



Completed application and all supporting documentation must be submitted by:

May 31, 2022

We accept applications in-person at the front desk or by e-mail to <a href="mailto:ccp@dispensary33.com">ccp@dispensary33.com</a>.

To submit via email, scan your application and documents as PDFs and attach them to your email. If you do not have access to a scanner, you may take a picture of each page. Please ensure you are in good lighting and hold your phone as still as possible to ensure the legibility of your application.

On some smartphones, there is a "Scan to PDF" option in the Notes app, which can be helpful.



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#### **Frequently Asked Questions**

#### How does the selection process work?

Applicants are first screened for eligibility – each applicant must demonstrate financial need and make a purchase at least 120 days prior to the application deadline. All eligible applicants for an application period are then randomly assigned a queue number, which is used to determine their place on the wait list.

Previous awardees must wait one year after the end of their award period before reapplying. This means that someone selected in this round that ends in December would have to wait until November of the following year to reapply.

#### How do I know if I meet the financial requirement?

1. 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 (i.e., SNAP or Medicaid). SSI and SSDI are not need-based programs. If you are not part of a need-based program, please provide other forms of proof and an explanation of how the documentation demonstrates proof of financial need.

#### How long does each award cycle last?

There are 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 much will I get if I am selected?

Awardees are granted \$240 of credit every month, or enough for about one 3.5g container per week.

#### 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.





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### **Personal Information**

Na	ame:					
Ql	P#: Email:					
	e prefer to contact applicants by email. However, if this is not convenient or possible then please ovide a telephone number:					
Pr	imary Phone#: ()					
If	you have previous been a CCP recipient, for what time period:					
	to					
Pl	Financial Information  ease provide information about your household finances. You must attach supporting information.					
2.	. <u>Tax Return</u> . Please attach a copy of your most recent tax filing. You can request a copy from the IRS at <a href="http://www.irs.gov/individuals/Get-Transcript">http://www.irs.gov/individuals/Get-Transcript</a> or by calling 800-908-9946. If you did not file a return please include an explanation on the following page.					
3.	. <u>Need-Based Programs</u> . If you are enrolled in a need-based program – such as Medicaid or SNAP food stamps – please provide documentation of your most recent benefit statement and/or award letter.					
4.	4. 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.					
	arital Status: ☐ Single ☐ Married/Partnered ☐ Divorced  Other					
M	onthly Income: \$ Monthly Expenses: \$					
Νι	umber of people living in household: Are you a dependent: Y / N					
Νι	umber of dependents in household: Are you the head of household: Y / N					





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Briefly tell us anything else that you feel may be of significance when considering your application.

## Personal Statement