



Washington Medical Access Fund Grant Application

❖ Patient Information

Full Name: _____

Phone: _____

Email: _____

Mailing Address: _____

Referral source: _____

I would be willing to have my story told publicly if I am selected as a recipient:

- Yes, anonymously
- Yes, not anonymously
- No

❖ General Requirements

I currently hold a Washington State Medical Marijuana Card and can provide a copy of my Card OR Medical Marijuana Authorization Form OR can provide legitimate medical records/documentation from my primary care physician describing the diagnosis of my qualifying condition. Qualifying conditions are listed [here](#).

- Yes
- No

If yes, please include a clear copy of one of the described documents with submission of your application.

❖ Financial Information

Annual household gross income*: _____

*This includes, but is not limited to, the Gross Income from the most recent tax return AND non-taxable wages, social security, pensions or other retirement income for all members of the household

Number of people in household: _____

I can provide verification of income in the form of Medicaid documentation OR income documentation (recent paystubs, W-2, or tax return, Social Security, Supplemental Security Income, Veteran's benefits, retirement accounts, and any other income).

- Yes
- No

If yes, please include a clear copy of one of the described acceptable documents with submission of your application.

If no, but you believe you may still qualify based on extenuating and/or temporary financial hardship circumstances that are not reflected in income documents, please provide a detailed description below:

❖ **Signature & Certification**

I hereby certify that all statements and information provided on this application are true, complete, and correct to the best of my knowledge.

Signature: _____ Date: _____

❖ **Submission & Questions**

To submit, please email the completed application and copies of all necessary documents to wmaf@wacannabusiness.org or mail to:

WA Medical Access Fund
PO Box 9912
Seattle, WA 98109

For questions regarding your application, please send an email to wmaf@wacannabusiness.org.