



COMPASSIONATE CARE APPLICATION

FULL NAME: _____ CANNABIS CARD ID: _____

PHONE NUMBER: _____ DATE OF BIRTH: ____/____/____

CAREGIVER NAME (IF APPLICABLE): _____

CURRENT FINANCIAL DOCUMENTATION SUBMITTED

- UNEMPLOYMENT INCOME
- MEDICAID/ TITLE 9
- SOCIAL SECURITY/ DISABILITY INCOME
- WORKER'S COMPENSATION
- RETIREMENT/ ANNUITY
- OTHER PROOF OF CURRENT INCOME
(MUST BE APPROVED BY A MANAGER)

TOTAL ANNUAL HOUSEHOLD 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 this Compassionate Care 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 this Compassionate Care Program. I agree that any purchase of therapeutic cannabis is for my personal use only and I will abide by the legal requirements of the NH Therapeutic Cannabis Program.

PATIENT SIGNATURE: _____ DATE: ____/____/____

MANAGER APPROVAL

APPROVED AT OR BELOW 200% FPL (GROSS INCOME)

DENIED REASON: _____

MANAGER SIGNATURE: _____ DATE: ____/____/____

DISCOUNT INFORMATION

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- You can either receive the Compassionate Care, Senior, or Veteran 10% discount
- Even if you qualify for more than one, you can not receive multiple discounts
- If you are a veteran, that is the preferred discount because there may be additional sales available

DISCOUNT AMOUNT

- 10% off of all products
- Discount can not be combined with sales and promotions unless otherwise specified

TO QUALIFY

- Must have a valid therapeutic cannabis card
- Must prove low income eligibility at or below 200% of the Federal Poverty Level

TO ENROLL

- Must submit completed application
- Must provide household size and at least one of the following
 - Social Security Income / Social Security Disability Income
 - Medicaid Insurance/Title 19
 - Unemployment Income
 - Worker's Compensation Income
 - Retirement / Annuity Income

Approval and/or continued participation is at the sole discretion of GraniteLeaf. Applicant will be notified of the approval or denial in person or over the telephone. Incomplete applications will not be processed.