



Department of Health and Human Services  
Licensing and Regulatory Services - MMMP  
41 Anthony Avenue  
# 11 State House Station  
Augusta, Maine 04333  
Tel: (207) 287-9300; Toll Free: 1-800-791-4080  
Fax: (207) 287-2671; TTY: 1-800-606-0215



**Medical Use of Marijuana Program**  
**INSTRUCTIONS FOR COMPLETING**  
**Caregiver Application Form**  
**Effective September 28, 2011**

**Complete form.** The application form is to be completed and signed by the person applying to become a caregiver to qualifying patients. All caregivers except the following are required to register:

- a. A primary caregiver designated to cultivate for a qualifying patient if that qualifying patient is a member of the same household of that primary caregiver;
- b. Two primary caregivers who are qualifying patients, if those primary caregivers are members of the same household and assist one another with cultivation; or
- c. A primary caregiver who cultivates for a qualifying patient if that qualifying patient is a member of the family of that primary caregiver, as defined by 22 M.R.S.A. §2423-A(3)(C).

**Section 1** is information identifying the caregiver. It requires a date of birth, a copy of the caregiver's Maine Driver License or other Maine-issued photographic identification card.

**Section 2**, if applicable, is to be completed by a nursing facility or hospice that is designated to be a caregiver for a patient. If a nursing facility or hospice becomes a caregiver, then each employee who will be involved in assisting patients must be identified, criminal background checks performed and registry identification cards issued.

**Section 3** is to be completed by a cultivating caregiver. The definition of "enclosed locked facility" is provided, and the caregiver is required to describe how its grow location meets that definition. The caregiver must designate if edibles will be prepared for qualifying patients and whether the requirements for a food establishment are met.

**Section 4** is to be completed if the cultivating caregiver will employ an individual to assist in cultivation. The cultivating caregiver may only have one employee regardless of the number of patients. A criminal background check will be conducted and the employee will receive a registry ID card as evidence of participation in program if program requirements are met.

**Section 5** explains the fees that must accompany the application.

**Section 6** is the caregiver declaration and signature. The completed application must be submitted, with required attachments and fees, to:

Maine Medical Use of Marijuana Program  
Division of Licensing and Regulatory Services  
Department of Health and Human Services  
11 State House Station, 41 Anthony Ave.  
Augusta, ME 04333

**Questions:** Any questions concerning the application can be submitted to [dlrsmmp.dhhs@maine.gov](mailto:dlrsmmp.dhhs@maine.gov) or call 287-9300.