

## Oregon Medical Marijuana Program Application Instructions

### Before you start:

Type or print legibly. Do not change the form or use "White Out." Put check or money order in the envelope with this application. 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 is required.


### Section 1: Patient information


All applicants must complete Section 1: Patient information.

- Complete all the requested fields and provide the required documentation.

Required additional documentation for Section 1:

 Proof of current Oregon residency for yourself. An Oregon-issued driver's license or identification card is acceptable residency proof. Other acceptable forms of residency proof include a recent utility bill or rental agreement.

 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).


 Attending Physician's Statement (APS) or medical chart notes that contain a diagnosis of your qualifying condition and a statement that medical marijuana may mitigate the symptoms or effects of your condition. Your medical documentation must be signed and dated no more than 90 days from the day the OMMP receives it and cannot be dated earlier than 90 days before your registration expiration date. Contact the OMMP for a form, or print the form online at [healthoregon.org/ommpforms](http://healthoregon.org/ommpforms)

- **If you are a US veteran** and can submit proof that you meet either of the qualifications below, you do not need to submit medical documentation when renewing:
  - Has been assigned a total and permanent disability rating for compensation that rates the veteran as unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities described in 38 C.F.R.4.16; or
  - Has a United States Department of Veteran's Affairs total disability rating of 100% as a result of an injury or illness that the veteran incurred, or that was aggravated, during active military service and who received a discharge or release under other than dishonorable condition.

### Section 2: Caregiver information



- Only patients who are designating a caregiver or who are under 18 years of age 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 physician 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:

 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).

## Section 2: Caregiver information


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

-  **Patient is a minor:** Patients under the age of 18 must submit a notarized 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.797(3) Contact the OMMP for a form, or print the form online at [healthoregon.org/ommpforms](http://healthoregon.org/ommpforms)
-  **Patient is designating an organizational or facility caregiver.** Complete the Organizational or Facility Caregiver consent form and submit it with this application. 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 their own grower or designating a 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](http://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:

-  **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 additional documentation for Section 3:


-  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(3)(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 received by OMMP on or after January 1, 2020, 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](http://healthoregon.org/ommpforms) or contact the OMMP for a form.

## Section 4: Patient signature and fees

### Patient signature

The applicant, patient, must sign and date the application form.

### Fees

-  Payment is required with this patient application. OMMP fees are non-refundable. Make checks payable to OHA/OMMP. Do not send cash.



**Oregon Medical Marijuana Program Application** *(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: \_\_\_\_\_  
 Proof of Oregon residency *(check one and enclose a copy)*:  Oregon ID **OR**  Other ID and residency proof  
 Government-issued photo ID number *(enclose a copy)*: \_\_\_\_\_  
 Attending Physician's Statement (APS)

**Section 2: Primary Caregiver information** *(Complete section 2 only if you have a caregiver. If not, skip to section 3.)*

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)*: \_\_\_\_\_

**Section 3: Grower and grow site information** *(Complete section 3 only if you are your own grower or designating a grower. If not, skip to section 4. Reporting requirements may apply to growers.)*

Grower's 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**  
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 application may be denied or my cards suspended or revoked for submitting false information. In addition, by signing I authorize OMMP to verify any information provided in this application including but not limited to contacting the physician who signed the Attending Physician's Statement or 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.

## Application and grow site registration fees

**\$ A patient application fee is required to be sent in with this application** (see instructions for details).

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

<b>Discounted fees</b>	<b>\$60</b>	Supplemental Nutrition Assistance Program (SNAP) benefits.
	<b>\$50</b>	Oregon Health Plan (OHP) benefits.
	<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.

**\$ Grow registration site 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.

**\$200** The grower must submit a \$200 grow site registration fee if one or more of the following is true:

- The grow site is not the patient’s residence.
- The grower is not the patient on this form.
- The grower will be transferring medical marijuana to a dispensary or processing site.

**\$0** 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 application

Mail your complete application, along with all required documentation (such as medical documentation, ID copies, residency proof, consent forms as required, zoning documentation, proof of a legal address for the grow site and reduced fee proof as applicable) and check/money order 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.