

- Yes No N/A 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 COMPLETED BY THE APPOINTING AUTHORITY/FIELD ADMINISTRATOR

- Yes No Are all question responses or sub-questions answered?
- 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 Authority/Field Administrator Determination:

Medical Cannabis Use Suitability: Approved Denied Documentation incomplete

If approved, the Appointing Authority/Field Administrator will notify the case manager to remove the "Department cannabis imposed condition or prohibition" in the individual's electronic file.

Comments:

 Name Signature Date

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the 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