STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
THERAPEUTIC CANNABIS PROGRAM

Lori A. Weaver
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301-3857
603-271-9333 1-800-852-3345 Ext. 9333
TDD Access: 1-800-735-2964
email: TCP@dhhs.nh.gov

CAREGIVER APPLICATION
For the Therapeutic Use of Cannabis

APPLICATION INSTRUCTIONS

Information about the Therapeutic Cannabis Program, including the law (RSA 126-X), the rules (He-C 400), and all required forms, is available on the Program's website at: http://www.dhhs.nh.gov/tcp

1. Read the "General Program Information" at the end of this application packet.

2. Complete ALL information on pages 1 and 3. Complete page 2 if you want to provide voluntary demographic information.

3. Mail or hand-deliver the following:

Required Documents:	To This Address:
☐ A completed Caregiver Application ☐ A completed Caregiver Designation form (if you are not designated on the Patient Application, Page 2)	NH Department of Health and Human Services Therapeutic Cannabis Program 29 Hazen Drive Concord, NH 03301

4. In order for your application to be complete, your patient must designate you as their caregiver on their "Patient Application" or on the "Caregiver Designation/Removal" form, and your patient must be approved and be issued a Registry ID Card.

5. Application processing:
   a. Application processing takes up to 3 weeks.
      - The Program will approve or deny a complete application within 15 days of receipt.
      - The Program will issue a Registry ID Card within 5 days of approval if your patient has an active card.
   b. Incomplete applications:
      - You will be notified in writing within 10 days if an application is incomplete.
      - You will be asked to submit the missing information/documentation within 30 days from the date of the notice.
      - If you don't provide the missing information/documentation within 6 months of the notice, your application will be closed. You will need to reapply by resubmitting ALL required application materials.
      - The processing times listed in 5a above will begin when the application is complete.

6. Other applications:
   a. If your patient is a minor (under age 18), use the "Minor Patient Application," which is a combined patient/caregiver application.
   b. If your patient is an adult and you are the legal guardian who will sign on behalf of the patient, AND you are applying to be the patient's Designated Caregiver, use the "Guardianship Patient Application," which is a combined patient/caregiver application.

A criminal background check for Caregivers is not required.

Lori A. Weaver
Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

THERAPEUTIC CANNABIS PROGRAM

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-9333 1-800-852-3345 Ext. 9333
TDD Access: 1-800-735-2964
Email: TCP@dhhs.nh.gov

RSA 126-X:4, VI – NOTICE EXPLAINING FEDERAL LAW ON THE POSSESSION OF CANNABIS

RSA 126-X, Use of Cannabis for Therapeutic Purposes creates an exemption in state law from criminal penalties for the therapeutic use of cannabis provided that its use is in compliance with RSA 126-X. State law does not exempt a person from federal criminal penalties for the possession of cannabis.

Federal administrations have expressed intention not to pursue or target patients and their caregivers who possess or use small amounts of cannabis for therapeutic use who are part of and compliant with a well-regulated state therapeutic cannabis program. However, federal law does not allow for the medical or therapeutic use of cannabis, and the federal government can enforce federal cannabis laws anywhere in the United States, including in states that allow the therapeutic use of cannabis. Federal criminal penalties for the possession of cannabis, in any amount, range from misdemeanors to felonies, and may include incarceration and fines.

To decrease the risk of any federal law enforcement action, patients and caregivers should know and abide by New Hampshire law with regard to the possession and use of therapeutic cannabis at all times.

OTHER FEDERAL IMPLICATIONS

Qualifying patients who use cannabis may be denied rights and privileges by federal agencies including, but not limited to, those related to employment such as driving a commercial vehicle, those related to owning, possessing, or purchasing a firearm and ammunition, those related to federally subsidized housing, those related to immigration and naturalization, or the inability to pass a security clearance. (See below for more information on the federal firearms restriction.)

FEDERAL FIREARMS NOTICE

The U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) has directed federal firearms licensees, in an open letter issued in 2011, not to transfer firearms or ammunition to users of a controlled substance, including marijuana, regardless of whether their state has passed legislation authorizing marijuana use for medicinal purposes. According to the federal directive, any user of marijuana "is an unlawful user of or addicted to a controlled substance, and is prohibited by Federal law from possessing firearms or ammunition."

If a federal firearms licensee is aware that a person is in possession of a card authorizing the possession and use of marijuana under state law, that licensee has "reasonable cause to believe" that the person is an unlawful user of a controlled substance, and may not transfer firearms or ammunition to that person, even if the person answered "no" to question 21.g on "ATF Form 4473." Note that this form was revised effective December 2022 and includes specific reference to state marijuana laws.

References

- ATF open letter: https://www.atf.gov/file/60211/download
- ATF Form 4473: https://www.atf.gov/file/61446/download
- HUD memos: https://www.hud.gov/sites/documents/MED-MARIJUANA.PDF
  https://www.hud.gov/sites/documents/USEOFMARIJINMFASSISTPROPTY.PDF

CAREGIVER APPLICATION
FOR THE THERAPEUTIC USE OF CANNABIS

Instructions: Complete pages 1 and 3 of this form.
Complete page 2 to provide voluntary demographic information.

☐ Initial Application
☐ Renewal Application (or expired/lapsed)

Minimum Requirements to be a Caregiver:
- *You must be at least 21 years old.*
- *You must never have been convicted of a felony.*

CAREGIVER INFORMATION

Name	First		Last	Middle Initial
Date of Birth	MM/DD/YYYY	**Gender:**	☐ Female ☐ Male ☐ Non-binary/Other gender ☐ Choose not to disclose ☐ Choose to self-describe: _____	
Phone Number				
Mailing Address	Street/P.O. Box/Apt #			
	City		State	Zip Code
Physical Address	(If different than mailing address)			

PATIENT INFORMATION

Provide information about the Patient who has designated you as their Caregiver

Name	First	Last	Middle Initial
Mailing Address	Street/P.O. Box/Apt #		
	City	State	Zip Code
Physical Address	(If different than mailing address) (If patient is experiencing homelessness, this is not required)		
Date of Birth	MM/DD/YYYY		

You may be the Caregiver for up to five Patients.
Additional Patients may be added by completing additional copies of this page.

