

## Oregon Medical Marijuana Program Change Form Instructions

### Before you start:

Use this form to make changes to your existing registration.


Type or print legibly. Do not change the form or use "White Out."

Put check or money order in the envelope with this form (*if applicable*).

Do not staple or tape your check or money order to your paperwork. Keep copies of everything you submit to the OMMP.

Sections 1 and 4 are required.

 If you see this symbol, additional documentation is required.

 If you see this symbol, payment may be required.


### Section 1: Patient information

- Complete all the requested fields.


### Section 2: Caregiver information

- Only patients who are removing or changing a designated caregiver are required to fill out Section 2: Caregiver information. If not, skip to Section 3.
- A caregiver must be 18 years of age or older.
- The patient's provider cannot be a patient's primary caregiver.
- A caregiver is a person with significant responsibility for managing the well-being of the patient.
- A patient under 18 years of age must name the patient's custodial parent or legal guardian as their caregiver.

Required additional documentation for Section 2 if changing caregiver:

 Government-issued photo ID. Examples: Driver's License, State ID, Military ID (must show date of birth), US Passport, US- issued Visa, Permanent Resident Card, Tribal ID (including full name, date of birth and a photo).

The following additional documentation may be required based on your situation:


 **Patient is designating an organizational or facility caregiver.** Complete the Organizational or Facility Caregiver consent form and submit it with this change form. Contact the OMMP for a form or print the form online at [healthoregon.org/ommpforms](http://healthoregon.org/ommpforms).

- **"Organization or facility caregiver" means:** An organization that provides hospice, palliative or home health care services that is licensed under ORS 443.014 to 443.105, 443.305 to 443.355, or 443.850 to 443.869 and has significant responsibility for managing the well-being of a patient OR a residential facility as defined in ORS 443.400 that is licensed under ORS 443.400 to 443.455 and has significant responsibility for managing the well-being of a patient.

### Section 3: Grower and grow site information


- Only patients who are changing or removing their designated grower are required to fill out Section 3: Grower and grow site information. If not, skip to Section 4.
- A grow site that is the patient's residence, where the patient (*or that patient's caregiver*) is the designated grower for the patient, may not have more than 12 mature marijuana plants - if more than 2 patients are registered to the site.
- Visit [healthoregon.org/ommpreporting](https://healthoregon.org/ommpreporting) to see if monthly inventory and transfer reporting requirements apply.
- A grower must be 21 years of age or older.
- Grow sites are subject to inspection.


Grower required additional documentation for Section 3 if changing grower:

 **Government-issued photo ID.** Examples: Driver's License, State ID, Military ID (must show date of birth), US Passport, US- issued Visa, Permanent Resident Card, Tribal ID (including full name, date of birth and a photo).

Grow site required documentation for Section 3 if changing grow site location:

 You must provide a United States Postal Service physical address for your grow site. **If the site has no physical address, you must provide the documentation outlined in OAR 333-008-0020(4)(b).**

 **Proof of zoning** is required if the grow site address is located within city limits. Zoning documentation can be obtained from the county or city.


 **Grow Site Consent form:** An application must include a Grow Site Consent form if the patient or the grower is **not** the owner of the grow site property. Print the form online at [healthoregon.org/ommpforms](https://healthoregon.org/ommpforms) or contact the OMMP for a form.

### Section 4: Patient signature and fees

#### Patient signature

The patient must sign and date the change form.

#### Fees

 Payment may be required with this change form. OMMP fees are non-refundable. Make checks payable to OHA/OMMP. Do not send cash.


