

Oregon Medical Marijuana Program Application *(to be completed by patient)*

Patient information *(required)*

Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Street address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(required)*: _____ Phone number: _____
Oregon residency *(check one and enclose a copy)*: ☐ Oregon ID **OR** ☐ Other ID and residency proof
Government-issued photo ID number *(enclose a copy)*: _____

Caregiver information *(complete only if you have a caregiver; patients under age 18 must name a caregiver)*

Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Street address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(required)*: _____ Phone number: _____
Government-issued photo ID number *(enclose a copy)*: _____

Grower information *(complete this and the grow site section ONLY if you have a grower/grow site)*

Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Street address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(required)*: _____ Phone number: _____
Government-issued photo ID number *(enclose a copy)*: _____

Types of Oregon residency proof *(check one and enclose copy)*:

- ☐ Oregon ID issued more than two years ago;
☐ Oregon ID issued less than two years ago and a grower residency form; **OR**
☐ Other ID and more residency proof.

Grow site information *(complete this and the grower section ONLY if you have a grower/grow site)*

Physical grow site address: _____
City: _____ State: _____ ZIP: _____ County: _____

☐ Check here if the above is not the patient's residence.

Grow site address zoning *(check one and enclose a copy if requested)*:

- ☐ Within city limits and zoned residential;
☐ Within city limits but not zoned residential or not within city limits *(enclose documentation from local government)*; **OR**
☐ This address has been granted a grandfather petition under OAR 333-008-0520 *(enclose copy of petition approval)*.

Patient signature *(required)* — I testify the above information is true and I understand my application or cards may be denied, suspended or revoked for submitting false information.

Patient signature: _____ Date: _____

FEES MAY APPLY *(see back of form for patient and grower fees that must be submitted with application)*

Application instructions

General instructions:

- Print legibly. Do not change the form or use “White Out.” Keep copies of all you submit to the OMMP.
- If law enforcement requests legal documentation of your right to have marijuana and you have not yet received OMMP’s approval or denial, present a copy of a submitted OMMP application and proof you sent it. ORS 475B.475(2)
- Patients under the age of 18 must submit a Declaration of Person Responsible for a Minor form signed by the minor’s custodial parent or legal guardian who is responsible for the minor’s health care decisions. ORS 475B.419
- A caregiver must be 18 years of age or older and have major responsibility for managing a patient’s well-being.
- Contact OMMP if you would like to name hospice or a palliative, home health care or residential facility as caregiver. OAR 333-008-0020(2)

Grower and grow site address instructions:

- A grower must be 21 years of age or older and may not grow for more than four patients at a time.
- The OMMP will conduct a criminal history check on every grower. ORS 475B.420(3)
- A grow site must have a physical Oregon address that is not located with a medical or retail marijuana dispensary.

Residency proof instructions:

- Patients must prove current Oregon residency by sending one of the following:
 - Oregon issued identification; **OR**
 - Other ID and other residency proof, e.g., current tax returns, utility bills, lease/mortgage or rental agreements.
- Growers must provide proof of two-year Oregon residency unless they have been growing continuously since Jan. 1, 2015, in which case they must provide one-year Oregon residency proof. Growers must submit one of the following:
 - Oregon identification issued more than two years ago;
 - Oregon identification issued less than one year ago AND a grower residency form; **OR**
 - Other identification and additional residency proof dated more than two years ago.
- Download grower residency forms from the OMMP website at www.healthoregon.org/ommp.
- Additional residency proof may include tax returns, utility bills, lease/mortgage or rental agreements.

Application and grow site registration fees

Patient application fee: \$200 unless patient sends proof of:

Discounted fees	\$60	Supplemental Nutrition Assistance Program (SNAP) benefits.
	\$50	Oregon Health Plan (OHP) benefits.
	\$20	Supplemental Security Income (SSI). (Note: Social Security Disability Income and retirement benefits do not qualify.)
	\$20	Compensation from the Veteran’s Administration (VA) if you have a 100% service-connected disability, 100% disability based on individual unemployability or a VA needs-based pension.
	\$20	Having served in the U.S. armed forces and having been diagnosed with post-traumatic stress disorder.

Grow site registration fee:

\$50	You must submit a \$50 grow site fee if the patient is not the grower.
\$0	If patient is the grower, there is no grow site registration fee required.

Make checks payable to OHA/OMMP. Do not send cash. OMMP fees are non-refundable.

Mail application, medical documentation, ID copies, residency proof and check/money order to:

OHA/OMMP, P.O. Box 14450, Portland, OR 97293-0450