



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Office of Medical Marijuana

For the most current information regarding this application, medical marijuana laws in the State of Delaware, and more see the official website: http://dhss.delaware.gov/dhss/dph/hsp/medmarhome.html

MEDICAL MARIJUANA CAREGIVER APPLICATION

Mail Completed Application to: Delaware Division of Public Health ATTN: MMP, Suite 140 417 Federal Street Dover, DE 19901
New Caregiver / Renewing Caregiver
Have you ever applied for a Medical Marijuana Id card? Yes / No

Print clearly. Incomplete applications may be denied. Denied applicants are required to wait six months before beginning the application process again. Application fees are non-refundable. Faxed and electronic copies of applications will not be accepted.

CAREGIVER CONTACT INFORMATION

Name: (Last, First, M.I.) M F Date of Birth: (Must be 21 or Older)
Address: (Street, Apt. #)
Address: (City, State, ZIP Code)
Have you ever lived in any states outside of Delaware? No Yes (If yes, list previous states lived in and when below.)
Primary Phone: Check this box if a confidential message may be left at this number.
Secondary Phone: Check this box if a confidential message may be left at this number.
Email Address: (Optional) Check this box if confidential information may be shared by email.

PATIENT INFORMATION

A caregiver must complete this application for each patient they request to assist with the medical use of marijuana. A caregiver may have up to five (5) patients, including himself/herself if the caregiver is also a registered patient in the Medical Marijuana Program. The patient must complete the "Patient Authorization" portion of the application.

Name: (Last, First, M.I.) M F Date of Birth: (Must be 18 or Older)
Address: (Street, Apt. #)
Address: (City, State, ZIP Code)
Primary Phone:
Patient Relationship to Caregiver: Patient's Medical Marijuana Registry ID # if known:

CAREGIVER APPLICATION CHECKLIST

Did you initial all six (6) of the Caregiver Attestation Statements and sign on the signature line? (Page 2)
Did you include the Patient Authorization form completed and signed by the patient?
Did you include a legible copy of your Delaware driver's license or state-issued identification?
Did you include your receipt from Delaware State Bureau of Identification (SBI) showing proof that you have requested a statewide and Federal criminal history screening background clearance report to be sent to the Delaware Office of Medical Marijuana (OMM)? Background checks are good for 3 years.
Did you include the \$50.00 non-refundable application fee, or your signed Low Income Charge Request form with supporting documentation? Please make check or money order payable to State of Delaware, MMP

417 FEDERAL STREET • JESSE COOPER BUILDING • DOVER • DE • 19901
TELEPHONE 302-744-4749 • FAX 302-744-5366

**PATIENT AUTHORIZATION FORM**

**AUTHORIZATION FOR CAREGIVER**

I \_\_\_\_\_, (patient), hereby authorize the following person to be my designated caregiver for the Delaware Medical Marijuana Program. I authorize this caregiver to assist me in the transportation and storage of my medical marijuana. This person will be responsible for managing my well-being with respect to the use of medical marijuana.

Caregiver's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Caregiver's Date of Birth: \_\_\_\_\_  
 (Must be 21 or Older) mm/dd/yyyy

This authorization will expire with the expiration of the patient's registry card and will need to be reauthorized with each caregiver renewal.

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Date

**CAREGIVER'S ATTESTATION STATEMENT**

By signing below, the Caregiver certifies that the information on this application is complete, true, and submitted for the purpose of obtaining a State of Delaware Medical Marijuana Caregiver Registry Card. If approved for the Registry Card, the Caregiver acknowledges receipt of and agrees to the terms of the Delaware Medical Marijuana Act, Title 16 of the Delaware Code, Chapter 49A.

- \* **To ensure confidentiality, information regarding application status will not be given over the phone.** Once applications are processed, communication will be sent to the Caregiver's residence with further instructions for the finalization of the Registry Card.
- \* Applicants are required by law to notify the DPH Office of Medical Marijuana with any changes in information within 10 days of the change. Failure to do so can result in fines.
- \* Any registry card that is lost or stolen must be reported to DPH Office of Medical Marijuana immediately.
- \* Caregiver/Patient information changes that are printed on the Registry Card (such as name or address) will require a new card issued and is subject to the card re-issue fee.

_____ <i>initial</i>	I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge.
_____ <i>initial</i>	I agree to notify the Medical Marijuana Program, in writing, within 10 days of any changes to the information provided.
_____ <i>initial</i>	I attest that I will not divert marijuana to any individual or entity that is not allowed to possess marijuana pursuant to Title 16 of the Delaware Code, Chapter 49A.
_____ <i>initial</i>	I will assist, _____, a qualified medical marijuana patient, with the medical use of marijuana. I am caring for no more than five (5) patients in this manner.
_____ <i>initial</i>	I attest that I have not been convicted of an excluded felony offense as defined in Title 16, Chapter 49A – The Delaware Medical Marijuana Act.
_____ <i>initial</i>	I understand that if the patient's registry identification card expires, then my caregiver card for this patient shall also expire. I agree to return my primary caregiver card to the DPH Office of Medical Marijuana if and when my patient(s) is(are) no longer eligible for the program or if my patient(s) change(s) caregivers.

