

MEDICAL CANNABIS PROGRAM | CAREGIVER APPLICATION



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

APPLICATION TYPE

New Renewal Replacement

CAREGIVER 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)				

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

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)		Patient No. (If known)		

SUPPLEMENTAL MATERIALS

- One (1) current face photo, 2"x2" (Required)
- One (1) copy of a government-issued photo ID (Required)
- Criminal background check report(s) (Required)
- DC residents—one from MPD
 - Non-residents—one (1) from MPD and one (1) from jurisdiction of residence

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 April 24, 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

The assessed fee is dependent upon the fee assessed to the patient affiliated with the caregiver's applicant. For example, if the affiliated patient qualifies for the reduced fee based on their income, then the caregiver applicant regardless of income level qualifies for the reduced fee.

CRIMINAL BACKGROUND CHECK

A criminal background check report must be submitted with the caregiver application.

DC residents must submit one (1) report from the District's Metropolitan Police Department (MPD). Non-DC residents must secure two (2) reports—one (1) from MPD and one (1) from their jurisdiction of residence.

A third party national background check may be submitted in lieu of the residential and non-residential documents. Please note that applicants are financially responsible for any fees assessed by a third party for a criminal background check and that they are separate from the registration processing fee paid to ABRA.

RESIDENCY

DC residents and non-residents are both eligible to register in the District's medical cannabis program as a caregiver. Caregiver applicants must be affiliated with a current patient to be approved. Only DC residents may register in the program as a patient.

SUBMISSION

- Mail or In-Person | ABRA, Medical Cannabis Program, 2000 14th Street, Suite 102A, Washington, DC 20009
- Email | medicalcannabis@dc.gov