



Government of the District of Columbia  
Department of Health  
Health Regulation & Licensing Administration  
Medical Marijuana Program



### APPLICATION CHECKLIST - CAREGIVERS

To expedite the processing of your application be sure to follow the application instructions carefully. Mail completed applications and payment to **Medical Marijuana Program 899 North Capitol Street NE, Second Floor, Washington, DC 20002**. It is important to send in all required supporting documents listed below:

#### Caregiver Application

- Complete signed application

#### Photo Identification

- Two (2) recent passport photos (2" x 2")
- Clear photocopy of a U.S., state, or District government-issued photo ID in the name of the applicant

#### Application Fee (check one)

Certified check, money order, or cashier's check payable to **DC Treasurer**; no personal checks

- \$100 for regular registration fee
- \$25 for reduced fee (*if checking this box, select which document(s) are included as proof*):

#### In verifying income for reduced fees, applicants must supply proof of the following:

- Proof of being a current Medicaid or DC Alliance recipient; or
- Documentation verifying that the applicant's total gross income, including child support payments, alimony and rent payments received and any other income received on a regular basis, is equal to or less than 200% of the federal poverty level, as defined by the US Department of Health and Human Services.

In verifying income for the purposes of this qualification, an individual may submit the following:

- Earnings statements received within the previous thirty (30) days
- District of Columbia or Federal tax filing returns for the most recent tax year;
- For newly employed applicants, a verifiable copy of an offer of employment that states the amount of salary to be paid;
- A copy of a Social Security or worker's compensation benefit statement;
- Proof of child support or alimony received;
- Any other unearned income or assets, including but not limited to, stocks, bonds, annuities, private pension and retirement accounts; or
- Any other item(s) of proof deemed by the Director of the Department of Health or the Director's agent reasonably calculated to demonstrate a person's current income.

#### Criminal Background Check (CBC)

Schedule a Criminal Background Check through MorphoTrust. Visit the website, <http://www.L1ENROLLMENT.com>, or call 1-877-783-4187 for information on how to apply. The criminal background check shall include both a local and FBI investigation. The criminal background check fee is separate from the application fee. Out-of-State applicants should refer to the CBC website for additional instructions. You must begin the application process for your primary registration before scheduling your criminal background check.