

# MEDICAL CANNABIS PROGRAM | ADULT PATIENT APPLICATION



Please complete all fields. Additional guidance, including fees and submissions options, on reverse.

## APPLICATION TYPE

New  Renewal  Replacement

## PATIENT INFORMATION

\_\_\_\_\_  
First Name Middle Initial Last Name Suffix

\_\_\_\_\_  
Street Address Apt/Suite (if applicable) City State Postal Code

\_\_\_\_\_  
Mobile Number Email

\_\_\_\_\_  
Date of Birth (MM-DD-YYYY) *Note: A Minor Patient Application must be completed for applicants younger than 21 years of age.*

Social Security Number:  Yes \_\_\_\_\_  No. A sworn affidavit attesting to me not having a SSN is attached.

## RECOMMENDATION INFORMATION

Healthcare provider referral. Recommendation no. \_\_\_\_\_

Practitioner Type:  Physician  Naturopathic Physician  Nurse Practitioner  Physician Assistant  Dentist

\_\_\_\_\_  
First Name Last Name Suffix

Self-certification. I, by attestation with signature, under the penalty of perjury, affirm that I will only use cannabis purchased from a DC dispensary for medical purposes. I understand my rights and obligations as set forth by the Medical Cannabis Program and agree to these requirements.

*Note: Applicants who are at least 21 years of age may self-certify on applications submitted by October 4, 2022.*

## SUPPLEMENTAL MATERIALS

- One (1) current face photo, 2"x2" (Required)
- One (1) copy of a government-issued photo ID\* (Required)
- One (1) proof of DC residency\* (Required)
- Caregiver Application (Optional)
- Sworn affidavit (Required if no SSN)
- Income Verification (Required if requesting a reduced registration fee)

\*A DC DMV REAL ID can be used to meet the photo ID and residency requirement if the addresses on the ID and application match.

## APPLICANT ATTESTATION

Limitation of Liability – The District of Columbia shall not be liable to the registrant, its employees, agents, business invitees, licensees, customers, clients, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from registrant's participation in the District of Columbia's medical cannabis program, including but not limited to the following: arrest and seizure of persons and/or property, prosecution pursuant to federal laws by federal prosecutors, interruption in registrant's ability to operate its medical cannabis cultivation center and/or dispensary; any fire, robbery, theft, mysterious disappearance or any other casualty; the actions of any other registrants or persons within the cultivation center and/or dispensary. This Limitation of Liability provision shall survive expiration or the earlier termination of this registration if such registration is granted.

Federal Prosecution - The United States Congress has determined that cannabis is a controlled substance and has placed cannabis in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing cannabis in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical cannabis program will not excuse any registrant from any violation of the federal laws governing cannabis or authorize any registrant to violate federal laws.

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. I acknowledge receipt and advisement of the notices above, and I agree to and accept the limitation of liability against the District. I assume any and all risk or liability that may result under the District of Columbia or federal laws arising from the possession, use, or cultivation, administration, or dispensing of medical cannabis. I understand that the medical cannabis laws and enforcement thereof of the District of Columbia and the federal government are subject to change at any time. I sign this attestation willingly and without reservation and am fully aware of its meaning and effect.

\_\_\_\_\_  
Applicant Signature Date (Over, please)

## FEES

Fees for new and renewal registrations are temporarily waived through August 18, 2022. The fee for a replacement registration still applies. Normal rates are as follows:

- Standard | New and Renewal—\$100.00; Replacement Card —\$90.00
- Reduced Fee | New and Renewal—\$25.00; Replacement Card—\$20.00 (*Requires verification, see below*)

## VALID PROOFS FOR INCOME VERIFICATION

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 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 must submit at least one (1) of the following:

- Earnings statements received within the previous thirty (30) days
- DC 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
- Any other item(s) of proof deemed reasonable by ABRA, the ABC Board, or their or their designated agent

## VALID PROOFS OF RESIDENCY

Only DC residents are eligible to register in the District's medical cannabis program as a patient. Non-residents may serve as a caregiver to enrolled patients. For purposes of this requirement, an applicant must: (a) be physically present in DC; (b) have made verifiable actions to make DC their home indefinitely with no present intent to reside elsewhere; and (c) not merely present in DC for the sole purpose of obtaining medical cannabis.

To substantiate DC residency, **applicants must submit one (1)** of the following items in the name of the applicant.

- A DC DMV REAL ID
- Proof of payment of DC personal income tax for the tax period closest in time to the application date
- A property deed for a DC residence showing the applicant as an owner or co-owner
- A valid unexpired lease or rental agreement on a DC 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 a DC address
- 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 DC motor vehicle registration
- A valid DC motor vehicle operator's permit or other official non-driver ID
- A utility bill from a period within the two (2) months immediately preceding the application date for a DC residential address
- Any other reasonable form of verification deemed by ABRA, the ABC Board, or their designated agent

## SUBMISSION OPTIONS

### Preferred

- Online | [abra.dc.gov/page/medical-cannabis-patients](https://abra.dc.gov/page/medical-cannabis-patients)

### Alternates

- Mail or In-Person | ABRA, Medical Cannabis Program, 2000 14th Street NW, Suite 102A, Washington, DC 20009
- Email | [medicalcannabis@dc.gov](mailto:medicalcannabis@dc.gov)