

SUITABILITY FOR MEDICAL CANNABIS USE

10	BE COMPLETED BY I	HE SUPERVISED IN	NDIVIDUAL			
Name (last, first, middle initial)		DOC number	Location			
☐ Yes ☐ No ☐ N/A	Are you eighteen years of age or older?					
☐ Yes ☐ No ☐ N/A	Do you have a valid authorization for medical cannabis?					
☐ Yes ☐ No ☐ N/A	Have you attached a copy of your valid authorization for medical cannabis to this request?					
	What is the expiration	n date of the authoriz	ation?			
☐ Yes ☐ No ☐ N/A	Have you attached a completed DOC 13-035 Authorization for Disclosure of Health Information?					
☐ Yes ☐ No ☐ N/A	Have you attached a completed DOC 14-053 Use of Medical Cannabis Verification?					
☐ Yes ☐ No ☐ N/A	If you have a court-ordered condition for mental health treatment, have you successfully fulfilled the terms of treatment?					
	If no, does your ment THC/cannabis while y	•	rovider support your use of ☐ Yes ☐ No			
☐ Yes ☐ No ☐ N/A	If you have a court-ordered condition for substance abuse treatment or chemical dependency treatment, have you successfully fulfilled the terms of treatment?					
	If no, does your substance abuse or chemical dependency treatment provider support your use of THC/cannabis while you are in treatment?					
	☐ Yes ☐ No					
To the best of my knowle	dge, I agree that the inf	ormation I have prov	ided above is accurate:			
Signature		Date	_			
TO BE COMPLETED BY THE CASE MANAGER						
☐ Yes ☐ No ☐ N/A	The verbal notice of in been documented as	•	of a valid authorization copy has idual's electronic file.			
☐ Yes ☐ No ☐ N/A	Verified active case(s jurisdiction.	Verified active case(s) eligibility for cannabis use through any applicable urisdiction.				
☐ Yes ☐ No ☐ N/A		Verified the healthcare provider identified is permitted to authorize the issuance of cannabis?				
☐ Yes ☐ No ☐ N/A	Verified that the mental health treatment provider will support use of THC/cannabis while in treatment with a cannabis authorization?					

☐ Yes ☐ No		Verified that the substance abuse treatment or chemical dependency treatment provider will support use of THC/cannabis while in treatment with a cannabis authorization?				
☐ Yes ☐ No	□ N/A	Verified there are no specific supervision conditions that are contrary to the supervision of the individual?				
Comments:						
		_				
Case manager			Email address		 Date	
TO BE	COMPLET	ED BY THE /	APPOINTING AUTHOR	ITY/FIELD ADMI	NISTRATOR	
☐ Yes ☐ No	Are all que	estion respon	ses or sub-questions ar	nswered?		
☐ Yes ☐ No	The individual has signed and dated attesting to the accuracy of the information provided.					
☐ Yes ☐ No	All case manager responses are completed.					
☐ Yes ☐ No	The individual has a valid authorization for medical cannabis use.					
☐ Yes ☐ No	There are no specific supervision conditions that are contrary to the supervision of the individual.					
☐ Yes ☐ No	The following documents are complete and included for this review:					
	 DOC 13-035 Authorization for Disclosure of Health Information DOC 14-053 Use of Medical Cannabis Verification DOC 14-055 Suitability for Medical Cannabis Use 					
Appointing Au			ator Determination:			
Medical Cannal	ois Use Suit	tability:	pproved 🗌 Denied 🔲 🛭	Documentation inc	complete	
• •		•	eld Administrator will not n or prohibition" in the ir	•	•	
Comments:						
Name			 Signature		 Date	
The records contained			Confidentiality Regulations 42 CF		lles prohibit further	

written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

Distribution:

ORIGINAL - Case manager **COPY** - Assistant Secretary for Community Corrections, Community Corrections Supervisor