



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Medical Use of Marijuana Program
Application/Renewal Form

This application is for: (check all that apply)

- Patient Registration Primary Caregiver Registration Dispensary Selection
 MaineCare Member MaineCare #: _____

Section 1

Name of patient (last, first, middle initial)	I apply to:	<input type="checkbox"/> Grow my marijuana
Home Address (number and street name) (not required if homeless)		<input type="checkbox"/> Primary caregiver will grow marijuana
_____ (city, state, zip code)		<input type="checkbox"/> Obtain marijuana from a registered dispensary
Telephone: (207) - _____	Name of registered dispensary, if selected:	
Mailing Address _____ (city, state, zip code)	Grow Location	
Date of Birth: _____	Driver License Number: _____	Attach copy of Driver License
If under 18 years of age, complete Section 2		

Section 2 TO BE COMPLETED FOR MINOR APPLICANT in SECTION 1 OR PERSON UNDER GUARDIANSHIP OR DURABLE POWER OF ATTORNEY

Parent/guardian/other name (last, first, middle initial) as it appears on your driver's license	Telephone number if different than above (207) - _____
Mailing Address if different than patient	
<input type="checkbox"/> Parent with legal authority to make medical decisions	Attach copy of Driver License
<input type="checkbox"/> Legal Guardian (attach copy)	Driver License Number: _____
<input type="checkbox"/> Durable Power of Attorney (attach copy)	Date of Birth: _____

Section 3 PRIMARY CAREGIVER (other than a Registered Dispensary)

Name (last, first, middle initial) as it appears on your driver's license, or legal name	Telephone number: (207) - _____
Home Address (street) _____ (city, state, zip code)	
Mailing Address _____ (city, state, zip code)	



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Date of Birth: _____ (Must be 21 or older) Driver's License Number (attach copy): _____

Attached signed release of information

Primary caregiver must complete this section to describe the nature of the assistance to this qualified patient (e.g. growing, transporting, cultivating, controlling acquisition, determining the dosage and frequency of the medical use, assisting the patient to administer)

If hospice or nursing home, attach separate sheet for each staff person with caregiver responsibility.

If growing marijuana for a registered qualifying patient, at what address:

<input type="checkbox"/>	Check if hospice	<input type="checkbox"/>	Check if custodial parent, relative or guardian
<input type="checkbox"/>	Check if nursing home	<input type="checkbox"/>	Other

Declaration: I/we understand and acknowledge my/our duties as patients and primary caregivers. I/we understand that if the patient's identification card expires or is revoked, then the primary caregiver identification card is null. I/we agree to return the registration cards to the Department of Health and Human Services under those circumstances. If the patient chooses another caregiver, the caregiver card will be null and void and will be returned to the Department of Health and Human Services. I/we declare under penalty of perjury that the information provided on this form is true and correct. I/we certify that I/we will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes. If I grow and cultivate marijuana for medical use, I agree to have my enclosed, locked facility be inspected by representatives of the Maine Department of Health and Human Services. I agree to provide soil and product samples to representatives of the Maine Department of Health and Human Services for testing pursuant to the rules governing Maine's Medical Marijuana Program. I further agree tha

Printed name of primary caregiver/hospice director/nursing home director

Signature

Date

Attn: Medical Marijuana Program
DHHS Division of Licensing and Regulatory Services
11 State House Station
Augusta, ME 04333



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Printed name of patient

Signature of patient

Date _____

Attn: Medical Marijuana Program
DHHS Division of Licensing and Regulatory Services
11 State House Station
Augusta, ME 04333



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For Hospice or Nursing Home Use: List all Employees who will need a registration card to fulfill caregiver duties under the Maine Medical Use of Marijuana Program:

Name	Title	Driver License #	Date of Birth
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Note: A copy of the driver's license for each employee is required to be submitted with this application.