



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.

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 Compassionate Care Center 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 provide proof of annual household income and size
 - Most Recent Tax Return
 - Workers Comp Proof
 - Retirement / Annuity Income
 - Current Pay Stub
 - Unemployment Income
 - 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 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 Compassionate Care Center
- Participants must provide updated income documents and application annually.
- Compassionate Care Center 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.