

FINANCIAL HARDSHIP PROGRAM

Danbury: Financial Hardship Application

Identification Information

Patient Name: _____ Date of Birth: ____ / ____ / ____

Phone: _____

Email: _____

Financial Documentation Submitted: (Check Applicable)

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Unemployment Income | <input type="checkbox"/> Disability Income |
| <input type="checkbox"/> Title 19 Income | <input type="checkbox"/> Retirement/Annuity Inc | <input type="checkbox"/> Other: _____ |
| | <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: _____

The Botanist™

FINANCIAL HARDSHIP PROGRAM

To Qualify:

- Must have current MMP registration and be a patient of The Botanist (in Connecticut), AND
- Must prove low-income eligibility at or below 200% of the Federal Poverty Level
- For Families/Households with more than 8 persons, add \$10,280 for each additional person

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
For additional household members add \$5,380 per individual.	

To Enroll:

- Must complete application
- Must show proof of annual household income and size. Household income should give an accurate representation of income, based on all persons in the household.
 - Unemployment Income
 - Workers Comp Proof
 - Title 19 / Medicaid Income
 - Retirement / Annuity Income
 - 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 product availability at the time of purchase. Typically, donated products arrive the first or second week of each month. Patients will be eligible to select an item of their choice every-other-month.
- 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.