



Compassionate Care Program Application

Section I – Applicant Identification

Patient

Name _____

Street Address _____

City _____ State _____ Zip Code _____

CT MMP Card Number _____

Preferred Curaleaf Dispensary Location: Groton Hartford Milford Stamford

Caregiver

Name _____

Phone Number _____

Email _____

CT MMP Card Number _____

Relationship to Patient _____

Same address as the patient? If not, please provide your address below. Yes No

Street Address _____

City _____ State _____ Zip Code _____

Section II – Patient Proof of Support

Please check the submitted proof(s) of support below.

- | | |
|---|---|
| <input type="radio"/> Social Security Disability Insurance (SSDI) | <input type="radio"/> Title 19 / Medicaid / HUSKY |
| <input type="radio"/> Supplemental Security Income (SSI) | <input type="radio"/> Other _____ |

Section III – Program Details

The Curaleaf Compassionate Care Program provides access for registered CT medical marijuana patients who cannot afford the usual cost of their medical cannabis products. Each eligible patient, known as a Patient in Need (PIN), may purchase a maximum of one (1) PIN formulary product from their preferred Curaleaf CT dispensary (selected above) every two (2) weeks, with exceptions based on product availability and patient health status being made at the discretion of your preferred dispensary's management team only. PIN patients may also order medical marijuana products from any Curaleaf CT dispensary facility's normal menu at a 15% discount. The maximum amount of non-formulary cannabis products that a PIN patient may purchase at a 15% discount is equal to their prescriber-designated 30-day supply limit. To be eligible for the program, a PIN patient must produce evidence of receiving at least one (1) form of government support that is ongoing at the time of application submission. Please note that being a recipient

of Unemployment Insurance and/or SNAP Benefits does not qualify a patient for the Compassionate Care program.

Section IV – Applicant Agreement

By signing the below line, you agree to the Program’s written rules as well as the following terms and conditions: approval and/or continued participation in the Compassionate Care Program is at the sole discretion of Curaleaf. Participants must re-apply on an annual basis one (1) year from the date of their most recent approval. The patient and/or their caregiver consent to receiving communications on the status of their application and the Program at the provided email address and/or phone number. Curaleaf reserves the right to deny any applicant or to terminate an enrollee to safeguard against diversion and/or any illegal/improper use of this program, or if false or misleading information was provided. Failure to report a change in eligibility can result in removal from the program. Curaleaf has the right to change the program’s eligibility requirements and/or benefits at any time. Purchased medical marijuana is for patient use only, and all program participants agree to abide by the requirements of the CT Medical Marijuana Program as well as the Curaleaf Code of Conduct.

Signature

Date