Applications

Applicant = {Applicant Reference Number + First Name + Middle Name + Last Name + Suffix + Applicant Type + Gender + Birthdate + Deceased Date + Age + SBI Number + Height + Weight + Eye Color + ID Type + ID Number + ID Issue Date + ID Expiration Date + Marital Status + Ethnicity + Race + English Usage + Spanish Speaking + Other Language + Veteran Status + Citizen Status + Completed Education + Currently Enrolled in School + School Enrollment Level + Employment + Occupation + Income Range + Public Assistance + Notes }

Application = {Application Reference Number + Applicant Reference Number + Application Category + Application Occurrence + Empaneled Compassion Center + Other Docs Received + House Number + Street Prefix + Street Name + Street Type + Street Line 2 + Development + City + State + Zip County + Primary Phone + Primary Phone Type + Primary Phone Confidential + Secondary Phone + Secondary Phone Confidential + Email + Email Confidential + Notes}

Processing Dates = {Application Reference Number + Status + Application Received, Physician Certification Received + Dr Signature Date + ID Received + Records Release Received + Patient Authorization Received + Birth Certificate Received + DE Security Guard Exp Date + Fingerprints Receipt + SBI Report Received + Physician License Checked Date + DELJIS Check Complete + Verification Request Sent to Physician + Verification Received + MMP Signature + DPH Signature + Date sent to DHSS + DHSS Signature + Required App/Den Date + Applicant Letter Sent + Application Denial Reason/Approved + Withdrawn Date + Withdrawn Reason + Notes}

Fee Payment/Waiver = {Application Reference Number + Fee Type + Low Income Fee Request + Signed Low Income Request Received + Low Income Support Documents Received + Approve/Deny + Annual Income + Family Size + Which Year Scale Used + % Fed Poverty Level + % Total Charges Due + Amt Due + Amt Paid + Payment Date + Check Number + Check Date + Deposit Number + Refund}

ID Cards

Applicant = {Applicant Reference Number + First Name + Middle Name + Last Name + Suffix + Applicant Type + Gender + Birthdate + Deceased Date + Age + SBI Number + Height + Weight + Eye Color + ID Type + ID Number + ID Issue Date + ID Expiration Date + Marital Status + Ethnicity + Race + English Usage + Spanish Speaking + Other Language + Veteran Status + Citizen Status + Completed Education + Currently Enrolled in School + School Enrollment Level + Employment + Occupation + Income Range + Public Assistance + Notes }

ID Card = {Barcode Number + Applicant Reference Number + Cardinality + Application Reference Number + Home Visit Request + Scheduled Card Issue Appointment + Card Mailed + Applicant Received Card + Issue Date + Card Duration + Expiration Date + Date in DELJIS + Duplicates + OMM Revocation Date + Revocation in DELJIS + Notes}

Random ID = {Applicant Reference Number + Cardinality + Card Number + Notes}

Application = {Application Reference Number + Applicant Reference Number + Application Category + Application Occurrence + Empaneled Compassion Center + Other Docs Received + House Number + Street Prefix + Street Name + Street Type + Street Line 2 + Development + City + State + Zip County + Primary Phone + Primary Phone Type + Primary Phone Confidential + Secondary Phone + Secondary Phone Confidential + Email + Email Confidential + Notes}

Physicians & Medical Information

Physician = {Physician Reference Number + First Name + MI + Last Name + Practice + Total Certifications Submitted + Total Patients Certified + License Number + License Type + License Status + License Issue Date + License Exp Date + Address Line 1 + Address Line 2 + City + State + Zip + County + Phone 1 + Phone 1 Type + Phone 2 + Phone 2 Type + email + Notes}

Medical Record = {Applicant Reference Number + Physician Reference Number + Application Reference Number + First Visit + Treatment Length + Dr Signature Date + Cancer + HIV + AIDS + Cirosis + ALS + Alzheimers + PTSD + Cachexia + Pain + Nausea + Seizures + Muscle Spasms + Epilepsy + Notes

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Facilities (Compassion Centers and Safety Compliance Facilities)

Facility = {Facility Reference Number + Facility Type + Facility Name + President/CEO First Name + Pres MI + Pres Last Name + Vendor ID + Permit ID + No of Patients + License Status + License Issue Date + License Expiration Date + Address Line 1 + Address Line 2 + City + State + Zip + County + Phone 1 + Phone 1 Type + Phone 2 Type + email address + web address + social media page + Notes}

Agent = {Applicant Reference Number + Facility Reference Number + Agent Title + Date Initiated + Date Ceased + Notes}

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Caregivers

Applicant = {Applicant Reference Number + First Name + Middle Name + Last Name + Suffix + Applicant Type + Gender + Birthdate + Deceased Date + Age + SBI Number + Height + Weight + Eye Color + ID Type + ID Number + ID Issue Date + ID Expiration Date + Marital Status + Ethnicity + Race + English Usage + Spanish Speaking + Other Language + Veteran Status + Citizen Status + Completed Education + Currently Enrolled in School + School Enrollment Level + Employment + Occupation + Income Range + Public Assistance + Notes }

Caregiver = {Caregiver + Patient + Card Category + Patient Relationship to Caregiver + Date Initiated + Date Ceased _ Notes}

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