Application for Acanza Compassionate Needs Savings Program

How to Complete this Application:
1. Review the information on this page carefully and keep it for your records.
2. Complete Sections 1 and 2 of the application.
3. Gather the required documentation listed on page 2.
4. Please submit online **via our secure website**, or submit to our dispensary staff your completed application and required documentation by following the instructions on the next page.

What is the Acanza Needs Savings Program?
- The Acanza Compassionate Needs Savings Program is a program offered by Acanza Heath Group, LLC ("Acanza") that allows you to receive discounts, promotions and/or incentives, if you qualify. This is neither a government program nor an insurance plan.
- If you qualify, you may get discounted medications for up to one (1) year. Acanza will make available an application for renewal once your enrollment ends. The renewal application will be accessible online.
- Your local Arkansas licensed dispensary will provide all medications onsite at Acanza.

Who is Acanza?
- Acanza is an Arkansas licensed medical marijuana dispensing facility.
- Please note, The Program can be changed or stopped by Acanza at any time or for any reason, with approval by the Medical Marijuana Commission.

Do you qualify for the Program?

You may qualify for the Program if you meet the requirements below:
- ✓ You hold a valid Medical Marijuana Patient Card issued by the Arkansas Department of Health;
- ✓ You meet certain income limits:

No. of people in your household	Total monthly income before taxes	Total yearly income before taxes
1 person	less than $2,917 a month	less than $35,000 a year
2 person	less than $4,000 a month	less than $48,000 a year
3 person	less than $5,000 a month	less than $60,000 a year
4 person	less than $5,833 a month	less than $70,000 a year
5 person	less than $6,667 a month	less than $80,000 a year

If you do not meet the requirements listed above but you have recently experienced a change in your financial circumstances (income level and/or prescription drug coverage) and can provide supporting documentation, you may still qualify for the Program.

Please review the checklist on the next page to ensure that your application is complete and ready for submission. Please allow up to 10 days for this application to be processed.

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Acanza Compassionate Needs Savings Program Application Checklist

APPLICATIONS WILL BE ACCEPTED VIA OUR SECURE WEBSITE AT WWW.ACANZA.COM OR BY SUBMITTING YOUR COMPLETED APPLICATION TO OUR DISPENSARY STAFF.

Please note: The online application for our compassionate needs program is available by using your phone, computer and/or tablet (i.e. ipad), or by completing our application in person at our dispensary. In order to qualify you will need to have the following:

☐ Your completed, signed application;

☐ A copy of your Medical Marijuana Identification Card (RIC) provided by the Arkansas Department of Health;

Program Eligibility Information *Please type, or print clearly in* ***blue or black*** *ink.*

SECTION 1:

PATIENT INFORMATION:

Name____Date of Birth ______________________Sex ☐ M ☐ F
First Middle Initial Last (mm/dd/yyyy)

Address_________________________________City____________________State___________Zip_______

Phone (_____)____________Alternate Phone (______)____________E-Mail__________________________

Primary language spoken: ☐ English ☐ Spanish ☐ Other: __________________________

US Veteran: ☐ Yes ☐ No

Disabled (approved by Social Security): ☐ Yes ☐ No

SECTION 2*: (This information will only be used to determine eligibility)*

INCOME:

Number of people in your household: ______________ *(Include yourself, your spouse, and your dependents)*

What is your total combined household income before taxes? *(Include yourself, your spouse, and your dependents)*

$______________________Monthly OR $_______________________Yearly

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CONSENT:

I GIVE Acanza, and the Program administrator and their employees, agents, and contractors, permission to verify my information to make sure it is true and complete; contact me by mail, email, text or phone about the Program and about other products, programs, or services that might interest me or for which I may be eligible.

I DECLARE that all the information in this application is true and complete; I am authorized to sign this application; I do not have any assistance or insurance that would help pay for my medicines. I will contact the Program if any of my information about my drug coverage or insurance changes.

I UNDERSTAND that the Program will only use my information to decide if I qualify to participate in the Program; administer or improve the Program.

I UNDERSTAND that I can call 479-935-9394, or email at cnp@acanza.com at any time to withdraw from the Program; cancel my permission to use my information and withdraw from the Program; get a copy of the Acanza Privacy Statement. I will provide written documentation to Acanza notifying my intent to withdraw from the program.

I UNDERSTAND that the Program can request more information from me at any time; Acanza can change or stop the Program at any time or for any reason, with the approval by the Medical Marijuana Commission.

I GIVE the Program, and the Program administrators, permission to contact the person named below with follow-up questions about my application (this only applies if someone completed this application for you).

Signature of Applicant

X____**Date**__________________(MM/DD/YYYY)

If someone helped you with this application, and you want them to answer questions for you, please provide us with their name and phone number.

Contact Name: _____________________________ Contact Phone Number: ____________________

Please let us know how you would like to be notified about the status of your application, and for future discounts offered to our approved patients:

☐Text : (______)_______________________________

☐Email: _____________________________________

If you do not meet the requirements for our Compassionate Needs Savings program, but feel you should qualify, please contact us at 479-935-9394 or via email at cnp@acanza.com.

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Frequently Asked Questions:

Q: Is everyone going to know I'm on the program while shopping?
No. Your membership to our program will be noted in our system and will not be announced while you are shopping in our dispensary.

Q: Is the staff going to know when I check in that I am a member of the program or do I have to announce it?
Once you have been approved, your membership will be noted in your profile when you check in at the receptionist window, and you will be able to access the discounts, promotions and/or incentives that are being offered that day.

Q: If my boss gives me a raise, do I lose my membership to the program?
You will not lose your membership to the program if you fall within the income eligibility guidelines.

Q: If I have a tenant/cousin move in, do I lose my membership to the program?
No. You will not lose your membership if you have additional people living in your household. You may even become eligible for the program if you were previously not eligible.

Q: Do the specials change daily/weekly/monthly?
Yes, we will be offering different specials throughout the month.

Q: Do you think 10 percent is fair/enough?
Yes, we strive to help assist our patients and our community.

Q: Does someone who makes less than me get a bigger discount?
No. Membership is based on income eligibility, regardless of your earnings.

Q: Is this program only for seniors?
No. We will be offering discounts, incentives and promotions for all of the members of our compassionate needs program.

Q: If you open other locations will my discount be honored there?
Currently, in the state of Arkansas, only one entity is allowed to have one license and operate one dispensary, therefore your discount will be honored at our current dispensary only. .

Q: **Where does all this info go to?**
All of the information will be uploaded into our encrypted and secure web portal and will remain secure and confidential.

Q: Do you share this information I am providing with local authorities or the government?
No. All of your information will confidential and securely stored and will only be used for eligibility for our Compassionate Needs Program.

Q: Can I get in trouble if this isn't all correct?
Any false information reported to our program will be cause for termination from our Compassionate Needs Program.

Q: Does my membership to the program expire?
Your membership is good for one year once you have been enrolled. You will be notified by our staff when your membership is due to expire, and you will be able to reapply online.