



**SAMPLE APPLICATION PACKET TO PROMOTE AN INFORMED PUBLIC:
 GET ORIGINAL YELLOW APPLICATION FROM VITAL STATISTICS OFFICE:
 625 5TH STREET, SANTA ROSA, (707) 565-4442**

**SB 420
 Medical Marijuana Identification Card
 (MMIC) Program**

Sonoma County
 Department of Health Services
 Office of Vital Statistics
 MMIC Program
 625 5th Street
 Santa Rosa, CA 95404

Sacramento
 California Dept. of Public Health
 Office of County Health Services
 Medical Marijuana Program Unit
 P.O. Box 997377, MS 5203
 Sacramento, CA 95899-7413

Telephone: (707) 565-4442
 Fax: (707) 565-4413

Telephone: (916) 552-8600
 Fax: (916) 552-8038

www.sonoma-county.org/health/phv/vital_statistics/mmip/atm

www.dhs.ca.gov/mmp

Applications are accepted by appointment only.
 Please call (707) 565-4442 to schedule an appointment.

Fee Schedule (effective July 1, 2007):		
	W/O MediCal	On MediCal
Patient MMIC	\$160.00	\$80.00
Primary Caregiver MMIC	\$160.00	\$80.00
Replacement MMIC (Patient or Caregiver)	\$160.00	\$80.00
Renewal MMIC (Patient or Caregiver)	\$160.00	\$80.00

No Personal Checks and No Bills Larger Than \$20 Accepted

Application fees are non-refundable.

Fees are subject to change without notice.

Sonoma County Medical Marijuana Identification Card Program

Dear Applicant,

Complete instructions can be found on page 4 of the application (tan-colored document).

After completing your application, please call the MMIC Office at (707) 565-4442 to schedule an appointment to submit your application.

You must bring the following items with you to your scheduled appointment:

- A completed and accurate application. Please be sure that you read it carefully and complete all the appropriate sections.
- A valid government issued photo identification (see FAQ # 14).
- Proof of residency in Sonoma County (see FAQ # 3).
- Written documentation from your physician for medical marijuana (see FAQ # 20).
- The MMIC fee (see FAQ # 23).
- Medi-Cal card, if appropriate (see FAQ # 23).

Your photo will be taken and the application fee collected
at your scheduled appointment.

**Medical Marijuana Program
APPLICATION/RENEWAL
(Please Print)**

For application instructions, view page 4.

This application is for:

- Patient Only (Applicant) Primary Caregiver Only Patient and Primary Caregiver

SECTION 1 TO BE COMPLETED BY ALL APPLICANTS.

Name (last, first, middle initial) _____

Mailing address (number, street) _____ Telephone number () _____

City _____ State _____ ZIP code _____ County of residence _____

Additional contact information _____

Is applicant under 18 years of age? Yes No

If yes, complete Section 2 for the parent, legal guardian, or person with legal authority to make medical decisions for minor applicant, unless minor applicant is (*check one*):

- Lawfully emancipated; or Declares self-sufficient minor status or is a minor capable of medical consent

SECTION 2 TO BE COMPLETED FOR MINOR APPLICANT IDENTIFIED IN SECTION 1.

Parent/guardian/other name (last, first, middle initial) _____ Telephone number if different from above () _____

Mailing address if different from above (number, street) _____ City _____ State _____ ZIP code _____

- Relation to applicant (*check one*):
 Parent with legal authority to make medical decisions
 Legal Guardian
 Other person or entity with legal authority to make medical decisions

SECTION 3 TO BE COMPLETED IF THE APPLICANT IS UNABLE TO MAKE HIS/HER OWN MEDICAL DECISIONS.

Does the applicant have the capacity to make medical decisions? Yes No

If "No," enter the name and address of person acting on the applicant's behalf:

Name (last, first, middle initial) _____ Telephone number () _____

Mailing address (number, street) _____ City _____ State _____ ZIP code _____

Check one of the following to indicate the legal authority of the person (legal representative) signing this application on behalf of the applicant:

- I am the conservator for the applicant and I have authority to make medical decisions.
 I am an attorney-in-fact under a durable power of attorney for health care.
 I am a surrogate decision maker authorized under an advanced healthcare directive.
 I am authorized by statutory or decisional law to make medical decisions for the applicant, as follows:
 Parent Legal Guardian Other (*please specify*): _____

SECTION 4 TO BE COMPLETED BY THE PRIMARY CAREGIVER REQUESTING AN IDENTIFICATION CARD.

