Attn: Medical Marijuana Program
DHHS Division of Licensing and Regulatory Services
11 State House Station
Augusta, ME 04333

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Medical Use of Marijuana Program
Caregiver Application/Renewal Form

Check One:

☐ Nursing Facility
☐ Hospice Provider
☐ Individual Primary Caregiver (no fee required if not growing, $300 to grow for this patient)

Section 1 PATIENT INFO (No patient info is required if application is from a nursing facility or hospice provider)

Name of patient (last, first, middle initial)

Home Address
(number and street name)
(not required if homeless)

(city, state, zip code)

Telephone: (207) -

Mailing Address

(city, state, zip code)

Section 2 TO BE COMPLETED BY NURSING FACILITY OR HOSPICE CHIEF EXECUTIVE OFFICER, IF APPLICABLE Check type of provider ☐ Nursing Facility ☐ Hospice Provider

Name of facility as it appears on state license

Telephone number if different than above
(207) -

Mailing Address if different than patient

Name and title of chief executive officer

e-mail address of chief executive officer:

Section 3 INDIVIDUAL PRIMARY CAREGIVER, IF NOT A NURSING FACILITY OR HOSPICE

Name (last, first, middle initial) as it appears on your driver license, or legal name Telephone number: (207) -

Home Address
(street)

(city, state, zip code)

Mailing Address

(city, state, zip code)

Date of Birth:_____ (Must be 21 or older) ☐ Copy of Driver License attached

e-mail address of individual primary caregiver:

Form approved 4/10

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If Individual Primary Caregiver will grow marijuana for the patient, indicate the address of the grow site:

Physical Street Address:

City, State, Zip

Describe the enclosed locked facility:

☐ I will not prepare marijuana for ingestion by a patient

☐ I will prepare marijuana for ingestion by a patient

Preparation of marijuana for ingestion by a patient requires compliance with the Maine Food Code.

☐ I have had a drug conviction in the last 10 years for which I could have been imprisoned for one or more years.

☐ I have not had a drug conviction in the last 10 years for which I could have been imprisoned for one or more years.

Section 4 To be accepted, this application must be signed by either an individual primary care giver, hospice CEO or Nursing Home CEO

Declaration: I understand and acknowledge my duties as a nursing home provider, hospice provider or individual primary caregiver. I understand that if the patient's identification card expires or is revoked, then my permissions under the Maine Medical Use of Marijuana Act for a patient is null. I agree to return registration cards to the Department of Health and Human Services when an individual named on an identification card is no longer an employee of the nursing home or hospice. If the patient chooses another caregiver, the primary caregiver card will be null and void and will be returned to the Department of Health and Human Services. I declare under penalty of perjury that the information provided on this form is true and correct. I certify that I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes. I further agree that I will report sales tax related to the sale of marijuana by me to a registered patient.

Printed name of primary caregiver/hospice CEO/nursing home CEO

Signature

Date

Fees:

Individual caregiver who does not grow:	$0
Individual caregiver who grows:	$300
Fee for criminal background check $31 per person	(Not necessary if one has been done by DHHS in the last 12 months)
Indicate total enclosed	$

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Make check payable to Treasurer, State of Maine

(No fee for nursing facility or hospice provider)

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For Hospice or Nursing Home Use: List all Employees who will need a registration card to fullfill caregiver duties under the Maine Medical Use of Marijuana Program:

Name	Title	Driver License #	Date of Birth

Note 1: Do not include an individual if they have had a conviction for a drug offense in the last 10 months and they could have been sentenced to one or more years of imprisonment.

Note 2: A copy of the driver's license for each employee is required to be submitted with this application. An employee must present a valid state issued ID with a card issued by the MMMP.