



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR MEDICAL MARIJUANA REGULATION
 MEDICAL MARIJUANA REGULATORY PROGRAM
CAREGIVER REGISTRATION APPLICATION

Caregiver Registration fee: \$25.00. Cultivation fee: \$100.00. Submit application and payment with color photo [1]; government issued identification [2]; if applicable, proof of legal guardianship [3]; a completed Patient Authorization Form [4]; and if applicable, a written description of the patient cultivation facility security arrangements and processes [5]. Please see instructions below for further details.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
SOCIAL SECURITY NUMBER		STATE OF MISSOURI ID/DRIVERS LICENSE NUMBER	
DATE OF BIRTH (MM-DD-YYYY) [6]	IS THE PATIENT 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ASSOCIATED PATIENT NAME	ASSOCIATED PATIENT LICENSE NUMBER		
CONTACT INFORMATION			
RESIDENCE ADDRESS [7]			UNIT/APT NO
CITY	STATE	COUNTY	ZIP CODE
MAILING ADDRESS			UNIT/APT NO
CITY	STATE	COUNTY	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
CULTIVATION REGISTRATION			
DO YOU INTEND TO CULTIVATE MARIJUANA? [8] <input type="checkbox"/> YES <input type="checkbox"/> NO			
CULTIVATION SECURITY ARRANGEMENTS AND PROCESSES			
DO YOU AGREE TO IMMEDIATELY MAKE AVAILABLE ACCESS TO THE PATIENT CULTIVATION FACILITY UPON REQUEST FROM THE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU AGREE TO MAINTAIN CULTIVATION IN AN ENCLOSED LOCKED FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CULTIVATION STREET ADDRESS			UNIT/APT NO
CITY	STATE	COUNTY	ZIP CODE
WILL THIS CULTIVATION FACILITY BE SHARED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF PATIENT/CAREGIVER [9]			
LICENSE NUMBER OF PATIENT/CAREGIVER			
REGISTRATION QUESTIONS AND AGREEMENT			
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER LANGUAGE: _____			
OPTIONAL: IS THE ASSOCIATED PATIENT LISTED ON THIS FORM CURRENTLY ELIGIBLE FOR ANY MISSOURI LOW-INCOME ASSISTANCE PROGRAMS? [10] <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHICH ONE(S): _____			
DO YOU ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SIGNATURE			DATE

- [1] This should be a clear, color photo of the applicant's face taken within the last three months with no sunglasses or hats.
- [2] This should be a clear, readable copy of a government issued photo ID.
- [3] Acceptable proofs are: 1) A copy of a birth certificate or adoption record showing the guardian listed in this application is the applicant's parent; or 2) A copy of documentation establishing that the guardian listed in this application has legal guardianship over the applicant.
- [4] This form can be found on the department website at medicalmarijuana.mo.gov. The form should be completed and signed by the associated patient listed in this application.
- [5] This should include a description of how the patient cultivation facility complies with the definition of "enclosed, locked facility" in 19 CSR 30-95.010.
- [6] Caregivers must be at least 21 years of age.
- [7] This should be the address where the caregiver actually resides.
- [8] Details about how many plants may be grown in one facility and who may have access to it can be found in 19 CSR 30-95.030.
- [9] Please include all patients and caregivers who will have access to the cultivation facility.
- [10] A response to this question is optional and will only be used to flag an identification card as one that is eligible for any low-income discounts offered by dispensaries.

SAMPLE