

# ARE YOU ELIGIBLE FOR ASSISTANCE?



- ☐ You are deemed **disabled** by your physician.
- ☐ You are in the 24 month gap for Medicare coverage.
- ☐ **You are in Medicare Part D “Gap”**
- ☐ You have a chronic medical condition.
- ☐ You have **NO prescription drug coverage.**
- ☐ You are a legal resident of the State of Alabama.
- ☐ You meet specific income criteria.

For more information contact:

**1-800-AGE-LINE**  
**(1-800-243-5463)**

[www.EastAlabamaAging.org](http://www.EastAlabamaAging.org)



East Alabama Regional Planning  
and Development Commission



**Area Agency on Aging**  
AGING AND DISABILITY RESOURCE CENTER