available. Since as early as the 1950s and 1960s, pharmaceutical companies have worked with doctors to identify patients in need who would benefit most from these programs.

Patient Assistance Programs are the Pharmaceutical Industry's best-kept secret. Many PAPs have been organized in the past ten years. However, two date back to the 1950s, one was formed in the 60's, two were formed in the 70's, and two started in the 80's. Many drugs have been supported by Patient Assistance Programs for some time. To make it easier for patients and physicians to find information about company-sponsored programs, PhRMA, the Pharmaceutical Research and Manufacturers of America, put together a directory of programs in 1992 to

### Who We Are

RxForOhio.org is a service brought to you by a collaboration of concerned individuals and organizations joining America's pharmaceutical companies to improve health care access for the citizens of Ohio.

Users can now search over 1,400 medications in government, industry and privately-sponsored programs from one central point. If you have any questions about Rx For Ohio or how to use the site, please contact us via email at [rxforohio@hotmail.com](mailto:rxforohio@hotmail.com). We'll get back to you right away.

Click [here](#) to see a complete list of RxForOhio supporters and get links to their web sites.

Supporters of RxForOhio.org include:



Abbott/Ross Laboratories

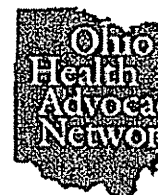


New Medicines. New Ideas.

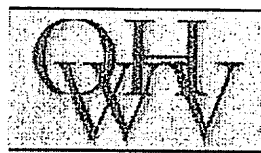
Pharmaceutical  
Research and  
Manufacturers  
America



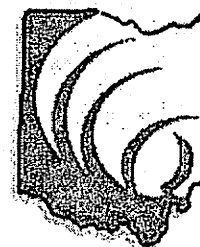
Procter & Gamble



The Ohio Health  
Advocacy Network



Ohio Hematology-  
Oncology Society

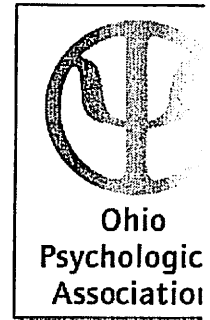


provide all company program information in one place. Each individual company sponsoring a patient assistance program(s) is listed on RxforOhio.org.

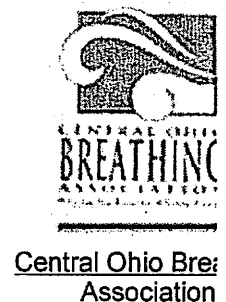
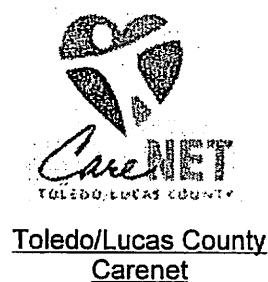
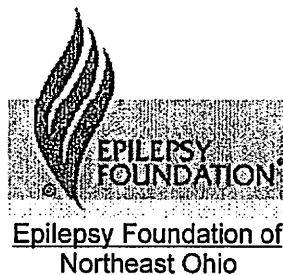
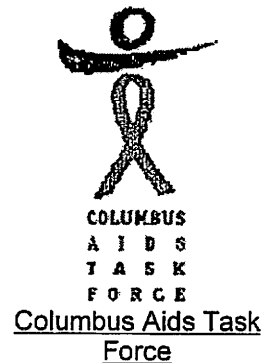
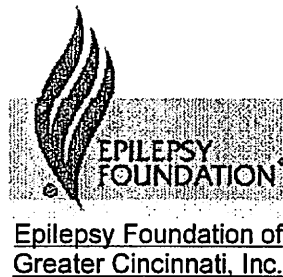
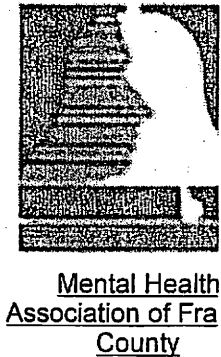
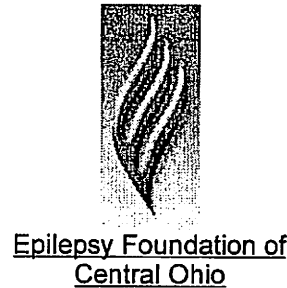
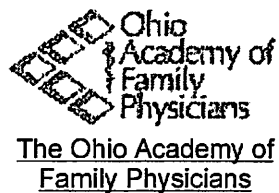
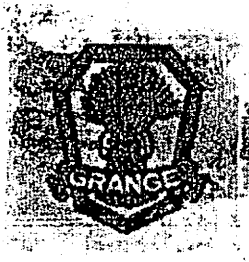
Each company determines the eligibility criteria for its program; eligibility criteria and the application processes vary. Basic eligibility criteria generally involve income requirements, family size, and status of insurance coverage for prescription drugs.

[more>>>](#)

[National Alliance f  
Mentally Ill, Oh](#)




[The Ohio Psycho  
Association](#)




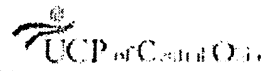
American Cancer Society -  
Ohio Division Inc.

