



# Medical Marijuana Compassionate Need Program

## Financial Hardship Application

### Identification Information

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

### Financial Documentation Submitted: (Check Applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Unemployment Income    | <input type="checkbox"/> 4 Weeks of Pay Stubs |
| <input type="checkbox"/> Soc Sec Income    | <input type="checkbox"/> Retirement/Annuity Inc | <input type="checkbox"/> Other:               |
| <input type="checkbox"/> Title 19 Income   | <input type="checkbox"/> 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 The Botanist, AND
- Must prove low income eligibility at or below 200% of the Federal Poverty Level

## Income Guidelines:

| Household Size  | 200% of Federal Poverty Level 2024 |
|---|------------------------------------|
| 1   | \$30,120                           |
| 2   | \$40,880                           |
| 3   | \$51,640                           |
| 4   | \$62,400                           |
| 5   | \$73,160                           |
| 6   | \$83,920                           |
| 7   | \$94,690                           |
| 8   | \$105,440                          |
| <i>For additional household members add \$5,380 per individual.</i> |                                    |

## 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 The Botanist
- The Botanist 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.