### Oregon Medical Marijuana Program Change Form *(to be completed by patient)*

**\*Sections 1 and 4 are required for all applicants. Be sure to sign section 4.**

**Section 1: Patient information** *(Section 1 is required)*

Name *(first, middle initial, last)*: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing address: \_\_\_\_\_ Gender:  M  F  X  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Phone number: \_\_\_\_\_


**Section 2: Primary caregiver information** *(Complete only if you want to change or add a caregiver, check box if you want to remove)*

Remove caregiver  
Name *(first, middle initial, last)*: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing address: \_\_\_\_\_ Gender:  M  F  X  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
 Government-issued photo ID number *(enclose a copy)*: \_\_\_\_\_

**Organizational or facility caregiver information** *(see instructions for details)*

Remove organizational caregiver  Add organizational caregiver

**Section 3: Grower and grow site information** *(complete only if you want to change or add a grower, check box if you want to remove)*

Remove grower *(if removing grower, you must also remove the grow site)*  
Name *(first, middle initial, last)*: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing address: \_\_\_\_\_ Gender:  M  F  X  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
 Government-issued photo ID number *(enclose a copy)*: \_\_\_\_\_

**Grow site information** *(Must be a physical address. Please see instructions for exceptions.)*

Remove grow site *(if removing grow site, you must also remove the grower)*  
Physical grow site address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

**Grow site questions**

1. Is the grow site inside city limits?  Yes  No  
2. Is the grow site the patient's residence? *(Grow sites at a patient's residence may have lower plant limits. See instructions for details.)*  Yes  No  
3. Will the grower be transferring medical marijuana to a medical marijuana dispensary or processing site?  Yes  No  
4. Who is the owner of the property where the grow site is located?  Patient  Grower  Other  
*(If "Other" is checked you are required to submit the Medical Marijuana Grow Site Consent form with this application.)*




**Section 4: Patient signature and fees** *(section 4 is required)*

**Patient signature**  
I attest the information provided is true and I understand my cards may be suspended or revoked for submitting false information. In addition, by signing I authorize OMMP to verify any information provided in this change form including but not limited to contacting the property owner providing consent for use of the grow site.

**Patient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Grow site required documentation

You may be required to provide the following documents and information to register your designated grower and grow site. See instructions for details.

-  **Proof of legal grow site address**
-  **Proof of grow site address zoning** If you selected “Yes” for question 1 of the “Grow site questions”, you are required to submit proof of grow site address zoning.
-  **Grow site consent form** If “other” is checked for question 4 of the “Grow site questions”, you are required to submit the Medical Marijuana Grow Site Consent form with this application.

### Replacement card fees

- \$** • If you do not submit a complete change form or the correct replacement card fee, no changes will be made.
- There is no fee to change a mailing address or remove a caregiver or grower and grow site.

**Patient replacement card fee: \$100** unless patient sends proof of:

<b>Discounted fees</b>	<b>\$20</b>	Supplemental Security Income (SSI). (Note: Social Security Disability Income and retirement benefits do not qualify.)
	<b>\$20</b>	Having served in the U.S. armed forces.
	<b>\$0</b>	A veteran who submits proof of having a U.S. Department of Veteran Affairs disability rating of at least 50% as a result of injury or illness from active military service and received a discharge other than dishonorable.

### **\$** Grow site registration fee (see instructions for details):

Growers will be mailed a letter with instructions on how to create an OMMOS account and pay their fee online.

<b>\$200</b>	The grower must submit a \$200 grow site registration fee if one or more of the following is true: <ul style="list-style-type: none"><li>• The grow site is not the patient’s residence.</li><li>• The grower is not the patient on this form.</li><li>• The grower will be transferring medical marijuana to a dispensary or processing site.</li></ul>
<b>\$0</b>	No grow site registration fee is required for patients growing for themselves at their own residence where there are 12 or fewer mature medical marijuana plants.

**OMMP fees are non-refundable. If you mail in these fees, make checks payable to OHA/OMMP. Do not send cash. Growers may pay online after receiving notification from OMMP with payment instructions.**

**Growers must understand and comply with all grower requirements including reporting and tracking requirements. For more information visit our webpage for Medical Marijuana Growers at: [healthoregon.org/ommpgrower](http://healthoregon.org/ommpgrower).**

### Mailing in your completed change form

Mail change form, ID copies, residency proof, zoning documentation, and check/money order as applicable to:

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

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Medical Marijuana Program (OMMP) at 971-673-1234 or 711 for TTY.