

311 APPLICATION FORM

Registration for the Oregon Medical Marijuana Program

FOR OFFICIAL USE ONLY
CHC <input style="width: 50px; height: 20px;" type="text"/>

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Oregon Medical Marijuana Act. Attach legible copies of ID and enclose your payment. If applicant is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the Primary Caregiver.

PLEASE TYPE OR PRINT LEGIBLY.

A APPLICANT INFORMATION (REQUIRED)			
NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DATE OF BIRTH:
MAILING ADDRESS:			PHONE #:
CITY:	OREGON	ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the following must be attached. Please check appropriate box:			
<input type="checkbox"/> Oregon Drivers License <input type="checkbox"/> Oregon Identification Card <input type="checkbox"/> Voter Registration Card, plus current photo			

B PRIMARY CAREGIVER (IF APPLICABLE)			
NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DATE OF BIRTH:
MAILING ADDRESS:			PHONE #:
CITY:	OREGON	ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the following must be attached. Please check appropriate box:			
<input type="checkbox"/> Oregon Drivers License <input type="checkbox"/> Oregon Identification Card <input type="checkbox"/> Voter Registration Card, plus current photo			

C PERSON RESPONSIBLE FOR GROW SITE (REQUIRED)			
PLEASE COMPLETE THE FOLLOWING:			
NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DATE OF BIRTH:
MAILING ADDRESS:			PHONE #:
CITY:	OREGON	ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the following must be attached. Please check appropriate box:			
<input type="checkbox"/> Oregon Drivers License <input type="checkbox"/> Oregon Identification Card <input type="checkbox"/> Voter Registration Card, plus current photo			

MARIJUANA GROW SITE ADDRESS (REQUIRED)			
PHYSICAL ADDRESS:			
CITY:	OREGON	ZIP CODE:	
COUNTY:			

D REGISTRATION FEE (REQUIRED)	
<p>The registration fee is \$100 or \$20 if you can provide proof of OHP or SSI eligibility or Food Stamp eligibility. Please see back of page for details.</p> <p>Enclose your check or money order made payable to "OMMP". We do not accept Credit or Debit Cards.</p>	

E SIGNATURE & DATE (REQUIRED)	
I TESTIFY THAT THE ABOVE INFORMATION IS TRUE.	
APPLICANT OR PROXY SIGNATURE:	DATE:

SEE BACK OF PAGE FOR MORE DETAILS

OMMP APPLICATION FEE

For every application, the fee is \$100.00 **OR** \$20.00 if you can provide proof of Oregon Health Plan (OHP) eligibility, proof of receipt of Supplemental Security Income (SSI) monthly benefits or Food Stamp benefits.

OHP: “Oregon Health Plan” means the medical assistance program administered by the Department under ORS chapter 414. Eligibility in the Oregon Health Plan is demonstrated by providing a current, valid eligibility determination statement from the Department’s Office of Medical Assistance Programs. To qualify for a reduced fee, a copy of the patient’s current eligibility statement must be provided at the time the patient submits an application.

SSI: “Supplemental Security Income” means the monthly benefit assistance program administered by the federal government for persons who are age 65 or older, or blind, or disabled and who have limited income and financial resources. Eligibility for Supplemental Security Income is demonstrated by providing a copy of a receipt of a current monthly benefit. To qualify for a reduced fee, a copy of a receipt of a current Supplemental Security Income monthly benefit must be provided at the time the patient submits an application.

Food Stamps: means the monthly benefit assistance program administered by the federal government for person who has limited income and financial resources. To qualify for the reduced fee, a copy of a current Food Stamp benefit identification card must be provided at the time the patient submits an application. The Department may verify the patient’s current Food Stamp benefits through the Department or the Department of Human Service’s Children and Family Services Department.

CRIMINAL HISTORY CHECK

Under ORS 475.304(6)(a), the Department shall conduct a criminal records check under ORS 181.534 of any person whose name is submitted as a person responsible for a marijuana grow site. On or after January 1, 2006, a person who commits and is convicted of a Class A or Class B felony under ORS 475.840 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II, may not be issued a marijuana grow site registration card or produce marijuana for a registry identification cardholder for 5 years from the date of conviction. A person with more than one such conviction is not eligible to be a grower.

MAIL APPLICATION FORM TO: DHS/OMMP
PO BOX 14450
Portland, OR 97293-0450



Until this application has been approved or denied by the Oregon Medical Marijuana Program, a copy of these materials (along with proof of mailing or transmission) shall have the same legal effect as a registration card. ORS 475.309(9)

The Oregon Medical Marijuana Act neither protects marijuana plants from seizure nor individuals from prosecution if the federal government chooses to take action against patients or caregivers under the federal Controlled Substances Act.

If this document is needed in an alternative format, please contact this office: (971) 673-1234