

FEE LIST

Basic application fee If patient is own grower or not listing a grower/growsite	\$200
Basic application fee and growsite registration fee If patient is designating grower other than him/herself	\$250
SNAP reduced application fee If patient is own grower or not listing a grower/growsite AND submits SNAP proof	\$60
SNAP reduced application fee and growsite registration fee If patient is designating grower other than him/herself AND submits SNAP proof	\$110
OHP reduced application fee If patient is own grower or not listing a grower/growsite AND submits OHP proof	\$50
OHP reduced application fee and growsite registration fee If patient is designating grower other than him/herself AND submits OHP proof	\$100
SSI reduced application fee If patient is own grower or not listing a grower/growsite AND submits SSI proof	\$20
SSI reduced application fee and growsite registration fee If patient is designating grower other than him/herself AND submits SSI proof	\$70
VA reduced application fee If patient is own grower or not listing a grower/growsite AND submits VA 100% disability proof	\$20
VA reduced application fee and growsite registration fee If patient is designating grower other than him/herself AND submits VA 100% disability proof	\$70

Oregon Medical Marijuana Program

P.O. Box 14450
Portland, OR 97293-0450
Phone: 971-673-1234

Phone hours: 9 a.m. to 4 p.m.
Monday through Friday
www.healthoregon.org/ommp

Oregon Medical Marijuana Program

How to
Qualify
for a
Reduced Fee

Oregon
Health
Authority

PUBLIC HEALTH DIVISION
Oregon Medical Marijuana Program

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Oregon Medical Marijuana Program (OMMP) at 971-673-1234 or 971-673-0372 for TTY.

OHA 8503 (01/15)

Oregon
Health
Authority

PUBLIC HEALTH DIVISION
Oregon Medical Marijuana Program

IF YOU ARE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS, YOU MAY QUALIFY FOR A REDUCED REGISTRATION FEE

Veterans Affairs

To qualify for the reduced fee of \$20, a patient must submit proof of one of the following:

- 100% VA service-connected disability;
- VA needs-based pension for non-service-connected disability.

Department of Veterans Affairs
100 SW MAIN STREET FLOOR 2
PORTLAND OR 97204

February 26, 2014

Veteran's Name:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:
Your VA claim number is:
You are the Veteran

Military Information:
Your character(s) of discharge and service date(s) include:
Marine Corps, Honorable, 13-Jan-1969 - 12-Jan-1972
(You may have additional periods of service not listed above)

VA Benefits Information:
Service-connected disability: No
Are you receiving non-service-connected pension: **Yes**
The effective date of the last change to your current award was: 01-DEC-2013
Your current monthly award amount is: \$1,054.00

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/stateva.htm>.

Need Additional Information or Verification?
If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,
K. L. ANDERSON
VETERANS

Supplemental Nutrition Assistance Program (SNAP)

To qualify for the SNAP reduced application fee of \$60, a patient must submit one of the following:

- A photocopy of current verification of benefits letter;
- A photocopy of current Oregon Trail Card.

Oregon Trail

ADULT AND FAMILY SERVICES DC WENBOSSE-A Notice: FNDTGS Rev 01/2008
6 SALEM ACIN P. O. BOX 12189
SALEM, OR 97399 Program : FC Language: EN
Branch : 0611
Mailing : 00
Case No :
Case Name :
Date of Notice: 07/11/16

Oregon
Department of Human Services
McKenzie Center
2885 Clad Drive
Eugene, OR 97408
Phone: (541) 686-7878
Fax: (541) 686-7641
TTY: (541) 686-7528

Date: 08/09/2014
Name: John Doe
Address: 123 Maia Street
Portland, OR 97204

TO INTERIM CHANGE REPORT
The benefits are based on 02 months after the change. All changes: You do not need to have the right to a hearing. benefits. Please read the back

Supplemental Security Income (SSI)

To qualify for the SSI reduced application fee of \$20, a patient must submit one of the following:

- A photocopy of a SSI determination letter;
- A photocopy of a bank statement (containing the patient's name and SSI direct deposit).

Social Security Administration
Supplemental Security Income
Important Information

SOCIAL SECURITY
1538 SW YAMHILL ST
PORTLAND OR 97205

Date: April 27, 2012
Claim Number: DI

Type of Payment:
Individual-Disabled

We are writing to tell you about changes in your Supplemental Security Income (SSI) record. The rest of this letter will tell you more about this change.

About Your Request
Because you have reported income payments, you financial institution, any move or change Social Security office

Your Reporting Responsibility
Your SSI payments may report any changes the month the change takes effect.

Please call 1-800-772-1222 if you have any of the following:

- you start or stop work;
- your bank account changes;
- you move;

Bank Of Today
221 N. Morrison NT
Portland, OR 97205

Transaction	Ref	Debit	Credit	Balance
1-Aug-2014 Previous Balance		\$0.00	\$0.00	\$100.00
1-Aug-2014 8014400SUPPSEC23176125 5588875		\$0.00	\$582.11	\$682.11
2-Aug-2014 Fresh Daily Supermarket	2451	\$156.24	\$0.00	\$525.87
15-Aug-2014 Check No. -312		\$300.00	\$0.00	\$225.87
18-Aug-2014 Web Funds Transfer From SAVINGS		\$0.00	\$300.00	\$525.87
21-Aug-2014 Fees- Monthly Checking		\$5.00	\$0.00	\$470.87
28-Aug-2014 Fresh Daily Supermarket	8462	\$57.33	\$0.00	\$413.54
Total				\$582.11

Oregon Health Plan (OHP)

To qualify for the Oregon Health Plan reduced application fee of \$50, a patient must submit one of the following:

- A photocopy of current OHP ID card;
- A photocopy of current coverage letter;
- A photocopy of current verification of benefits letter.

Oregon
Department of Human Services
McKenzie Center
2885 Clad Drive
Eugene, OR 97408
Phone: (541) 686-7878

Date: 08/09/2014
Name: John Doe
Address: 123 Maia Street
Portland, OR 97204

Branch name/Division: OHPICAF
Worker ID/Telephone: XX0503-555-6555

Re: Verification of benefits received

Per your request, we are providing verification of benefits Self Sufficiency Program:

TANF (Cash Assistance)
Benefit:

SNAP (Food Stamps)

Keep this letter!
This letter explains your Oregon Health Plan (OHP) benefits.
This letter is just for your information. You do not need to take it to your health care appointments.
We will only send you a new letter if you have a change in your coverage, or if you request one.

We are the Oregon Health Plan (OHP). This is your new coverage letter.

SOCIAL SECURITY ADMINISTRATION

Date: July 22, 2014
Claim Number: XXX-XX-

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 Supplemental Security Income Payments

Beginning January 2014, the current Supplemental Security Income payment is \$582.11

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.)

IF YOU HAVE ANY QUESTIONS

We invite you to visit our web site 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 877-405-0302. 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
SUITE 100
536 SW CREEK DR
BEND, OR 97702