



## Illinois Medical Cannabis Pilot Program Application for a Designated Caregiver Registry Identification Card

### INSTRUCTIONS

**To qualify for a designated caregiver registry identification card, a designated caregiver must:**

- be a resident of the state of Illinois at the time of application and remain a resident during participation in the program;
- complete the fingerprint-based background check and not have been convicted of an excluded offense (a felony under the Illinois Controlled Substances Act, Cannabis Control Act or Methamphetamine Control and Community Protection Act, or similar provisions in a local ordinance or other jurisdiction), unless they have an approved waiver for the excluded offense;
- serve only one qualifying patient; and
- be at least 21 years of age.

**A complete application must include all of the following:**

- A signed and completed application form.
- Qualifying patient information.
- Proof of residency.
- Proof of identity of the designated caregiver.
- Proof of age of the designated caregiver.
- Photograph of the qualifying patient (Contact the Department's Division of Medical Cannabis if a photograph would be in violation of or contradictory to the qualifying patient or designated caregiver's religious convictions).
- Copy of the fingerprint consent form.
- Excluded offense waiver, if applicable.
- Application fee.

**If mailing, this application must be submitted with the qualifying patient application to:**

Illinois Department of Public Health  
Division of Medical Cannabis  
535 West Jefferson Street  
Springfield, Illinois 62761-0001



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**NEW APPLICATION OR RENEWAL** (Check the appropriate answer)

- New:** I have never had an Illinois Medical Cannabis Designated Caregiver Registry Identification Card.
- Renewal:** I have had an Illinois Medical Cannabis Designated Caregiver Registry Identification Card.  
My Designated Caregiver Registry Identification Card Number is \_\_\_\_\_.

### CAREGIVER INFORMATION

Social Security Number (### - ## - #####)		Drivers License # (if applicable):		Driver's License State (if applicable):	
First Name		Middle Name		Last Name	
Home Address					
Apartment or Suite #	City			State IL	ZIP Code
Telephone Number (###-###-####)		E-mail Address (required for online applicants)			
Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			

### QUALIFYING PATIENT INFORMATION

Drivers License # (if applicable):		Driver's License State (if applicable):			
First Name		Middle Name		Last Name	
Home Address					
Apartment or Suite #	City			State IL	ZIP Code
Telephone Number (###-###-####)		E-mail Address (required for online applicants)			
Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			

\_\_\_\_\_  
SIGNATURE of Qualifying Patient

\_\_\_\_\_  
DATE (mm/dd/yyyy)



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### Proof of residency

Attach a copy of any two of the following items:

- Pay stub or electronic deposit receipt issued less than 60 days prior to the application that shows evidence of the applicant's withholding for state income tax.
- Valid voter registration card with an address in Illinois.
- A valid, unexpired Illinois driver's license or other state identification card issued by the Illinois secretary of state.
- Notarized homeless status certification:  
[https://www.cyberdriveillinois.com/publications/pdf\\_publications/dsd\\_a230.pdf](https://www.cyberdriveillinois.com/publications/pdf_publications/dsd_a230.pdf)
  - If you are using this form, you only need this document to prove residency.
- Bank statement, dated less than 60 days prior to application.
- Deed/title, mortgage, rental/lease agreement.
- Insurance policy (homeowner's or renter's).
- Medical claim or statement of benefits (from private insurance company or government agency), dated less than 90 days prior to application); Social Security Disability Insurance Statement; or Supplemental Security Income Benefits Statement.
- Tuition invoice/official mail from college or university, dated less than 12 months prior to application.
- Utility bill, including, but not limited to, those for electric, water, refuse, telephone land-line, cable or gas, issued less than 60 days prior to application.

### Proof of identity and age

Attach one clear color photocopy of a U.S. or Illinois government-issued photo ID

### Photograph

Attach a photograph that:

- was taken less than 30 days before application submission;
- was taken against a plain background or backdrop;
- is in natural color;
- was taken in full-face view directly facing the camera with a neutral facial expression and both eyes open (prescription glasses and religious head coverings not covering any areas of the open face are allowed);
- is at least 2 inches by 2 inches in size; and
- is at least 600 x 600 pixels, but no greater than 1,200 x 1,200 pixels in dimension.

### Uniform Conviction Information Act (UCIA) Fingerprint Consent

Submit a copy of the UCIA fingerprint consent form. You may obtain a current listing of live scan fingerprint vendors from the Illinois Department of Financial and Professional Regulation website at <https://www.idfpr.com/licenselookup/fingerprintlist.asp>. Contact the live scan fingerprint vendor before going to get your fingerprints taken. When you go to get your fingerprints taken, remember to bring the UCIA Fingerprint Consent Form. Once you have your fingerprints taken, the UCIA Fingerprint Consent Form must be returned to the Department's Division of Medical Cannabis along with the completed patient application.

### Application Fee

Include payment of \$25 by check, money order or credit card (online applicants only) payable to:  
**Illinois Department of Public Health**



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### Attestations

I certify the information provided in this application is true and accurate to the best of my knowledge.

***Submission of false, misleading, or inaccurate information in connection with this application is grounds for revocation of my Illinois Medical Cannabis Designated Caregiver Registry Identification Card and other administrative, civil or criminal penalties.***

I additionally certify that I have been given actual Notice and understand that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):

- (i) cannabis is a prohibited Schedule I controlled substance under federal law;
- (ii) participation in the program is permitted only to the extent provided by the strict requirements of the act;
- (iii) any activity not sanctioned by the act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;
- (iv) growing, distributing, or possessing cannabis under the act, unless done through a federally-approved research program, is a violation of federal law;
- (v) growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (vi) use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect an individual's ability to receive or retain federal or state licensure in other areas;
- (vii) use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (viii) participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law,
- (ix) the act does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or state law, other than as set out in 410 ILCS 130/25; and
- (x) applicants shall indemnify, hold harmless, and defend the state of Illinois for any and all civil or criminal penalties resulting from participation in the program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

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