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PUBLIC HEALTH DIVISION
Oregon Medical Marijuana Program

Oregon Health Authority

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

Please read the instructions provided on form OHA 9240A BEFORE filling out application.

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

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*): _____

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: _____ Gender: ☐ M ☐ F ☐ X

City: _____ State: _____ ZIP: _____ County: _____

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: _____ Gender: ☐ M ☐ F ☐ X

City: _____ State: _____ ZIP: _____ County: _____

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: OR ZIP: _____ County: _____

Grow site address zoning (*check one and enclose a copy if requested*):

☐ Outside city limits ☐ Within city limits (*enclose address zoning documentation*)

You must answer all the following questions if you designated a grower/grow site.
Failure to answer all the questions will result in your application being INCOMPLETE.

☐ Yes ☐ No Are you (the patient) your own grower?

☐ Yes ☐ No Is your caregiver your grower?

☐ Yes ☐ No Is the grow site your (the patient's) residence?

☐ Yes ☐ No Does the grow site have more than 12 mature medical marijuana plants?

☐ Yes ☐ No Will the grower be transferring medical marijuana to a dispensary or processing site?

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: _____

See application and grow site registration fee information on the back of this form.

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). (*Note: Social Security Disability Income and retirement benefits do not qualify.*)
	$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: • The grow site is not the patient's residence. • The grower is not the patient on this form. • The grow site has more than 12 mature medical marijuana plants.
$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. 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

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Oregon Medical Marijuana Program (OMMP) at 971-673-1234 or 711 for TTY.