\_\_\_\_\_  
 Caregiver Signature

\_\_\_\_\_  
 Date of Signature

**VOLUNTARY DEMOGRAPHIC INFORMATION**

Your voluntary answers are requested - check the items that apply. It is the policy of the State of Delaware to assure equal and fair treatment in all aspects of healthcare for all Delaware residents. The information on this page will only be used to document and assess the effectiveness of our outreach and will not be used for eligibility determination. Under the Health Insurance Portability and Accountability Act (HIPAA), personally identifiable information is protected. De-identified patient information is used for research purposes. Aggregate, de-identified patient information can be published and shared with third parties.

**Marital Status:**     Single     Married     Divorced     Separated     Widowed     Unmarried Partnership

**Ethnicity:**     Hispanic or Latino     Non-Hispanic or Latino

**Race:**     Caucasian / White     African American / Black  
 Asian     American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander     Other \_\_\_\_\_

**Language:**    **How well do you speak English?**  
 Very Well     Well     Not Well     Not at All  
**Do you speak another language other than English at home?**  
 No     Yes, Spanish     Yes, not Spanish, specify \_\_\_\_\_

**Veteran Status:**    **Are you a United States veteran?**  
 No     Yes

**Citizenship:**    **Are you a citizen or lawful resident of the United States of America?**  
 No     Yes

**Education:**    **What is your highest level of education completed?**  
 Some High School Completed     Technical School  
 High School Diploma / GED     University / 4-Yr College  
 Community College / 2-Yr Degree     Master Program or Above  
**Are you currently enrolled in school?**  
 No     Yes, please specify: \_\_\_\_\_

**Employment:**    **Are you currently employed?**  
 No     Yes, part-time     Yes, full-time  
**What is your current occupation?** \_\_\_\_\_

**Income:**    **What is your annual household income?**  
 Less than \$19,999     \$60,000 to \$79,999  
 \$20,000 to \$39,999     \$80,000 to \$99,999  
 \$40,000 to \$59,999     \$100,000 or above

**Public Assistance:**    **Are you currently enrolled in a public assistance program such as food supplement program or any other?**  
 No     Yes, please specify: \_\_\_\_\_

## **State Bureau of Identification**

The Delaware State Bureau of Identification (SBI) is the central repository for criminal history information in the State of Delaware. SBI houses several functions under one roof, including providing certified criminal history information to the public, maintaining Delaware's sex offender registry, quality control of crime reports, and fingerprint examination.

### **OBTAINING A CERTIFIED DELAWARE CRIMINAL HISTORY**

A Criminal History Background Check is obtained through fingerprints. You must provide photo Identification, such as a valid driver's license or State ID. You do not need a social security card or a birth certificate.

**The fee for a State and Federal Criminal Background Check (must be mandated by law) is \$65.00.**

Payment options are cash (except Sussex County), credit or debit cards, certified checks, money orders, or company checks made out to Delaware State Police. We do not accept American Express or personal checks.

#### **Kent County (no appointment needed)**

The office is located at 655 South Bay Road, Suite 1B, Dover, DE 19901, in the Blue Hen Corporate Center. Enter the road between Kent County Levy Court and Firestone, and then follow the fingerprint signs.

#### **Hours of operation are:**

- Mondays, 8:30 a.m. to 6:30 p.m.
- Tuesday through Friday, 8:30 a.m. to 3:30 p.m.
- Call 302-739-5871 for more information

#### **Sussex County (by appointment only)**

### **OUR SUSSEX COUNTY OFFICE HAS MOVED EFFECTIVE MARCH 30, 2015**

The office is in the Thurman Adams State Service Center located at 546 S. Bedford Street, Room 202, Georgetown, DE.

#### **Hours of operation are:**

- Monday –Thursday, 8:30 a.m. – 3:30 p.m.
- To schedule an appointment call 302-739-2528.
- CASH IS NOT ACCEPTED at this location.

#### **New Castle County (by appointment only)**

The office is located at Delaware State Police Troop 2, on Route 40, in Bear, just west of the Fox Run Shopping Center, between routes 72 and 896.

#### **The hours of operation are:**

- Mon, Wed, Thurs, and Fri, 8:30 a.m. to 3:15 p.m.
- Tuesday, 11:30 a.m. to 6:15 p.m.
- To schedule an appointment call 302-739-2528.

The results of the completed certified criminal history will not be returned the same day. The results will be forwarded to the recipient as soon as operationally possible.

[http://dsp.delaware.gov/state\\_bureau\\_of\\_identification.shtml](http://dsp.delaware.gov/state_bureau_of_identification.shtml)

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).