

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)