



Oregon Medical Marijuana Program Application *(to be completed by patient)*

Patient information *(required; type or print legibly)*

Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Mailing address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(print legibly)*: _____ Phone number: _____
Oregon residency *(check one and enclose a copy)*: Oregon ID **OR** Other ID and residency proof
Government-issued photo ID number *(enclose a copy)*: _____

Caregiver information *(complete only if you have a caregiver; patients under age 18 must name a caregiver)*

Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Mailing address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(print legibly)*: _____ Phone number: _____
Government-issued photo ID number *(enclose a copy)*: _____

Grower information *(complete this and the grow site section only if you are your own grower or designating a grower)*

Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Mailing address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(print legibly)*: _____ Phone number: _____
Government-issued photo ID number *(enclose a copy)*: _____

Grow site information *(complete this and the grower section only if you have a grower/grow site)*

Physical grow site address: _____
City: _____ State: _____ ZIP: _____ County: _____
Is the grow site address the patient's residence? *(check one)* Yes No
Grow site address zoning *(check one and enclose a copy if requested)*:
 Outside city limits;
 Within city limits *(enclose address zoning documentation)*; **OR**
 This address has been granted a grandfather petition under OAR 333-008-0520 *(enclose copy of petition approval)*.

Patient signature *(required)* — I testify the above information is true and I understand my application or cards may be denied, suspended or revoked for submitting false information.

Patient signature: _____ Date: _____

FEES APPLY *(see back of form for application and grow site registration fee information)*

Application instructions

General instructions:

- Type or print legibly. Do not change the form or use “White Out.” Keep copies of everything you submit to the OMMP.
- OMMP may correspond by email.
- Do not staple or tape your check or money order to your paperwork.
- If law enforcement requests legal documentation of your right to have marijuana and you have not yet received OMMP’s approval or denial, present a copy of a submitted OMMP application and proof you sent it. ORS 475B.475(2)
- Patients under the age of 18 must submit a *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.419
- A caregiver must be 18 years of age or older and have major responsibility for managing a patient’s well-being.
- Contact the OMMP if you would like to name hospice or a palliative, home health care or residential facility as caregiver.

Grower and grow site address instructions:

- A grower must be 21 years of age or older and may not grow for more than four patients at a time.
- The OMMP will conduct a criminal history check on every grower. ORS 475B.420(3)
- A grow site must have a physical Oregon address and must not be located at a medical or retail marijuana dispensary.
- Proof of zoning is required if the grow site address is located within city limits.
- All growers will receive a letter regarding online grow site registration fee payment and reporting requirements

Residency proof instructions:

- Patients must prove current Oregon residency by sending one of the following:
 - Oregon issued identification; **OR**
 - Other ID and other residency proof, e.g., current tax returns, utility bills, lease/mortgage or rental agreements.

Application and grow site registration fees

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

Discounted fees	\$60	Supplemental Nutrition Assistance Program (SNAP) benefits.
	\$50	Oregon Health Plan (OHP) benefits.
	\$20	Supplemental Security Income (SSI). (<i>Note: Social Security Disability Income and retirement benefits do not qualify.</i>)
	\$20	Having served in the U.S. armed forces.

Grow site registration fee:

\$200	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"> • The grower on the application is not also the patient on the application; • The grow site address is not the patient’s residence; • The grow site address has more than 12 mature medical marijuana plants; OR • The grower (<i>patient or other</i>) is transferring medical marijuana products to an OMMP dispensary/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 and who will not be transferring medical marijuana products to an OMMP dispensary or processing site.

OMMP fees are non-refundable. Make checks payable to OHA/OMMP. Do not send cash. Growers may pay online after receiving notification from OMMP with payment instruction. Mail application, medical documentation, ID copies, residency proof, zoning documentation and reduced fee proof as applicable, and check/money order to:
 OHA/OMMP, P.O. Box 14450, Portland, OR 97293-0450