Name (last, first, middle initial)			Date of birth (if less than 18 years of age)
Mailing address (number, street)			Telephone number ()
City	State	ZIP code	County of residence

Primary Caregiver Duties: *(Document how you consistently assume responsibility for the housing, health, or safety of the applicant.)*

Check your designation as a primary caregiver from the following list:

- I am the parent of the applicant or the person entitled to make medical decisions on behalf of the applicant.
- I am the designated primary caregiver for only this applicant.
- I am the designated primary caregiver for another applicant (qualified patient) in this county.
- I am the designated primary caregiver for an applicant (qualified patient) in a different county.

County name: _____

Check one of the two following choices if your status as a primary caregiver is linked to a health related entity:

- I am the owner/operator of a clinic pursuant to Chapter 1 (commencing with Section 1200), Division 2 of the Health and Safety (H&S) Code.
- I am a clinic/facility/hospice or home health agency employee* designated by the owner/operator to serve as a primary caregiver.

Check all that apply:

- This health care facility is licensed pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the H&S Code.
- This residential care facility is licensed pursuant to Chapter 3.01 (commencing with Section 1568.01), Division 2 of the H&S Code.
- This residential care facility is licensed pursuant to Chapter 3.2 (commencing with Section 1569), Division 2 of the H&S Code.
- This hospice or home health agency is licensed pursuant to Chapter 8 (commencing with Section 1725), Division 2 of the H&S Code.

* Health and Safety Code, Section 11362.7(d)(1), limits a maximum of three employees that may serve as primary caregivers. **Note:** Include a copy of this page for each caregiver.

Primary Caregiver Declaration: I understand and acknowledge my assigned duties as the designated primary caregiver for _____ . I understand that if the applicant's identification card expires, then my primary caregiver

Applicant's name

identification card shall also expire. I agree to return my primary caregiver identification card to this county health department or its designee if this applicant changes primary caregivers. I agree that if I am the owner or operator of a health care facility designated as the primary caregiver of this applicant, that I shall notify this county health department or its designee if a change of primary caregivers is made. I declare under penalty of perjury that the information I provided on this form is true and correct.

Printed name of primary caregiver

Signature of primary caregiver

Date

SECTION 5**ALL APPLICANTS MUST IDENTIFY THEIR ATTENDING PHYSICIAN.**

Attending physician name			California medical license number	
Service mailing address (number, street)			Licensed by (<i>check one</i>)	
City	State	ZIP code	<input type="checkbox"/> Medical Board of California <input type="checkbox"/> Osteopathic Medical Board of California	
Office telephone number ()		Office fax number ()		

Notice Required by Civil Code, Section 1798.17

The Civil Code, Section 1798.17, requires that this notice be provided when collecting personal or confidential information from individuals. Providing the individual information and identifying information requested on this form is mandatory. Failure to furnish this information to the administering agency, in order to process your application for a medical marijuana identification card, will result in denial of your application. The information collected will be verified for accuracy to determine eligibility for a medical marijuana identification card. Sections 11362.71 and 11362.715 of the Health and Safety Code authorize the collection and maintenance of the information.

The Compassionate Use Act of 1996 (Act) (Health & Safety Code, Section 11362.5) ensures that patients and their primary caregivers who possess or cultivate marijuana for the personal medical purposes of the patient upon the recommendation of a physician are not subject to California criminal prosecution or sanction. However, the Act does not protect marijuana plants from seizure nor individuals from federal prosecution under the federal Controlled Substances Act. The information that you provide in this application may be released as required by law, judicial order, or subpoena, and could be used in a federal criminal prosecution.

You have the right to access records containing your personal information which are maintained by the county health department, or the county's designee, and the Department of Health Services.

