Medical Marijuana Compassionate Need Program

PRIME WELLNESS OF CONNECTICUT

MMJ Compassionate Need Program Application

Identification Information

Patient Name: ______________________________

Home Address: ______________________________

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Phone Number / Email:

CT MMP Card Number: ______________________________

Financial Documentation Submitted: (Check Applicable)

☐ Recent Tax Return ☐ Unemployment Income ☐ Other Proof of Income

☐ Soc Sec Income ☐ Retirement/Annuity Inc ________________

☐ Title 19 Income ☐ Workers Comp Income ☐ Disability Income

Computed Annual Income: ______________________ Household Size: ________________

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 a maximum equivalency of 2 ounces or 56 grams 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. I understand that enrollment in the Compassionate Need Program does not guarantee availability of the product I am requesting. In the event that the requested product is not available, the dispensary reserves the right to dispense an alternate product, if the patient agrees to use the alternate product.

Patient Signature: *Application Date:*

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Manager Approval

☐ Approved ☐ At or below 200% FPL (Gross Income)

☐ Denied Reason : ______________________________

Manager Signature: *Approval Date:*

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Enrollment in the Compassionate Need Program is granted for a one year period from the approval date of the application and is subject to an annual non-refundable application fee of $25.