Ohio AIDS Coalition

Neighborhood Health  
Centers


  
LUPUS  
Foundation of America  
Lupus Foundati  
America, Northwe  
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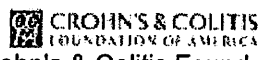
  
Epilepsy Center, Toledo


  
United Cerebral Palsy of  
Central Ohio

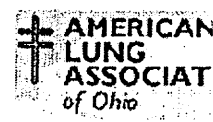
Lutheran Social  
Services of Central Ohio


American Heart  
Association  
Fighting Heart Disease and S  
American Hea  
Association—Centr  
Affiliate

  
Community Health Charities of  
Ohio


  
Crohn's & Colitis Foundation  
of America, Southwest Ohio  
Chapter


  
Alzheimer's Association,  
Dayton Chapter


  
American Lung Ass  
of Ohio


  
The Leukemia & Lymphoma  
Society, Northern Ohio Chapter

  
Ohio Osteopathic Association

  
American Liver  
Foundation, Ohio

  
National Kidn  
Foundation

  
The Leukemia & Lymphoma Society, Southern Ohio Chapter

  
Ohio Advocates for  
Health Care Access  
Ohio Advocates for Health Care Acces

For more information on the supporters of RxforOhio.org, please visit our Who We Are page.

Rx for Ohio | 172 East State Street | Suite 410 | Columbus, Ohio 43215 | (877) Rx4Ohio | Email Us!



Bob Taft, Governor

### APPLICATION

**There is no application or enrollment fee**

For additional assistance, contact us at 1-866-923-7879 (866-9BESTRX), TTY 1-866-763-9630 or go to our website, [www.ohiobestrx.org](http://www.ohiobestrx.org).

**PLEASE PRINT CLEARLY AND USE INK**

- ✦ Complete one application form per individual or family (a family is a couple, a couple with children or an adult with children)

<b>Step 1: How many people are in your family?</b> <input type="text"/>				
<b>Please list all family members who are applying:</b>				
First Name	Last Name	Relationship: <b>Self</b>	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: <b>Spouse</b>	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: <b>Child</b>	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: <b>Child</b>	Birth Date MM DD YYYY	Sex M F
First Name	Last Name	Relationship: <b>Child</b>	Birth Date MM DD YYYY	Sex M F
If you have additional children, please list them on a separate sheet and attach to this form.				

- ✦ Applicant(s) must live in Ohio; if applying as a family, all family members must also live at the same address.

<b>Step 2: What is your home address?</b>		
Street Address		City
State	Zip Code	Telephone Number: ( )

- ✦ Applicant(s) cannot currently have prescription drug coverage (includes third party insurance from an employer or insurer, Medicaid, disability assistance or children's health insurance).

<b>Step 3: Do you have prescription drug coverage?</b>	
<input type="checkbox"/> No one applying for this program currently has or has had prescription drug coverage in the last 4 months.	
<input type="checkbox"/> Someone applying for this program had prescription drug coverage in the last four months but: <ul style="list-style-type: none"><li><input type="checkbox"/> The person(s) who had coverage is/are age 60 or older</li><li><input type="checkbox"/> The insurance company that provided drug coverage has filed for bankruptcy</li><li><input type="checkbox"/> The person(s) is/are no longer eligible for coverage through a retirement plan</li><li><input type="checkbox"/> The person(s) is/are no longer eligible for Medicaid, disability medical assistance, or children's health insurance</li></ul>	

**PLEASE COMPLETE THE BACK OF THIS FORM**

**Note: If all applicants are age 60 or older, please skip Step 4.**

- ✚ If under the age of 60, your yearly or monthly family income cannot be more than income maximums in the chart below. Income maximums are based on the total number of family members not just those that are applying.

1 person	2 people	3 people	4 people
\$23,940/yearly \$1995/monthly	\$32,100/yearly \$2675/monthly	\$40,236/yearly \$3353/monthly	\$48,396/yearly \$4033/monthly
5 person	6 people	7 people	8 people
\$55,556/yearly \$5340/monthly	\$64,680/yearly \$5390/monthly	\$72,840/yearly \$6070/monthly	\$81,000/yearly \$6750/monthly

- ✚ Include the Social Security number of each family member reporting income

**Step 4: What is the income for each adult family member?**

	Yearly Income	or	Last 3 months	Social Security Number
Self:	\$ <input type="text"/>		\$ <input type="text"/>	<input type="text"/>
Spouse: (even if spouse is not applying for Ohio Best Rx)	\$ <input type="text"/>		\$ <input type="text"/>	<input type="text"/>
Child over 18 (if applying):	\$ <input type="text"/>		\$ <input type="text"/>	<input type="text"/>
Child over 18 (if applying):	\$ <input type="text"/>		\$ <input type="text"/>	<input type="text"/>

Income must include alimony, interest income on bank accounts and property or additional income

**YOU MUST SIGN THIS APPLICATION TO APPLY FOR OHIO'S BEST RX**

**Statement of Truth**

I affirm that the information and any documentation provided in this application is true, complete and accurate to the best of my knowledge and belief.

If signing on behalf of the applicant, I also affirm that I am authorized to do so.

**PLEASE NOTE: Knowingly making a false statement on this form is the offense of falsification, a misdemeanor of the first degree.**

\_\_\_\_\_  
Signature or mark of Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative (if applicable)

Date \_\_\_\_\_

Representative's Telephone Number: \_\_\_\_\_

Signature of Representative = ☐ Legal Guardian/Custodian or ☐ Authorized Representative

***Signature authorizes release of information and enrollment into the Program***

**IF FAXING THIS APPLICATION, YOU MUST FAX BOTH SIDES TO 1-877-923-7879 or MAIL TO:**

OHIO'S BEST RX  
P.O. BOX 408  
TWINSBURG, OHIO 44087-0408