

Completed application and all supporting documentation must be submitted by:  
**November 30, 2019**

### 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. 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.

Based on the current waitlist size, if you are deemed eligible in this round then you will likely be chosen for this program in either six months or one year.

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?**

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., Social Security Insurance, SNAP or Medicaid, but not SSDI).

#### **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.

#### **Can I switch back and forth to other dispensaries while in the Compassion Program or on the wait list?**

No. Awardees may not switch to another dispensary at any time that they are receiving the award and those on the wait list will lose their place if they change their registration to another dispensary, even if only for a day.

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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): \_\_\_\_ / \_\_\_\_

If you have previous been a CCP recipient, for what time period:

\_\_\_\_\_ to \_\_\_\_\_

### Financial Information

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

- Tax Return. Please attach a copy of your most recent tax filing. 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.
- 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.
- 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

# Cannabis Compassion Program Application

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### Personal Statement

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