

## **“GREENLEAF DELIVERS” PROGRAM READY TO BEGIN**

**Greenleaf Compassion Center is ready to launch *Greenleaf Delivers*. This program will provide home delivery of medical marijuana products to patients throughout Rhode Island that qualify for the service.**

**In order to be eligible, a person must:**

- **Currently be or become a registered Rhode Island medical marijuana patient that has designated Greenleaf as one of their caregivers**
- **Obtain a Practitioner’s Verification stating that you are a homebound patient whose chronic illness and/or debilitating condition has taken away your personal mobility**
- **Provide Greenleaf with a copy of your Practitioner’s Verification**

**Greenleaf will deliver medical marijuana products Monday through Saturday to patients living in Newport County and Bristol County and twice weekly to patients living in Providence County, Kent County and Washington County. A minimum \$100 order (pre-tax) is required per delivery, and no cash payment may be accepted.**

**A Practitioner’s Verification Form has been attached for your use. Also attached is information that will help your Practitioner decide if you are considered “homebound”.**

**PLEASE FAX THIS FORM TO GREENLEAF AT (401) 293-5968**

**PRACTITIONER VERIFICATION**

**In accordance with Rhode Island Department of Health requirements, the undersigned practitioner confirms that \_\_\_\_\_ (Printed Name) is a homebound patient whose chronic illness and/or debilitating condition has taken away their personal mobility**

**Practitioner's Printed Name: \_\_\_\_\_**

**Practitioner's License Number: \_\_\_\_\_**

**Practitioner's Signature: \_\_\_\_\_**

**Date of Signature: \_\_\_\_\_**

**Patient Signature: \_\_\_\_\_**

**Patient Telephone Number: \_\_\_\_\_**

**NOTE TO PATIENT:**

**Once this verification has been completed, please mail or send a copy to Greenleaf Compassionate Care Center at 1637 West Main Road (PO Box 118), Portsmouth, RI 02871. Greenleaf is required to keep this verification in your patient file.**

**A staff member will contact you to provide the details of the delivery program. If you have any questions, contact Greenleaf at (401) 293-5987 (ext. #9)**

### **NOTE TO PRACTITIONERS:**

**Change Request 8444 issued by the Centers for Medicare and Medicaid Services (CMS) advises that an individual shall be considered “homebound” if the following two criteria are met:**

#### **Criteria One**

**The patient must either:**

- **Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence or**
- **Have a condition such that leaving his or her home is medically contraindicated**

#### **Criteria Two**

**There must exist a normal inability to leave home and leaving home must require a considerable and taxing effort**