



## Greenlight Dispensary Compassion Care Program Terms & Agreement for 2019

### Eligibility

Financial assistance may be granted to residents who are properly registered with the Arkansas Department of Health holding a valid medical marijuana ID card. Participation is based on the patient's income, not that of their caregiver. Financial assistance is available to:

1. Patients living below 200% of the federal poverty line (Starting at \$24,980- Add \$4,320 for each dependent/ person in household up to 8)
2. Recently unemployed (Proof required from unemployment office).
3. Injured on the job (Proof by written letter from employer or disability agency).
4. Active duty or veteran status (Proof of DD214 or "Veteran" status printed on DL or ID).
5. Hospice status (Letter from Hospice Center required as verification).
6. Disability status (Proof of Disability letter required).
7. Senior citizen status (Copy of ID showing 65+ only).

A patient must provide proof of receipt of assistance from an approved program or provided certified copies of their federal or state tax returns in order to qualify for assistance. The dispensary manager must grant final approval on any hardship application. The dispensary manager shall have the authority to grant financial assistance with Controller approval to a patient for reasons other than financial hardship including, but without limitation: An active RIC Card proving you work in the industry to qualify for our Industry Aid Program.

### Record Keeping

All patients participating in the program are required to sign an anti-diversion and responsible use pledge. The dispensary manager will remove any patient suspected of diversion from the program immediately. The dispensary manager shall not retain any patient documentation used to verify financial status. All documentation aside from this agreement shall be returned to the patient upon verification. Any documentation that is not returned to the applicant must be shredded. All financial documentation submitted for review shall be kept in a locked file cabinet in a secured area that is locked every evening after business hours.

### Anti-Diversion and Responsible Use Pledge

By signing this document I agree that I am responsibly using my medication by following all Arkansas State Laws, keeping it out of reach of children, and not diverting my medicine to anyone at all for any reason (including other card holders or family members).

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_