Government Assistance Samples

Patients and caregivers if qualified and approved for the state and federal assistance programs listed below for a discounted fee of $20 for their MMP ID card. Each registration period is valid for 2 years.

- NJ Medicaid Program
- NJ SNAP (Supplemental Nutrition Assistance Program)
  - NJ Temporary Disability Insurance Benefits
  - Supplemental Security Income Benefits (SSI)
  - Social Security Disability Benefits (SSD)
  - Veterans Identification Card
- DD Form 214 (Certificate of Release or Discharge from Active Duty)
  - DD Form 2
  - Medicare

The following samples are documents that the Medicinal Marijuana Program (MMP) will accept for the Government Assistance discount.
Medicaid Samples

We accept either the NJ HBIC card and/or the Medicaid HMO card. This is typically indicated by NJFAMCARE being printed on the card.
The following Horizon HMO cards indicate Medicaid:
NJ SNAP (Supplemental Nutrition Assistance Program)

The MMP will accept the front of your Families First card.
SSI (Social Supplemental Income) & Social Security Disability

Please supply a benefit verification letter dated within the past 90 days. You can obtain this letter by logging into your account or creating an account at www.SSA.gov or by calling SSA at 1-800-772-1213.

Social Security Administration

Date: September 25, 2018
Claim Number: xxx-xx-xxxx DI or HA

Name

Street Address
City, State, Zipcode

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning September 2016, the full monthly Social Security benefit before any deductions is:

We deduct: for medical insurance premiums each month.

The regular monthly Social Security payment is:

(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third Wednesday of each month.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

There was no cost of living adjustment in Social Security benefits in December 2015. The benefit amount shown is current as of the date on this letter.
**Type of Supplemental Security Income Payment Information**

You are entitled to monthly payments as a disabled individual.

There was no cost of living adjustment in Social Security benefits in December 2015. The benefit amount shown is current as of the date on this letter.

From March 1994 to March 1994, the full monthly Social Security benefit before any deductions was [redacted].

We deducted [redacted] for medical insurance premiums each month.

The regular monthly Social Security payment was [redacted].
(We must round down to the whole dollar.)

**Information About Supplemental Security Income Payments**

Beginning January 2015, the current Supplemental Security Income payment is [redacted].

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

**Date of Birth Information**

The date of birth shown on our records is [redacted].

**Suspect Social Security Fraud?**

Please visit http://oig.ssa.gov/r or call the Inspector General’s Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Questions**

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 877-600-2852. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
3RD FLOOR
190 MIDDLESEX TRNPIKE
ISELIN, NJ 08830

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*
## NOTICE OF ELIGIBLE DETERMINATIONS - STATE PLAN (D10)

1. Issued By: New Jersey Department of Labor and Workforce Development
   Division of Temporary Disability Insurance
   PO Box 387
   Trenton, New Jersey 08625-0387

2. CLAIMANT'S NAME AND ADDRESS:

3. EXT:

4. CIN:

5. EMPLOYER'S NAME AND ADDRESS:

6. Claimant's S.S. No. XXX-XX-

7. Seq. No. 001

8. Date of Claim 03/20/12

9. Claim Code 04/17/12

10. Mailing Date 04/20/12

11. Tax No. 001

12. Exam No. 320

13. Claimant's Base Year
   From: 03/20/11 To: 03/17/12

14. Minimum Requirements For Valid Claim
   Wages $1 or 20 Base Weeks
   Base Week Amount $5

15. Claimant's Covered M/F Earnings in Base Year
   A. Wages $1
   B. Base Weeks - 52

16. Claimant's Entitlement (Payable in eligible periods are established)
   A. Weekly Benefit Rate: $293.60
   B. Max. Benefit Amount: $10,000

WE HAVE REVIEWED YOUR CLAIM AND DETERMINED THAT YOU ARE ELIGIBLE FOR BENEFITS.

YOUR MOST RECENT EMPLOYER WILL RECEIVE A COPY OF THIS DETERMINATION. YOU AND YOUR EMPLOYER HAVE THE RIGHT TO APPEAL OR DISAGREE WITH ANY DETERMINATION ISSUED ON YOUR CLAIM.

IF YOU ARE INELIGIBLE FOR ANY PERIOD OR YOUR BENEFITS ARE REDUCED, YOU WILL RECEIVE A SEPARATE NOTICE EXPLAINING WHY.

GENERAL INFORMATION

PREGNANCY RELATED CLAIMS: For information pertaining to bonding with your newborn child, visit our web site at www.state.nj.gov/labor. If you are covered under the State Plan for Family Leave Insurance you will receive instructions for filing a claim after we receive your child's date of birth.

DISABILITY BENEFITS WILL NOT BE PAID FOR ANY PERIOD:
   You worked,
   You were not under medical care of a licensed doctor,
   You received:
   Unemployment Compensation,

(CONTINUED ON REVERSE ->)

RIGHT OF APPEAL

IF YOU DISAGREE WITH ANY PART OF THIS DETERMINATION, YOU MAY FILE AN APPEAL BY WRITING TO THE ADDRESS GIVEN ABOVE IN ITEM 1. THIS DETERMINATION WILL BECOME FINAL UNLESS AN APPEAL IS RECEIVED OR POSTMARKED WITHIN SEVEN DAYS AFTER DELIVERY OR TEN DAYS AFTER THE DATE OF MAILING OF THIS NOTICE GIVEN ABOVE IN ITEM 10.

ESTA DETERMINACION ACEPTA SU ELIGIBILIDAD PARA BENEFICIOS Y Describe SU DERECHO DE APELACIÓN. SI USTED NO HABLA INGLÉS, BUSQUE, DE INMEDIATO, A UNA PERSONA QUE PUEDA INTERPRETAR ESTA DETERMINACION
Veterans Documents

DD-214 (example below) can be requested at https://www.archives.gov/veterans/military-service-records
VA ID Card

DD Form 2

**DD Form 1173 and DD 1173-1 will not be accepted**

**Front and Back of ID will be required**
Any questions regarding the documents that will be accepted for Government Assistance please call the Medicinal Marijuana Program at (609) 292-0424 Monday through Friday 8am -5pm.