Responsibilities

It is my responsibility:

- To notify, within seven days, the county health department or the county's designee of any changes in my attending physician or designated primary caregiver.
- To use my identification card only for the purposes intended by the law.
- To ensure that an authorized medical release of information is on file with my medical provider in order to complete my application.

Declaration

I have read the notice required by Civil Code, Section 1798.17 and understand my responsibilities as stated above concerning my participation in the Medical Marijuana Program. I confirm to the best of my knowledge the listed duties and information provided by my primary caregiver. I declare under penalty of perjury that the information I provided on and with this application is true and correct.

Print name of applicant or legal representative

Signature of applicant or legal representative

Date

MEDICAL MARIJUANA PROGRAM APPLICATION/RENEWAL INSTRUCTIONS

Who may apply?

This program is voluntary. You may apply with the program if you reside in a California county and your doctor recommends the use of medical marijuana for one or more serious medical conditions you suffer from as specified in number 3 below. It is your option to designate a primary caregiver and apply for their identification card at the time you submit your application.

INSTRUCTIONS:

You must complete the *Application/Renewal* form (DHS 9042) and provide the following information in order to receive an identification card. Submit both the DHS 9042 and the following information to your county health department (or its designee).

1. Provide a government-issued photo identification card (such as a driver's license) issued to you. If you are under the age of 18 and lack photographic identification, you may substitute a certified copy of your birth certificate in place of the photo identification. If you designate a primary caregiver on your application form, your primary caregiver must present photographic identification at the same time you submit your application. A primary caregiver may only use a certified birth certificate if they are under the age of 18 and serving as a primary caregiver for their own child.
2. Provide proof of your county residency with one of the following items:
 - A current rent/mortgage receipt or recent utility bill in your name bearing your current address within the county;
 - A current California motor vehicle registration in your name bearing your current address within the county; or
 - A California Driver's License or a California Identification Card issued by the California Department of Motor Vehicles (DMV) with your current address within the county listed.

If you only possess a California Driver's License or California Identification Card with an older address listed outside the county, you may submit a DMV-issued Change of Address Certification Card (DL 43) listing your current address within the county when you present your identification. If you are less than 18 years of age, you may use any of the previously mentioned residency evidence belonging to your parent or legal guardian if they also reside in the county.

3. Written documentation from your doctor recommending that the use of medical marijuana is appropriate for one or more of the following serious medical conditions you suffer from: Acquired Immune Deficiency Syndrome (AIDS); anorexia; arthritis; cachexia; cancer; chronic pain; glaucoma; migraine; persistent muscle spasms, including, but not limited to, spasms associated with multiple sclerosis; seizures, including, but not limited to, seizures associated with epilepsy; severe nausea; or any other chronic or persistent medical symptom that either substantially limits the ability of the person to conduct one or more major life activities as defined in the Americans with Disabilities Act of 1990 or, if not alleviated, such chronic or persistent medical symptoms may cause serious harm to your safety, or your physical or mental health.
4. Your doctor may use the *Written Documentation of Patient's Medical Records* form (DHS 9044) to serve as the medical documentation. This form may be obtained from your county or from the California Department of Health Services web site at: www.dhs.ca.gov/mmp.
5. The administering agency is required to verify an applicant's medical documentation. It is the applicant's responsibility to ensure that the authorized medical release of information is on file with their medical provider.
6. Contact your local county health department for office locations and identification card fees.
7. Medi-Cal participation at the time of application entitles the applicant to a 50 percent reduction in fees. **Application fees are nonrefundable.**
8. If you submit an incomplete application and/or fail to provide all the previously mentioned information, your application will be denied and you may be restricted from reapplying for six months.

SB 420 Medical Marijuana Identification Card Program

Background

In 1996, California voters passed Proposition 215, also known as the Compassionate Use Act. The Act made the medical use of marijuana legal in California. However, it did not provide an effective way for law enforcement of properly identify patients who were legally protected by the Act.

The intent of Senate Bill (SB) 420 was to assist law enforcement in identifying Californians who were protected by the Act and to provide patients and their caregiver(s) with a form of identification that would protect them against wrongful arrest and prosecution.

