



# Medical Marijuana Compassionate Need Program

## 2019 Compassionate Need Program Application

### Identification Information

Patient Name: \_\_\_\_\_ Date of Birth: / /

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

First Time Applicant

Renewal Applicant

### Financial Documentation Submitted: (Check Applicable)

Recent Tax Return

Unemployment Income

Current Pay Stub

Soc Sec Income

Retirement/Annuity Inc

Disability Income

Title 19 Income

Workers Comp Income

Other: \_\_\_\_\_

Total Annual Household Income: \_\_\_\_\_ Total Members of Household: \_\_\_\_\_

### Patient Agreement

**I attest that the financial information and documentation I provided is accurate. I understand that if this information is determined to be false, my enrollment in the Compassionate Need Program will be terminated.** I understand that if it is determined that my income exceeds the eligibility standard of 200% of the federal poverty level (FPL) adjusted for family size, I will not be enrolled in the Compassionate Need Program. I understand that as an enrollee of the Compassionate Need Program I will be eligible for discounts on the medical marijuana I purchase up to the total patient allotment per month. I agree that any purchase of medical marijuana is for my personal use only and I will abide by the legal requirements of the State MMJ program.

Patient Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

**Enrollment in the Compassionate Need Program is approved for a one-year period from the approval date of the application and is subject to a one-time application fee of \$25 for first time applicants only.**

### \*\*\*For Office Use Only\*\*\*

Approved  Denied \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_



## Compassionate Need Discount Program 2019

### To Qualify:

- Must have current MMP registration and be a patient of Prime Wellness of CT, AND
- Must prove low income eligibility at or below 200% of the Federal Poverty Level OR
- Must be a Military Veteran OR
- Must be a patient 65 years of age or older OR under 18 years of age

### To Enroll:

- Must submit completed application each year
- Must submit a one-time \$25 CASH fee (**First Time Applicants ONLY**)
- Must provide proof of annual household income and size

- |                               |                              |
|-------------------------------|------------------------------|
| - Most Recent Tax Return      | - Unemployment Income        |
| - Workers Comp Proof          | - Title 19 / Medicaid Income |
| - Retirement / Annuity Income | - Disability Income          |
| - Current Pay Stub            | - Social Security Income     |

### Discount Amount:

- 10% off of the patient's total MMP allotment per month.
- 10% off of all other accessories or products.
- Patients who qualify for CNP are eligible for 2 products at no charge per month  
(NOTE: On occasion, MMJ producers will donate a limited supply of items, so please inquire about Compassionate Care product availability at the time of purchase)
- Maximum promotional discounts will be allowed but cannot be combined with other additional discounts (i.e. veteran status; dispensary sales)

### Income Guidelines:

<u>Persons in Family/Household</u>	<u>2019 Income Limit</u>
1	\$ 24,980
2	\$ 33,820
3	\$ 42,660
4	\$ 51,500
5	\$ 60,340
6	\$ 69,180
7	\$ 78,020

### Program Approval:

- Approval and / or continued participation is at the sole discretion of PWCT
- First time applicants must submit a \$25.00 one-time application processing fee, prior to approval. Payment **MUST** be cash.
- Participants must provide updated income documents and application annually.
- PWCT reserves the right to deny an applicant or to terminate an enrollee to safeguard against diversion or any illegal or improper use of this program.