



Tahoe Wellness Center

# Compassion Program

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## Overview

“Love and compassion are necessities, not luxuries. Without them, humanity cannot survive.”  
-Dalai Lama-

Compassion is one of the cornerstones behind Tahoe Wellness Center’s mission. TWC is here to provide for our community and friends, and we wish to see everyone thrive together. We believe that providing compassionate care through cannabis helps bring relief to those in need and helps them live better lives. With the passing of SB34—also known as the Dennis Peron and Brownie Mary Act, Tahoe Wellness is able to provide cannabis donations to those who qualify.

Medicine is graciously donated by our compassion partners and distributed bi-weekly to our qualified patients. The selection of products is determined by what is available for donation through our compassion partners. If you meet the necessary guidelines for Compassion, we encourage you to fill out an application for review.

## Eligibility

The Compassion Program is available for patients who have a medical need for cannabis and have difficulty obtaining medicine due to economic hardship. Applicants must be able to provide proof of local residency. Once the application has been submitted, and all of the required documents have been received, management will review the file and set up an interview to discuss the patient's eligibility. If the patient is unable to fill out the application personally, they may designate a caregiver to fill it out on their behalf.

Compassion must be picked up by the patient or caregiver bi-weekly on Sundays. Patients who qualify will be provided with specific dates and instructions once approved.

In order to apply for the Compassion Program, please make sure to fill out the application form, attach the necessary documents, and be able to fulfill the necessary requirements.

## Requirements

Patients applying for the Compassion Program must meet the necessary requirements as follows:

- Fill out the application form completely, or if unable your caretaker can fill out the form.
- Be able to provide documentation supporting the following criteria:
  - \* Proof of local residency
  - \* Verification of monthly income
  - \* Current monthly living/housing expenses
  - \* Prognosis from primary physician stating the illness or condition to be treated with medical cannabis
- Have a cannabis patient recommendation from a verifiable cannabis doctor. If you don't already have one, you can visit [www.nuggmd.com](http://www.nuggmd.com) and apply within a few minutes online.
- Be able to pick up medicine on designated Sundays and verify with signature that you are a qualified patient or caregiver receiving the product.
- Be willing to share your story about how cannabis is aiding in the treatment of your illness.
- Update your patient profile annually by providing the following:
  - \* Proof of monthly income
  - \* Current monthly living/housing expenses
  - \* Update from primary physician on status of medical condition

Once the application has been received and reviewed, Tahoe Wellness will contact the applicant to discuss the status. If you would like more information about the Compassion Program, or would like to request an application, please speak with our staff at the welcome desk. Incomplete applications will not be considered for enrollment. Any general inquiries about the Compassion Program may be directed to [info@tahoewellness.com](mailto:info@tahoewellness.com).



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Patient Name: \_\_\_\_\_ Contact # \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact email: \_\_\_\_\_

Monthly Income: (Attach Documents)

Occupation: \_\_\_\_\_ State Assistance: \_\_\_\_\_

Other: \_\_\_\_\_

Monthly Expenses: (Attach Documents)

Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_ Medical: \_\_\_\_\_ Food: \_\_\_\_\_

Other: \_\_\_\_\_

Medical Needs: (Attach Documents)

Proof of Residency: (Attach Documents)

Cannabis Consumption:

How often do you medicate? \_\_\_\_\_

How much cannabis is consumed weekly? \_\_\_\_\_

What is your preferred method of consumption? \_\_\_\_\_

Please provide any additional information useful in determining eligibility for the Compassion Program:

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