

Health Regulation and Licensing
Administration
Medical Marijuana Program

APPLICATION INSTRUCTIONS

To apply for a patient registration identification card, applicants shall submit a completed application to the Department on the required form, which shall include;

- Completed and signed Patient Application Form/Complete electronic patient application.
- Two (2) recent passport-type photographs: two (2) photographs of the applicant's face measuring two inches by two inches (2" x 2"), which clearly exposes the area from the top of the forehead to the bottom of the chin.
- Clear photocopy of a U.S., state, or District government-issued photo ID as proof of identity
- Caregiver Application Form (optional). Note: ***required if applying for minor patient***
- Electronic Healthcare Practitioner Recommendation Form
 - Must be dated no longer than ninety (90) days prior to the application date
- Proof of District Residency (*for residency requirements, see page 3*)
- Payment of the Application Fee

Mail your completed application and payment to: **DOH-Medical Marijuana Program**
P.O. Box 37804
Washington, DC 20013

Minors

If patient is under 18, please use the patient application for minors.

(www.doh.dc.gov/mmp)

Social Security Number

If an applicant does not have a social security number:

- (1) Submit with the application a sworn affidavit, under penalty of perjury, stating that the applicant does not have a social security number
- (2) Provide the Department of Health with social security information once a social security number has been obtained

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REGISTRATION FEES

All registration and permit fees must be paid by certified check, money order, or cashier's check payable to the **DC Treasurer**. Fees must be paid at the time an application is filed.

I. The registration, renewal and replacement fees are as follows:

- Initial registration fee \$100.00
- Renewal fee \$100.00
- Replacement card fee \$90.00

II. Reduced Fees

The initial registration fees for a qualifying patient or caregiver whose income is *equal to or less than two hundred percent (200%) of the federal poverty level* will be twenty-five percent (25%) of the published standard qualifying patient or caregiver registration fee as follows:

- Initial registration fee \$25.00
- Renewal fee \$25.00
- Replacement card fee \$20.00

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.

Applicants must submit the required verifying information for each renewal or request for a replacement card in order to receive the reduced fee.

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PROOF OF RESIDENCY

In order to qualify for the Medical Marijuana Program, you must be a resident of the District of Columbia. For purposes of this subtitle, a patient shall be a resident of the District of Columbia if the individual: (a) Is physically present in the District of Columbia; (b) Has taken verifiable actions to make the District his or her home indefinitely with no present intent to reside elsewhere; and (c) Is not merely present in the District for the sole purpose of obtaining medical marijuana.

To prove District of Columbia residency, applicants must submit at least **TWO (2)** of the following items in the name of the applicant. Check two forms of residency from the list below and attach the according documents to the application.

- ___ Proof of payment of District of Columbia personal income tax, in the name of the applicant, for the tax period closest in time to the application date
- ___ A property deed for a District of Columbia residence showing the applicant as an owner or co-owner
- ___ A valid unexpired lease or rental agreement in the name of the applicant on a District of Columbia residential property
- ___ A pay stub issued less than forty-five (45) days prior to the application date which shows evidence of the applicant's withholding of District income tax
- ___ A voter registration card with an address in the District of Columbia
- ___ Current official documentation of financial assistance received from the District Government including, but not limited to Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income (SSI), housing assistance, or other governmental programs
- ___ A current motor vehicle registration in the name of the applicant evidencing District residency
- ___ A valid unexpired District motor vehicle operator's permit or other official non-driver identification in the name of the applicant
- ___ A utility bill (excluding telephone bill) from a period within the two (2) months immediately preceding the application date in the name of the applicant on a District of Columbia residential address