



Medicare Part D for 2026 Intake

Today's Date _____

Name _____ DOB _____

Medicare Number _____ (provide card copy)

Current Medicare Part D (Rx drug) Plan _____

Address _____

City _____ State _____ Zip _____

County _____

Telephone _____ Email _____

Race/Ethnicity White _____ Black _____ Latinx _____ Asian _____

Other, specify _____

Religion Jewish _____ Other _____

Income Level (we collect data for United Way reporting purposes only and is anonymized)

Household of 1 person:

Household of 2+ people:

Below \$20,150 _____

Below \$23,000 _____

\$20,151-\$33,600 _____

\$23,001-\$38,400 _____

\$33,601-\$53,700 _____

\$38,401-\$61,400 _____

Above \$53,700 _____

Above \$61,400 _____

How did you hear about this program?

____ Received postcard by mail ____ Previous participant

____ CJFS email newsletter ____ Referred by Temple

____ Other

CJFS is pleased to offer this service at no cost to you.
Donations are appreciated.