SB 420 also required the California Department of Health Services (CDHS) to establish and maintain a statewide medical marijuana identification card and registry program for qualified patients and their caregivers. As a result, the Medical Marijuana Program (MMP) was established by the CDHS in 2004. The MMP allows patients to apply for and receive Medical Marijuana Identification Cards (MMIC) for themselves and their primary caregiver through their county of residence.

Participation in the MMIC program is voluntary.

Sonoma County Frequently Asked Questions (FAQs)

1. Who do I contact for information on the MMIC program?

Contact the Sonoma County Office of Vital Statistics (Phone) 707-565-4442 or (FAX) 707-565-4413. For all other California County MMIC programs, contact the CDHS Medical Marijuana Program Unit, P.O. Box 997413 - MS 5203, Sacramento, CA 95899-7413. Phone: 916-552-8600 OR online at: http://dhs.ca.gov/mmp/Frequently_Asked_Questions/default.htm

2. Do I have to be a Sonoma County resident in order to receive a MMIC?

No, any California resident that is a qualified patient can apply for a MMIC; however, you must apply for your MMIC in the county where you reside. Proof of residency is required.

3. What can I submit as proof of residency?

- A current and valid California motor vehicle driver's license or California Identification Card issued by the California Department of Motor Vehicles (DMV). This includes DMV's DL 43 "Change of Address Certification Card"; OR
- A current and valid California motor vehicle registration bearing your name and your current residence within the county; OR
- A current rent or mortgage receipt or utility bill in your name bearing your current address within the county.

4. Can I obtain my recommendation for medical marijuana from an out-of-county physician?

Yes. The attending physician must have a license in good standing issued by the Medical Board of California or the Osteopathic Medical Board of California, but there are no residency requirements for the physician.

5. Is a Medical Marijuana recommendation considered a prescription?

No. Federal law prohibits doctors from writing prescriptions for illegal drugs. Marijuana is not considered legal by the federal government, and federal law still provides that use or possession of marijuana is a crime.

6. Can my caregiver also obtain a MMIC?

Yes. If you designate a primary caregiver on your application form, your primary caregiver must present photographic identification and complete Section 4 on the form at the same time you submit your application. The fee for the caregiver card will be based on the fee of the patient/applicant.

7. Can I have more than one primary caregiver?

Yes, if your primary caregiver is the owner or operator of a facility providing medical care and/or supportive services to a qualified patient. No more than three employees can be designated as "primary caregiver" by the owner or operator.

8. Can a primary caregiver care for more than one patient at a time?

Yes. However, if an individual has been designated as the primary caregiver by two or more qualified patients, the primary caregiver and all the qualified patients must reside in the same city or county.

9. Can I have a caregiver who lives out of the county?

Yes. The primary caregiver must prove California residency and is further restricted to being the primary caregiver for only that patient.

10. Can I be a primary caregiver for a resident of another county?

Yes, but that will restrict you to being the primary caregiver for only that patient.

11. Is my MMIC recognized in other California counties?

Yes. This is a statewide identification card program.

12. Does a MMIC protect me from all law enforcement?

No. In particular, it does not protect you from federal law enforcement agencies.

13. Where do I apply for a MMIC?

The MMIC Program for Sonoma County is located within the Office of Vital Statistics at the Public Health Bldg., 625 5th Street, in Santa Rosa. Application packets can be obtained at Vital Statistics, Monday through Friday, 9 am - 4 pm. **Completed applications are accepted by appointment only on Wednesdays and Thursdays from 9 a.m. - 4 p.m.** Call 707-565-4442 to schedule an appointment. Your fee will be collected and your photo taken when you submit your application.

14. What information/documentation is required for a MMIC?

The qualified patient will need to provide:

- A completed application.
- A valid government-issued photo ID such as: (1) a current and valid California motor vehicle driver's license or (2) a California Identification Card issued by the California Department of Motor Vehicles (DMV). This included DMV's DL 43 "Change of Address Certification Card".
- Proof of residency within the county.
- A piece of your medical record that documents that your attending physician has discussed or recommended the use of medical marijuana as part of the patient treatment plan.
- The application fee.

(NOTE: Your photo will be taken at the time of application.)

