



HELPING HANDS PROGRAM APPLICATION

To apply for membership:

1. Complete this application form in full.
2. Attach all supporting documentation.
3. Submit application and all supporting documentation by **June 27, 2022**.
PLEASE WRITE CLEARLY. Illegible applications will be considered incomplete.

Phone: (510) 540-6013 | Online: www.myBPG.com | Store: 2366 San Pablo Ave, Berkeley, CA

Introduction

The Helping Hands program provides free medical cannabis to very low-income Berkeley residents in accordance with Berkeley Municipal Code § 12.27.080. To be eligible for the program, all applicants must submit a completed application and all required supporting documentation during a posted application period. If accepted into the program, you will be enrolled for one year, after which time you must re-apply for continued enrollment. Please read this document in its entirety before filling out the application. Due to high demand, we can only enroll patients who meet the strict criteria. Submitting a completed application does not guarantee enrollment.

Who can apply, and what benefits are offered?

An individual is encouraged to apply to the Helping Hands program if they are a very low-income Berkeley resident who is qualified under California law to use cannabis for medical purposes. Members who are enrolled in the program are eligible to receive two eighths (seven grams) of flowers per week.

How do I apply?

Applications are available on our website and at our store. To apply, you must:

1. Be a current patient member of BPG.
2. Fill out this Helping Hands Application completely. Remember to sign and date the last page. Attach supporting documents required by application, including:
 - Proof of Berkeley residency
 - Proof of financial need
 - Proof of Medical Marijuana Identification Card (MMIC) or Medical Recommendation

3. Submit the completed application and all attachments to BPG in person or by mail by close of business on June 27, 2022. Incomplete or late applications may not be considered. If mailed, the application must be postmarked no later than June 27, 2022 and addressed to:

Berkeley Patients Group
ATTN: Helping Hands
2366 San Pablo Avenue
Berkeley, CA, 94702



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How does the selection process work?

Applications are first screened for eligibility. Enrollment slots are then awarded to eligible applicants through a blind selection process.

When will I know if I have been accepted into the program?

If you submit a complete and timely application to Helping Hands by **June 27, 2022**, then we will notify you of your application status by letter mailed on **July 4, 2022**.

Once I am in the Helping Hands program, can I be dropped?

Yes. If you miss four (4) consecutive package pick-ups, you will be dropped from the program.

Do I have to pick up my medicine every week?

Yes. Any packages that are not picked up in a given week are forfeited. For the purposes of Helping Hands care packages, the week begins at 9:30am on Sunday and ends at 8:00pm on Saturday.

If my recommendation or ID expires, can I still pick up my package?

No. You must present a valid recommendation and ID to enter BPG and pick up your package.

My condition makes it difficult or impossible for me to use flowers. Are alternative products available?

Yes. If you are accepted into the program, you will receive instructions for how to request alternative products. All product substitution requests must be made in writing and are subject to approval by Dispensary Management.

I don't like the flower selection this week. Can I choose a different product?

No. Except for those patients with approved product substitutions on file (see above), all members must choose their weekly care package from the designated options.

Will my personal and medical information be protected?

Yes. All of the information you provide will be kept strictly confidential and solely for the purposes of administering the Helping Hands program.

Is the medicine distributed through the Helping Hands program laboratory tested?

Yes. All of our medicine is laboratory tested in accordance with Berkeley Municipal Code § 12.27.070.



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If I enrolled earlier this year, do I need to re-apply?

Yes. All applicants must re-apply at this time.

Who do I contact if I have questions?

In general, please reach out to **helpinghands@mybpg.com** for all questions related to the program.

Application Overview

The Helping Hands program complies with local law regarding the provision of free medical cannabis to very low income Berkeley residents. Berkeley Municipal Code § 12.27.080. Applicants are not required to submit medical documentation. Please do not submit personal medical records. A complete application includes:

- This application packet (must be completed in full, signed, and dated)
- Proof of residency (see Section 1 – Contact Information for details)
- Financial documentation (see Section 2 – Financial Information for details)
- Proof of State-Issued Medical Marijuana Identification Card



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1. Contact Information

Name: _____

Address: _____

City: Berkeley State: CA ZIP code: _____

Government-Issued ID #: _____ Exp. Date (mm/dd/yyyy): _____

MMIC/Recommendation ID #: _____ Exp. Date (mm/dd/yyyy): _____

Date of Birth (mm/dd/yyyy): _____ Gender Identity (optional): _____

Email: _____ Phone #: _____

What is your preferred method of contact? _____

How did you hear about Helping Hands? _____

Do you have a designated caregiver at BPG? _____

Caregiver Name: _____

Caregiver Phone Number: _____

To verify your Berkeley residency, please attach and submit with your application a photocopy of at least one of the following proof of residency documents:

- California Driver's License or state-issued Identification (ID) Card
- Utility Bill (must be recent, addressed to applicant, for service at physical address in Berkeley)
 - o PG&E
 - o Landline phone (cannot be a cell phone bill)
 - o EBMUD
 - o Internet
 - o Cable
 - o Garbage
- Current checking or savings account statement
- Action letter from Social Services or government agency (cannot be a property or business)



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2. Financial Information

Please provide information about your household finances. You must attach supporting documentation.

1. Tax Return. If you filed personal income taxes in 2022, please attach a copy of your return. You can request a copy from the IRS at <http://www.irs.gov/Individuals/Get-Transcript> or by calling **800-908-9946**.
2. Benefit Statement. If you receive regular benefits payments (including but not limited to Social Security, disability, unemployment, retirement, or pension benefits) please provide documentation of your current benefit amount(s) and payment period(s). Annual statements are preferred.
3. Enrollment in other needs-based program(s). There are a number of government programs that have eligibility requirements similar to Helping Hands, including Medi-Cal, CalFresh (food stamps), CalWorks, General Assistance, and others. If you receive benefits under one or more of these programs, please provide a copy of your most recent award letter or benefit statement.
4. Other Methods. If you are a very low-income Berkeley resident, but you are unable to prove your eligibility for free medical cannabis through one of the methods listed above, please email us at helpinghands@mybpg.com to discuss possible alternatives.

Marital Status: Single Married/Partnered Divorced Other:
 _____ Monthly Income: _____ Monthly
 Expenses: _____ Number of people living in household: _____ Are you a
 dependent? _____ Number of dependents in household: _____ Do you
 have dependents? _____ Are you the head of household? _____



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3. Member Information

What is your primary source for medical cannabis?

Do you prefer: Sativa Indica Hybrid High-CBD No preference

Do you use edibles? _____ Do you use topicals? _____

Have you applied for Helping Hands before? _____

Are you currently enrolled in Helping Hands? _____

Do you currently receive free medical cannabis from any other need-based program? Please explain.



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Attention

By signing this document I declare that the information I have provided in this application and in all of the included supporting documents is accurate and true to the best of my knowledge and is provided of my own free will. I have read and I understand the program requirements as described in the application instructions. I understand that completion of this application does not guarantee that I will receive services, nor does it guarantee that if I receive services that they will be in the service tier requested. I understand that the Helping Hands program services are provided at BPG's discretion and that BPG may modify the Helping Hands program at any time.

The information provided on this form will be kept confidential and will be used strictly to determine eligibility for the Helping Hands program. No identifying information will be released without written permission from the Applicant.

Signature: _____ **Date:** _____

Nondiscrimination policy: BPG and the Helping Hands program, in accordance with applicable Federal and State Law, do not discriminate on the basis of race, color, national origin, religion, sex (including sexual harassment), gender identity, pregnancy/childbirth and medical conditions related thereto, disability, age, medical condition (cancer-related), ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran