



The Benjamin Buckley  
Memorial Foundation  
109 Churchill St.  
Southington, CT 06489  
[cbuckley@benwashere.org](mailto:cbuckley@benwashere.org)  
[www.benwashere.org](http://www.benwashere.org)

## Asthma and Allergy Prescription Reimbursement Application

Ben Was Here Inc. is offering prescription reimbursement to the local community for asthma and allergy related medications. Reimbursement will be limited to a maximum of \$250 per family per calendar year. If you have exceeded \$250 in the last calendar year, you are unable to apply for reimbursement during this grant cycle. Receipts must be included with your application in order to be considered. Applications can be mailed to the address above and/or sent via email to [cbuckley@benwashere.org](mailto:cbuckley@benwashere.org) with signature scanned in.

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_  
#: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Amount of funds requested;(not to exceed \$250) please include all costs requested, including sales tax, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*If you are requesting funds for prescription drug reimbursement, please attach the receipt to your application.\***

**Please allow 30 days for Ben Was Here Inc. to receive and review your request.**

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant

date

\_\_\_\_\_  
Email of Applicant

