



**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). <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"> <li>• The grow site is not the patient's residence.</li> <li>• The grower is not the patient on this form.</li> <li>• The grow site has more than 12 mature medical marijuana plants.</li> </ul>
\$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.