## **Medical Marijuana Identification Card Program**

## **Orange County Public Health**

## **Application Appointment Checklist**

Please bring the following items to your Medical Marijuana Identification Card Program appointment. All items listed on this checklist are required.

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APPLIC	CANT	INFORMATION	
	Con	plete and sign the enclosed Application/Renewal Form (DHS 9042)	
Proof	of Ide	ntification of Applicant – Bring one of the following:	
	Current and valid California Driver's License issued by California DMV		
	Current and valid California ID card issued by California DMV		
	Curr	ent military issued ID card	
Proof	of Cou	unty Residence of Applicant – Bring one of the following	
		<ul> <li>Current and valid motor vehicle registration bearing your name and a current physical address within Orange County</li> </ul>	
		☐ Current rent or mortgage receipt or utility bill in your name bearing a current physical address within Orange County	
Proof	of Phy	rsician Recommendation Written documentation of Patient's Medical Records	
		plete and signed by your physician Written Documentation of Patient's Medical Record n (DHS 9044) signed by your physician (form enclosed)	
Poof o	f Lega	l Status (if applicable)	
Emano	ipate	d Minor – Bring one of the following	
	Mar	arriage license	
	Mili	tary identification care showing active duty status	
	Cou	rt-issued declaration of emancipation	
Self-Su	fficie	nt Minor Status – Bring one of the following	
	Curr	ent rental agreement, rent/mortgage receipt or utility bill in your name	
	Curr	ent pay stub in your name	
Verific	ation	of Legal Guardianship	
If you	nave l	egal guardianship of the applicant, bring one of the following:	
	Cou	rt Order of Guardianship	
	Oth	er documentation (Court order of dependency, etc)	
Ve	rificat	ion of Identity Legal Guardian	
		Government-issued photo identification card.	
		If under the age of 18 and lacking photo identification, a certified copy of a birth certificate will be accepted.	

Legal R	epresentative			
-	ou are applying on behalf of patient who is not able to make his/her over one of the following:	wn medical decisions, brin		
	Conservator with authority to make medical decisions – Copy of Cour	t Order		
	attorney form			
	Any other individual authorized by statutory or decision law to make medical decisions for the applicant – Copy of court Order			
PRIMA	RY CAREGIVER INFORMATION			
	Separate complete and signed Application/Renewal Form (DHS 9042)			
	Proof of Identification of Primary Caregiver – Bring one of the following:			
	☐ Current and valid California Driver's License issued by Californ	nia DMV		
	☐ Current and valid California ID card issued by California DMV			
	☐ Current military issued ID card			
	Proof of Residence of Primary Caregiver – Bring one of the following			
	<ul> <li>Current and valid motor vehicle registration bearing your nan address within California</li> </ul>	ame and a current physical		
	☐ Current rent or mortgage receipt or utility bill in your name be address within California	earing a current physical		
FEES FO	R A MEDICAL MARIJUANA IDENTIFICATION CARD ARE:			
Non M	edi-Cal Beneficiary \$84.00 per card			
Medi-c	al Beneficiary \$42.00 per card			
Fees m	ay be paid by cash or money order.			
	Cash			
	Money order made payable to Orange County Public Health			
Signatı	re of Patient	Date		
Signatı	re of Primary Caregiver	Date		