



Kansas City Poplar Bluff Trenton Telehealth

STATE APPLICATION PATIENT INFORMATION

Before starting your state application, please take a moment to review the following and ensure you have everything required to complete your application. If you would like for our friendly and knowledgeable staff to complete your state application for you, please let us know and we would be happy to help. There is a \$25 fee for this service.

Qualifying patients and caregivers must electronically submit applications through the Department of Health & Senior Services (DHSS) secure electronic registry called the Missouri Medical Marijuana Portal. **Only applications submitted through the online registry will be accepted.** You can find a sample form of the application and questions on the DHSS website but they are strictly for informational and educational purposes and should not be completed as DHSS will not accept hand-delivered or mailed patient or caregiver applications.

1. Identifying Information: name, date of birth, social security number;
2. Residence: residence address, mailing address, or place where qualifying patient can receive mail;
3. Proof of Missouri residency: a copy of a valid Missouri driver's license, a Missouri Identification card (non drivers ID), a current Motor Vehicle registration, or a recent Missouri utility bill;
4. E-mail address;
5. Physician Certification Form: As a part of the application process, Patients must obtain a Physician Certification Form that must be issued within the prior 30 days before the state application is submitted;
6. A Missouri-licensed physician, active and in good standing (no license restrictions), is required to complete and sign the certification;
7. The patient will then photograph or scan the Physician Certification Form and submit it with his/her/their state application. The Green Clinics will email you a digital copy of your Physician Certification Form as well as a link directly to DHSS online application portal;
8. A legible copy of the qualifying patient's valid photo identification issued by a state or federal government entity;
9. A Parental/Legal Guardian Consent Form for qualified, non-emancipated patients.
10. A clear, color photo of the qualifying patient's face taken within the prior three (3) months (against a white background);
11. At the option of the applicant, a statement indicating whether the qualifying patient is currently receiving assistance from any Missouri programs for low-income individuals, and if so, which programs (such statement does not disqualify you from services and will only be used to qualify you for potential discounts and assistance programs within the cannabis industry);
12. If the patient is seeking authority to cultivate medical cannabis;
13. Attestation statement;
14. Signature and date of the application; and
15. All applicable fees:
 - a. Patient Card: \$25
 - b. Patient Card with Cultivation: \$125

Department of Health and Senior Services Help Line is available Monday through Friday from 8:30 a.m. to 3:30 p.m. at (866) 219-0165 or you can email: medicalmarijuanainfo@health.mo.gov