



Medical Marijuana Program
Qualifying Patient Under the Age of 18 Checklist

Please note that this checklist information and other instructions may change. Please refer back to the ADHS website for the most current information.

Print out and review this checklist prior to submitting your Qualifying Patient Application in the ADHS online system. This checklist will assist you in compiling the required information and supporting documentation. Application requirements are also outlined in Arizona Administrative Code (A.A.C.) R9-17-202. You will be asked to enter the following information and submit the following supporting documents:

Table with 1 column and 18 rows. Row 1: 1. Application Information: (Section Header). Rows 2-18: Checklist items (List-Group) including patient info, physician info, secondary physician info, caregiver info, etc.

<input type="checkbox"/> Whether the caregiver has a previously issued caregiver card number and, if so, any associated card numbers
2. Documentation Needed for Uploading <ul style="list-style-type: none"> • The current photograph must be an image file (JPG, PNG, or GIF file format) and cannot exceed 10 MB. • The other supporting documents can be PDF documents or image files (JPG, PNG, or GIF file format) and cannot exceed 2 MB. The recommended file type is PDF.
<input type="checkbox"/> A current photograph of the <u>patient</u> . Photograph must be taken no more than 60 calendar days before the submission of the application. Photograph must be capable of producing an image: <ul style="list-style-type: none"> • 2 inches by 2 inches in size with minimum dimensions of 600x600 pixels and maximum dimensions of 1200x1200 pixels. • In natural color • That is a front view of the individual’s full face, without a hat or headgear that obscures the hair or hairline, with a plain white or off-white background • That has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
<input type="checkbox"/> Physician-completed <i>Medical Marijuana Physician Certification Form</i> . This must be downloaded from the ADHS website at https://www.azdhs.gov/licensing/medical-marijuana/index.php#physician
<input type="checkbox"/> Physician-completed <i>Medical Marijuana Reviewing Physician Certification Form for Patients Under 18</i> . This must be downloaded from the ADHS website at https://www.azdhs.gov/licensing/medical-marijuana/index.php#physician
<input type="checkbox"/> SNAP documentation (if applicable): a copy of an eligibility notice or an electronic benefits transfer card bearing the name of the patient demonstrating current participation in the U.S. Department of Agriculture Food and Nutrition Services, Supplemental Nutrition Assistance Program.
<input type="checkbox"/> A current photograph of the <u>caregiver</u> . Photograph must be taken no more than 60 calendar days before the submission of the application. Photograph must be capable of producing an image: <ul style="list-style-type: none"> • 2 inches by 2 inches in size with minimum dimensions of 600x600 pixels and maximum dimensions of 1200x1200 pixels. • In natural color • That is a front view of the individual’s full face, without a hat or headgear that obscures the hair or hairline, with a plain white or off-white background • That has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
<input type="checkbox"/> A copy of the caregiver’s: <ul style="list-style-type: none"> <input type="checkbox"/> Arizona driver’s license issued on or after October 1, 1996; OR <input type="checkbox"/> Arizona identification card issued on or after October 1, 1996; OR <input type="checkbox"/> Arizona registry identification card; OR <input type="checkbox"/> Photograph page in the patient’s U.S. passport; OR <input type="checkbox"/> U.S passport card; OR <input type="checkbox"/> An Arizona driver’s license or identification card issued before October 1, 1996 AND one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Birth certificate verifying U.S. citizenship <input type="checkbox"/> U.S. Certificate of Naturalization <input type="checkbox"/> U.S. Certificate of Citizenship
<input type="checkbox"/> Signed and dated <i>Medical Marijuana Custodial Parent and Legal Guardian Attestation</i> form. This can be downloaded from the ADHS website at https://www.azdhs.gov/documents/licensing/medical-marijuana/patients/Parent-Guardian_Attestation_Form.pdf
<input type="checkbox"/> If applicable, Proof of Guardianship documentation in the form of a court order.
<input type="checkbox"/> A valid and current Visa or MasterCard for payment. A credit card, debit card, or pre-paid cards are accepted.
3. Fingerprints
<input type="checkbox"/> Although not part of the ADHS <u>online</u> application, a caregiver must submit fingerprints to ADHS via the U.S. Mail and include a Fingerprint Verification Form. Fingerprinting instructions and the Fingerprint Verification Form are located on the ADHS website at http://www.azdhs.gov/medicalmarijuana/caregivers/