

**Oregon Medical Marijuana Program
APPLICATION FORM**

OFFICIAL USE ONLY			
CHC <input type="checkbox"/>	FS <input type="checkbox"/>	OHP <input type="checkbox"/>	SSI <input type="checkbox"/>

All areas marked **REQUIRED** must be completed.
PLEASE TYPE OR PRINT LEGIBLY.

A REQUIRED		PATIENT INFORMATION	
LEGAL NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:	
MAILING ADDRESS:		PHONE #:	
CITY:	STATE:	ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the current following ID types must be attached. Please check appropriate box: <input type="checkbox"/> OR DL / ID #: _____ <input type="checkbox"/> Other US State or Federal Issued ID#: _____			

B OPTIONAL		CAREGIVER INFORMATION (<i>Not your physician</i>)	
LEGAL NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:	
MAILING ADDRESS:		PHONE #:	
CITY:	STATE:	ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the current following ID types must be attached. Please check appropriate box: <input type="checkbox"/> OR DL / ID #: _____ <input type="checkbox"/> Other US State or Federal Issued ID #: _____			

C REQUIRED		GROWER INFORMATION	
LEGAL NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:	
MAILING ADDRESS:		PHONE #:	
CITY:	STATE:	ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the current following ID types must be attached. Please check appropriate box: <input type="checkbox"/> OR DL / ID #: _____ <input type="checkbox"/> Other US State or Federal Issued ID #: _____			

REQUIRED		MARIJUANA GROWSITE ADDRESS	
PHYSICAL ADDRESS:			
CITY:	OREGON	ZIP CODE:	
COUNTY:			

D REQUIRED		APPLICATION FEE and GROWSITE REGISTRATION FEE (<i>As Applicable</i>)	
<p>The application fee is \$200, <u>or</u> \$100 with proof of OHP or Food Stamp receipt, <u>or</u> \$20 with proof of current SSI receipt. (SSDI, SSA and Medicare benefits <u>do not</u> qualify for the reduced application fee).</p> <p>A growsite registration fee of \$50 is required <u>in addition to the application fee</u> if you designate someone other than yourself as your grower. See reverse for details.</p> <p>Enclose your <u>check</u> or <u>money order</u> payable to "OMMP" or "OHA/State of Oregon". We do not accept debit/credit cards. <i>This form must accompany payment.</i></p>			

E REQUIRED		SIGNATURE & DATE	
I TESTIFY THAT THE ABOVE INFORMATION IS TRUE.			
APPLICANT SIGNATURE:		DATE:	

DO NOT FAX

APPLICATION FEE and GROWSITE REGISTRATION FEE

Application Fee

For every application, the non-refundable base application fee is:

\$200.00 **OR**

\$100.00 if you provide proof of Oregon Health Plan (OHP)¹ eligibility, or Food Stamp benefits (SNAP)², **OR**

\$20.00 if you provide proof of receipt of Supplemental Security Income (SSI)³ monthly benefits.

Growsite Registration Fee

If someone other than yourself is your grower, a grow site registration fee of \$50.00 is required in addition to the application fee. See table below.

Application and Growsite Registration Fee Scenarios

Assistance Program Participation	Patient is Grower	Patient is NOT Grower
Not a Participant	\$200	\$250
OHP ¹ /SNAP ²	\$100	\$150
SSI ³	\$20	\$70

¹ OHP: “Oregon Health Plan” means the medical assistance program administered under ORS chapter 414. Eligibility in the Oregon Health Plan is demonstrated by providing a current, valid eligibility determination statement from the Department’s Office of Medical Assistance Programs. To qualify for a reduced fee, a copy of the patient’s current eligibility statement must be provided at the time the patient submits an application.

² SNAP/Food Stamps: means the monthly benefit assistance program administered by the federal government for a person who has limited income and financial resources. To qualify for the reduced fee, a copy of a current Food Stamp benefit proof must be provided at the time the patient submits an application.

³ SSI: “Supplemental Security Income” means the monthly benefit assistance program administered by the federal government for persons who are age 65 or older, or blind, or disabled and who have limited income and financial resources. Eligibility for Supplemental Security Income is demonstrated by providing a copy of a receipt of a current monthly benefit. To qualify for a reduced fee, a copy of a receipt of a current Supplemental Security Income monthly benefit must be provided at the time the patient submits an application. Social Security Disability Income (SSDI) and Social Security Retirement receipt **do not** qualify for a reduced application fee.

MINORS

If the applicant is a minor (under age 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the Primary Caregiver on the application.

CRIMINAL HISTORY CHECK

According to ORS 475.304(6)(a), the Authority shall conduct a criminal records check under ORS 181.534 of any person whose name is submitted as a person responsible for a marijuana grow site.

MAIL COMPLETE APPLICATION TO:

OHA/OMMP
PO BOX 14450
Portland, OR 97293-0450



Until this application has been approved or denied by the Oregon Medical Marijuana Program, a copy of these materials (along with proof of mailing or transmission) shall have the same legal effect as a registration card. ORS 475.309(9)

The Oregon Medical Marijuana Act neither protects marijuana plants from seizure nor individuals from prosecution if the federal government chooses to take action against patients or caregivers under the federal Controlled Substances Act.

If this document is needed in an alternative format, please contact the OMMP at (971) 673-1234