

Juli CBD Compassion Program

Please scan your completed application and documents as PDFs and submit via email to peter@julicbd.com.

If you do not have access to a scanner, you may take a picture of each page. Please ensure you are in good lighting and hold your phone as still as possible to ensure we can read your application.

On some smartphones, there is a "Scan to PDF" option in the Notes app, which can be helpful.

FREQUENTLY ASKED QUESTIONS

How does the selection process work?

Applicants are first screened for eligibility – each applicant must demonstrate financial need through provided documentation.

Eligible applicants will be awarded a 60% discount for one product purchase each month for a 12 month period. Shipping and tax fees will be waived for each purchase.

Applicants will be required to reapply every 12 months.

How do I know if I meet the financial need requirement?

We use federal poverty standards as a guide, but there are no strict cut-offs and we look at all of the evidence to help us make this determination. Individuals who are enrolled in a need-based government program, such as SNAP or Medicaid (note that SSI and SSDI are not considered strictly need-based), need only include proof of such enrollment. Others should include recent tax returns and any other forms of proof along with an explanation of how the documentation demonstrates proof of financial need.



Personal Information

Name: _____
(First, Last)

Email: _____

We prefer to contact applicants by email. However, if this is not possible then please provide a telephone number:

Phone Number: _____

Financial Information

1. Need-Based Programs. If you are enrolled in a need-based program such as Medicare or SNAP food stamps please provide documentation of your most recent benefit statement and/or award letter.

2. Tax Return. Please attach a copy of your most recent tax filing. You can request a copy from the IRS at: <http://www.irs.gov/individuals/Get-Transcript> or by calling 800-908-9946. If you did not file a return please include an explanation on the following page.

3. Other. If you have additional documentation not included in items 1 or 2, you may submit along with an explanation of how it demonstrates proof of financial need.

Marital Status: Single Married/Partnered Divorced

Monthly Income: \$_____

Number of people living in household: _____

Number of dependents in household: _____

Monthly Expenses: \$_____ Are you a dependent: Y/N

Are you the head of household: Y/N



