

Oregon Medical Marijuana Program Change Form *(to be completed by patient)*

Patient information *(required; type or print legibly)*

Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Mailing address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(print legibly)*: _____ Phone number: _____

Caregiver information *(complete only if you want to change your current caregiver)*

(Check one) ☐ Remove caregiver ☐ Update current caregiver information ☐ Add new caregiver
Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Mailing address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(print legibly)*: _____ Phone number: _____
Government-issued photo ID number *(enclose a copy)*: _____

Grower information *(complete this and the grow site section only if you want to change your current grower/grow site)*

(Check one) ☐ Remove grower/grow site ☐ Update current grower information ☐ Add new grower
Name *(first, middle initial, last)*: _____ Date of birth: ____ / ____ / ____
Mailing address: _____ Apartment or suite number: _____
City: _____ State: _____ ZIP: _____ County: _____
Email *(print legibly)*: _____ Phone number: _____
Government-issued photo ID number *(enclose a copy)*: _____

Grow site information *(Complete this and the grower section only if you want to change your current grower/grow site.)*

(Check one) ☐ Remove grower/grow site ☐ Update current grow site information ☐ Add new grow site
Physical grow site address: _____
City: _____ State: _____ ZIP: _____ County: _____
Is the grow site address the patient's residence? *(check one)* ☐ Yes ☐ No
Grow site address zoning *(check one and enclose a copy if requested)*:
☐ Outside city limits;
☐ Within city limits *(enclose zoning documentation)*; **OR**
☐ This address has been granted a grandfather petition under OAR 333-008-0520
(enclose copy of petition approval).

Patient signature *(required)* — I testify the above information is true and I understand my application or cards may be denied, suspended or revoked for submitting false information.

Patient signature: _____ Date: _____

FEES MAY APPLY *(see back of form for replacement card and grow site registration fee information)*

Change Form instructions

General instructions:

- Type or print legibly. Do not change the form or use “White Out.” Keep copies of everything you submit to the OMMP.
- OMMP may correspond by email.
- Do not staple or tape your check or money order to your paperwork.
- If law enforcement requests legal documentation of your right to have marijuana and you have not yet received OMMP's approval or denial, present a copy of a submitted OMMP change form and proof you sent it. ORS 475B.475(2)
- A caregiver is 18 years of age or older and has major responsibility for managing a patient's well-being.
- Contact the OMMP if you would like to name hospice or a palliative, home health care or residential facility as caregiver.

Grower and grow site instructions:

- A grower must be 21 years of age or older and may not grow for more than four patients at a time.
- The OMMP will conduct a criminal history check on every grower. ORS 475B.420(3)
- A grow site must have a physical Oregon address and must not be located at a medical or retail marijuana dispensary.
- Proof of zoning is required if the grow site address is located within city limits.
- All growers will receive a letter regarding online grow site registration fee payment and reporting requirements.

Replacement card fees

- If you do not submit a complete change form or the correct replacement card fee, no changes will be made.
- There is no fee to change a mailing address or remove a caregiver or grower and grow site.

Patient replacement card fee: \$100 unless patient sends proof of:

Discounted fees	\$20	Supplemental Security Income (SSI). <i>(Note: Social Security Disability Income and retirement benefits do not qualify.)</i>
	\$20	Having served in the US armed forces.

Grow site registration fee:

\$200	The grower must submit a \$200 grow site registration fee if one or more of the following is true: • The grower on the application is not also the patient on the application; • The grow site address is not the patient's residence; • The grow site address has more than 12 mature medical marijuana plants; OR • The grower (<i>patient or other</i>) is transferring medical marijuana products to an OMMP dispensary or processing site.
\$0	No grow site registration fee is required for patients growing for themselves at their own residence where there are 12 or fewer mature medical marijuana plants and who will not be transferring medical marijuana products to an OMMP dispensary or processing site.

OMMP fees are non-refundable. Make checks payable to OHA/OMMP. Do not send cash. Growers may pay online. after receiving notification from OMMP with payment instructions.

Mail change form, ID copies, residency proof, zoning documentation as applicable, and check/money order to:
OHA/OMMP, P.O. Box 14450, Portland, OR 97293-0450