



COLORADO

Medical Marijuana Registry

Department of Public Health & Environment



Caregiver Acknowledgment

This form must be submitted with a an Application or Change Request form and a copy of both the patient and caregiver's Colorado ID's

STAFF ONLY
Evaluated

Patient Information	
1. Last Name	2. First Name
3. Middle Initial	4. Date of Birth

Caregiver Information		
5. Last Name	6. First Name	
7. Middle Initial	8. Date of Birth	
9a. Caregiver Mailing Address		9b. Apt/Ste #
10. City	State CO	11. Zip Code
12. Telephone	13. Email	

By checking this box , I authorize the Medical Marijuana Registry to contact me using the telephone number and email address above. This includes leaving voicemail messages on the contact telephone number.

14. Will you be growing medical marijuana for this patient?
 Yes No

15. **Caregivers of Homebound patients only:** If you are *not growing* medical marijuana for this patient, are you requesting to purchase and transport medical marijuana from a medical marijuana center to this patient?
 Yes No

Signature	
16a. Caregiver's Signature:	16b. Signature Date