

The information provided on this form will be kept confidential and will be used strictly to determine eligibility for the UPSP program.

The subsidy program is a cannabis assistance program developed to support the needs of medical cannabis patients. The Utah Patient Subsidy Program is made possible by the commitment and generosity of local Utah business leaders including medical professionals, processors, and retail pharmacies.

PERSONAL INFORMATION

Full Name

Address

City Zip Code: State:

Phone Number E-Mail :

Marital Status Single Married Divorced Other Occupation

Preferred Cannabis Pharmacy

What form of cannabis do you currently use the MOST? Which form of cannabis is MOST effective for you?

Where do you currently get your cannabis from?

Please check all that apply:

- I have a Valid Utah Med Cannabis Card
- I am a Veteran
- I am a Senior Citizen
- I am Disabled
- I am a Currently Receiving Disability
- I am Currently Receiving Social Security
- I am Currently Receiving Government Financial Assistance
- I am Considered Terminal by a Medical Provider

Please explain why you need assistance from the Utah Patients Coalition Subsidy Program?

	Yes	No
Do you have a Medical Cannabis qualifying condition?		
Are you currently receiving hospice care?		
Do you have health insurance?		
Do you have children under 18 living in your home?		
Would you be able to contribute any amount of money towards your medication?		
Would you be willing and able to volunteer / assist within the subsidiary program?		
Do you require home- delivery?		
Do you <u>have</u> a caregiver?		
Do you <u>need</u> a caregiver?		
Do you feel you are getting the maximum therapeutic benefits from medical cannabis?		
Would you want to speak with a QMP/Pharmacist to maximize the therapeutic benefits of Cannabis?		