

# Caregiver License



## INSTRUCTIONS

1. This form is to be completed by the parent or legal guardian of the minor patient (under age 18); or by an adult patient (age 18 or older) who wishes to designate a licensed caregiver. Up to two parents/legal guardians may apply for a caregiver's license for the minor patients.
2. This form is required to complete a caregiver license application and be approved for a caregiver license.
3. Only minor patients who have a physician certification of their medical need for a caregiver may have a licensed caregiver; the status of the applicant as a minor alone does not qualify the applicant for a caregiver.

## Patient Information

The patient is (select one):

- 2-Year Minor Patient     
  2-Year Adult Patient     
  a 60-Day Minor Patient     
  a 60-day Adult Patient

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Current Physical Street Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Medical Marijuana Patient License Number \_\_\_\_\_

## Caregiver Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Current Physical Street Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

- Relationship with Patient (select one):
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Caregiver of adult patient who is a family member or assistant who regularly looks after the adult patient | <input type="checkbox"/> Custodial parent of minor patient | <input type="checkbox"/> Legal guardian of minor patient (must include documentation in application) |
|---|--|--|

## SECOND CAREGIVER (OPTIONAL FOR MINOR PATIENTS)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Current Physical Street Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_


County \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

- Relationship with Patient (select one):
- |  |  |
|--|--|
| <input type="checkbox"/> Custodial parent of minor patient | <input type="checkbox"/> Legal Guardian of minor patient (must include documentation in application) |
|--|--|

**ATTESTATION** By my signature below, I attest to the following:

**FOR ADULT PATIENTS**



- I understand I am designating the individual identified above as my caregiver;
- This individual is a family member or assistant who regularly looks after me;
- I understand this individual cannot possess or purchase medical marijuana on my behalf until he or she has been approved for and received a caregiver license; and
- I understand I can only have one designated caregiver licensed at any given time.

 \_\_\_\_\_ Adult Patient Signature (If applicable)  
 \_\_\_\_\_ Date (mm/dd/yyyy)

**ATTESTATION** By my signature below, I attest to the following:

**FOR MINOR PATIENTS**

- I am a custodial parent or legal guardian of the minor patient.
- I understand that if I am a legal guardian I will need to provide official documentation proving my legal guardianship in my online application.
- I understand I will not receive a caregiver's license until I complete a caregiver license application and am approved for a license.

 \_\_\_\_\_ Parent/Legal Guardian Signature (If applicable)     
 \_\_\_\_\_ Date (mm/dd/yyyy)     
  \_\_\_\_\_ Parent/Legal Guardian Signature (If applicable)     
 \_\_\_\_\_ Date (mm/dd/yyyy)