



# Medical Marijuana Compassionate Need Program

## Financial Hardship Application

### Identification Information

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

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

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

### Financial Documentation Submitted: (Check Applicable)

- Disability Income                       Unemployment Income                       4 Weeks of Pay Stubs
- Soc Sec Income                               Retirement/Annuity Inc                       Other: \_\_\_\_\_
- Title 19 Income                               Workers Comp Income

### 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:* \_\_\_\_\_

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

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

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



## Financial Hardship Program

### 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

### Income Guidelines:

<u>Persons in Family/Household</u>	<u>2022 Income Limit</u>
1	\$ 27,180
2	\$ 36,620
3	\$ 46,060
4	\$ 55,500
5	\$ 64,940
6	\$ 74,380
7	\$ 83,820

### To Enroll:

- Must complete application
- Must show proof of annual household income and size
  - Unemployment Income
  - Workers Comp Proof
  - Retirement / Annuity Income
  - 4 Weeks Worth of Pay Stubs
  - Title 19 / Medicaid Income
  - Disability Income
  - 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 FHP may be eligible for Compassionate Care items  
**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)

### Program Approval:

- Approval and / or continued participation is at the sole discretion of PWCT
- 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.