

Completed application and all supporting documentation must be submitted by:
May 31st, 2017

Frequently Asked Questions

How does the selection process work?

Applicants are first screened for eligibility – each applicant must demonstrate financial need and must have been a registered patient of Dispensary33 for a minimum of 120 continuous days prior to the application deadline. Eligible applicants are then selected through a lottery system, although we reserve the right to make a targeted selection in certain circumstances involving, for instance, terminal illness.

If I qualified in the past but was not accepted will I be accepted this time?

Previous applicants who have remained registered at Dispensary33 will have an increased likelihood of selection but are not guaranteed entry in subsequent rounds.

How do I know if I meet the financial requirement?

We use federal poverty standards as a guide, but there are no strict cut-offs and we look at a totality of evidence to help us make this determination. This includes tax returns as well as proof of participation in a need-based government program (for example, Social Security, SNAP or Medicaid).

How long will each award cycle last?

There will be two 6-month cycles each year: from July 1–December 31 and from January 1–June 30, with applications accepted from May 1-31 and from November 1-30 respectively.

How many people will join the program every 6 months?

We will not know the final number of awardees ahead of time. We tally every 6 months of sales to determine the amount of product we will be able to donate for the next round of the program. Then we work with cultivators to offset our costs so that our donation is stretched as far as possible, to include as many people as possible. In our previous round there were 16 awardees out of a total of about 40 qualified applicants.

How much will I get if I am selected?

Awardees are granted a set amount of credit every month. The exact dollar amount will be determined at the time of selection.

Will this donated cannabis be charged against patients' 2.5oz limit?

Yes. As far as the State is concerned patients will be purchasing product and all sales will be tracked just as they are for all other purchases. The difference will be that donated product purchases will receive a full, 100% discount.

If my card expires while I am in the Cannabis Compassion Program, will I still receive free product?

No. Awardees will still need to show a valid Illinois medical cannabis card and a valid State ID to enter the dispensary and to remain in the program.

Can I switch back and forth to other dispensaries while on the Compassion Program?

No. Awardees may not switch to another dispensary at any time that they are receiving the award.

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Personal Information

Name: _____

QP#: _____ Email: _____

We prefer to contact applicants by email. However, if this is not convenient or possible then please provide a telephone number:

Primary Phone#: (____) _____ - _____

Registered continuously at Dispensary33 since (mm/yy): ____ / ____

Did you applied to the CCP in the previous round and were NOT accepted?:

Yes No

If yes, have you remained registered only at Dispensary33 since that time:

Yes No

Financial Information

Please provide information about your household finances. You must attach supporting information.

1. Tax Return. Please attach a copy of your 2016 return. You can request a copy from the IRS at <http://www.irs.gov/individuals/Get-Transcript> or by calling 800-908-9946. If you did not file a return please include an explanation on the following page.
2. Need-Based Programs. If you are enrolled in a need-based program – such as Social Security, Medicare or SNAP food stamps – please provide documentation of your most recent benefit statement and/or award letter.
3. Other. If you have documentation not included in items 1 or 2, you may submit along with an explanation of how the documentation demonstrates proof of financial need.

Marital Status: Single Married/Partnered Divorced Other _____

Monthly Income: \$ _____ Monthly Expenses: \$ _____

Number of people living in household: _____

Are you a dependent: Y / N

Number of dependents in household: _____

Are you the head of household: Y / N

