

Organizational or Facility Caregiver Attestation

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 that has significant responsibility for managing the well-being of a patient with an Oregon Medical Marijuana Program (OMMP) card, may be designated as an additional caregiver by that patient.

A residential facility as that is defined in ORS 443.400 that is licensed under ORS 443.400 to 443.455 that has significant responsibility for managing the well-being of a patient with an OMMP card, may be designated as an additional caregiver by that patient.

In order to be designated as an additional caregiver an authorized administrator of the organization or facility must consent to the organization or facility being designated as a caregiver by completing the following and returning it to the OMMP.

Organizational or facility caregiver information

I attest the organization or facility provides hospice, palliative or home health care services, or is a residential facility and is licensed under either ORS 443.014 to 443.105, 443.305 to 443.355, 443.805 to 443.869 or 443.400 to 443.455. The organization or facility has significant responsibility for managing the well-being of patient named below.

Medical marijuana patient name: _____ **Date of birth:** _____

Organization name: _____

Organization state licensing agency: _____

Organization state license number: _____ Organization phone number: _____

Organization address: _____

Street address	City	State	ZIP code
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Person responsible for purchasing or transporting marijuana for patient

(This person's name will be printed on the OMMP card.)

Person responsible name: _____

First	Middle initial	Last
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Person responsible title: _____ Person responsible date of birth: _____

Person responsible government ID number: _____

Person responsible government ID issuing agency: _____

Person responsible government ID expiration date: _____

Signature

I attest I have the authority to consent to the organization or facility being designated as an Oregon Medical Marijuana Program caregiver under ORS 475B.807 and OAR 333-008-0020.

Print name: _____ Phone number: _____

Title of signee: _____

Authorizing signature: _____ Date: _____

Mail completed form 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.