The primary caregiver, if any, will need to provide:

- A completed application.
- A valid government-issued photo ID such as: (1) a current and valid California motor vehicle driver's license or (2) a California Identification Card issued by the California Department of Motor Vehicles (DMV). This included DMV's DL 43 "Change of Address Certification Card".
- Proof of residency.
- The application fee.

(NOTE: Your photo will be taken at the time of application.)

If a "qualified" patient applies for a MMIC for a primary caregiver, **both** the primary caregiver and the qualified patient **must** be present at the time of submission of the primary caregiver's application.

The attending physician will be contacted to confirm that the medical documentation submitted by the patient is a true and correct copy of the attending physician's records. **It is the applicant's responsibility to ensure that an authorized release of medical information is on file with his/her medical provider.**

15. What information will appear on the MMIC?

- Photo of the cardholder
- A unique user identification number issued by CDHS.
- The expiration date.
- Name and telephone number of the county agency that approved the application.
- A Web-based Internet URL that will enable state and local law enforcement officers, the public and others to have immediate access to verify the validity of the card.

16. What MMIC cardholder personal information will be available to anyone (including law enforcement) accessing the MMIC website?

When the MMIC unique identification number is entered through the MMIC website, a "Valid Card" or "Invalid Card" response is generated. No other information is accessible.

17. How long will a MMIC be valid?

Qualified patient and primary caregiver cards are valid for one year. If the primary caregiver applies for a card at a later date than the patient's MMIC, the primary caregiver MMIC will have the same expiration date as the patient's MMIC.

18. How do I renew my MMIC?

Renewing a MMIC requires the same process as applying for a new MMIC. This includes submitting the application form with supporting documentation and paying the appropriate fee.

19. How do I replace my MMIC if it is lost, stolen or damaged?

To replace a lost, stolen or damaged card, the applicant must reapply for a new MMIC and repay the current fee. The Office of Vital Statistics will notify CDHS to invalidate the Unique User Identification Number (UUID) on the missing card. Vital Statistics has the option of referring to applications and supporting documentation on file or to require the applicant to submit a new application with supporting documentation. In either case, the application information and supporting documents must be verified.

20. What medical documentation is needed to apply for a MMIC?

You must provide written documentation completed by your physician that states that you have been diagnosed with a serious medical condition and that the medical use of marijuana is appropriate. Your doctor must maintain a copy of the statement in your medical file. The California Dept. of Health Services offers the use of the Written Documentation of Patient's Medical Records Form (MMP Form No. 9044) as a convenience.

21. Can a minor apply for a card?

Yes, a minor can apply as a patient or caregiver. If a minor is applying as a qualified patient, they must be lawfully emancipated or have declared self-sufficiency status. If neither, the minor's parent, legal guardian, or person with legal authority to make medical decisions for the minor applicant must complete Section 2 of the Medical Marijuana Program application.

If a minor is applying as a primary caregiver, they must meet additional requirements including:

- Being consistently responsible for the housing, health or safety of a qualified patient, or
- Being the parent of a minor child who is a qualified patient.

22. When will Vital Statistics begin accepting applications for patient and caregiver MMICs?

With Board of Supervisors' approval, Sonoma County's MMIC program is projected to begin in late Fall 2005.

23. Will there be a fee for applying for a MMIC?

Yes, the current fee is \$160.00. Proof of eligibility and participation in the MediCal program, presented at the time of application, qualifies a MediCal beneficiary to receive a 50% reduction in fees. If the applicant qualifies for this fee reduction and is designating a primary caregiver, the fee for the primary caregiver's MMIC will also be reduced by 50%. Application fees are non-refundable.

Application packets are available at:

Sonoma County Dept. of Health Services
Office of Vital Statistics
625 5th Street
Santa Rosa, CA 95404
M – F: 9 am – 4 pm 707-565-4442

REMINDER

At the time of application appointment, you must present:

- A completed MMIC application
- Proof of residency
- Government-issued photo ID
- A piece of your medical record that documents that your attending physician has discussed or recommended the use of medical marijuana as part of the patient treatment plan
- Your physician's name, address and telephone number
- Your current MediCal card if you are a MediCal beneficiary
- The MMIC fee for each card