Medical Marijuana Compassionate Need Program

Financial Hardship Application

Identification Information

Patient Name: ______________________________ Date of Birth: ___/___/___

Phone: ______________________________

Email: ______________________________

Financial Documentation Submitted: (Check Applicable)

☐ EBT Card	☐ Unemployment Income	☐ 4 Weeks of Pay Stubs
☐ Soc Sec Income	☐ Retirement/Annuity Inc	☐ Disability Income
☐ Title 19 Income	☐ Workers Comp Income	☐ Other:__________________

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:*

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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 Compassionate Care Center of CT, AND**
- **Must prove low-income eligibility at or below 200% of the Federal Poverty Level**

Income Guidelines:

Persons in Family/Household	2021 Income Limit
1	$ 25,760
2	$ 34,840
3	$ 43,920
4	$ 53,000
5	$ 62,080
6	$ 71,160
7	$ 80,240

To Enroll:

- **Must complete application.**
- **Must show proof of annual household income and size.**

- EBT Card
- Workers Comp Proof
- Retirement / Annuity Income
- 4 Weeks' Worth of Pay Stubs
- 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 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 CCT.**
- **CCC 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.**