

**Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Medical Marijuana Program**

APPLICATION CHECKLIST – PATIENTS

To expedite the processing of your application be sure to follow the application instructions carefully. Mail completed applications and payment to **DOH-Medical Marijuana Program P.O. Box 37804, Washington, DC 20013**. It is important to send in all required supporting documents listed below:

Patient Application

- Complete signed application or Complete an Electronic patient application at(<http://doh.dc.gov/node/843762>)
- Complete signed caregiver application (*optional*)

Photo Identification

- Two (2) recent passport photos (2" x 2")
- Clear photocopy of a U.S., state, or District government-issued photo ID issued to the applicant

Physician Recommendation

- Electronic Physician Recommendation

Application Fee (check one)

Certified check, money order, or cashier's check payable to **DC Treasurer; NO Personal Checks**

- \$100 for regular registration fee
- \$25 for reduced fee (*if checking this box, select which document(s) are included as proof*):

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 that the applicant's 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 that 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 may submit the following:

- Earnings statements received within the previous thirty (30) days
- District of Columbia 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; or
- Any other item(s) of proof deemed by the Director of the Department of Health or the Director's agent reasonably calculated to demonstrate a person's current income.

Proof of DC Residency (must provide at least TWO of the following in the name of the applicant)

- Proof of payment of District of Columbia personal income tax, in the name of the applicant, for the tax period closest in time to the application date
- A property deed for a District of Columbia residence showing the applicant as an owner or co-owner
- A valid unexpired lease or rental agreement in the name of the applicant on a District of Columbia 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 an address in the District of Columbia
- 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 motor vehicle registration in the name of the applicant evidencing District residency
- A valid unexpired District motor vehicle operator's permit or other official non-driver identification in the name of the applicant
- A utility bill (excluding telephone bill) from a period within the two (2) months immediately preceding the application date in the name of the applicant on a District of Columbia residential address
- Any other reasonable form of verification deemed by the Director or the Director's agent to demonstrate proof of current residency