VOLUNTARY DEMOGRAPHIC INFORMATION

Your voluntary answers are requested.

The information on this page will not be used for eligibility determination. Under the Health Insurance Portability and Accountability Act (HIPAA), personally identifiable information is protected information.

CAREGIVER INFORMATION

Race/Ethnicity

Are you Hispanic, Latino/a, or Spanish origin?

- ☐ No
- ☐ Yes, specify (one or more categories may be selected):
  - ☐ Mexican, Mexican American, Chicano/a
  - ☐ Another Hispanic, Latino/a, or Spanish origin
  - ☐ Puerto Rican
  - ☐ Cuban

What is your race? (One or more categories may be selected)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

Veteran Status

Have you ever served on active duty in the US Armed Forces, either in the regular military or in a National Guard or military reserve unit?

☐ No ☐ Yes

Employment

Are you currently: (Check all that apply)

- ☐ Employed full time (35 or more hours per week)
- ☐ Employed part time (up to 35 hours per week)
- ☐ Unemployed and currently looking for work
- ☐ Unemployed and not currently looking for work
- ☐ Student
- ☐ Retired
- ☐ Homemaker
- ☐ Self-employed
- ☐ Unable to work

What is your annual household income?

- ☐ Less than $25,000
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 or more

Public Assistance

In the past 12 months, have you been enrolled in a public assistance program?

- ☐ No
- ☐ Yes, specify: (Check all that apply)
  - ☐ Medicaid
  - ☐ Supplemental Security Income (SSI)
  - ☐ Social Security Disability Insurance (SSDI)
  - ☐ Other, specify: _____

Education

What is the highest level of education completed?

- ☐ Some high school
- ☐ High school diploma / GED
- ☐ Technical school
- ☐ Community college/2-yr degree
- ☐ University/4-year college
- ☐ Graduate program or more

Are you currently enrolled in school?

- ☐ No
- ☐ Yes, specify:
  - ☐ High school
  - ☐ Technical school
  - ☐ Community college/2-yr degree
  - ☐ University / 4-year college
  - ☐ Graduate program

Health Insurance

What is the primary source of your health care coverage?

- ☐ Employer-based plan (including through another person's employer)
- ☐ A plan that you or a family member buys on your own
- ☐ Medicare
- ☐ Medicaid, including Healthy Families, Well Sense, or AmeriHealth Caritas
- ☐ TRICARE, VA, or Military
- ☐ Other source
- ☐ None (no coverage)

Marital Status

What is your marital status?

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never married
- ☐ Member of an unmarried partnership

Language Proficiency

How well do you speak English?

☐ Very well ☐ Well ☐ Not well ☐ Not at all

Do you speak another language other than English at home?

- ☐ No
- ☐ Yes, Spanish
- ☐ Yes, not Spanish. Specify:_____

THERAPEUTIC CANNABIS PROGRAM ACKNOWLEDGEMENTS

I understand that my Registry ID Card is valid for one year, unless a shorter or longer duration is indicated by my patient's medical provider. I must renew or extend my card prior to its expiration to prevent a lapse in registration.

I understand that if I am notified of a denial or a revocation I have 30 days from the date of the notice to appeal the decision, and that if an appeal request is not made within that timeframe then I will have waived my right to an appeal and the action of the Department shall become final.

I understand that I may not possess, between myself and my Qualifying Patient(s), more than 2 ounces of cannabis per Qualifying Patient, or obtain more than 2 ounces of cannabis in any 10-day period from any source per Qualifying Patient.

I understand that as a Designated Caregiver I am not permitted to use therapeutic cannabis, unless I am also a Qualifying Patient, and may be subject to criminal penalties if I do so.

I understand that as a Designated Caregiver I am not permitted to possess any cannabis for purposes other than its therapeutic use as permitted by RSA 126-X.

I understand that I may not be in possession of cannabis in any of the following locations: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.

I understand that in the event of my Qualifying Patient's death, I will, within 5 days of the death: (1) notify the Department of the death; and (2) either request that the local law enforcement agency remove any remaining cannabis or dispose of the remaining cannabis in a manner that is specified in RSA 126-X:2, XIV.

I understand that if I am found to be in possession of cannabis outside of my home and I am not in possession of my Registry ID Card, I may be subject to a fine of up to $100.

I understand that any person(s) who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined $500, which shall be in addition to any other penalties that may apply for making a false statement to a law enforcement official or for the use of cannabis other than use undertaken pursuant to this RSA 126-X.

I understand that the protections granted by RSA 126-X for the therapeutic use of cannabis apply only within New Hampshire.

I understand that I must be in compliance with RSA 126-X and with the administrative rules adopted thereunder, and that the Department may revoke my Registry ID Card for any violation of any provision of RSA 126-X or the rules adopted thereunder.

I understand that I, by possessing cannabis, and my Qualifying Patient, by using cannabis, may be denied rights and privileges by federal agencies including, but not limited to, those related to employment such as driving a commercial vehicle, those related to owning, possessing, or purchasing a firearm and ammunition, those related to federally subsidized housing, those related to immigration and naturalization, or the inability to pass a security clearance.

CERTIFICATION AND NON-DIVERSION PLEDGE

I, hereby, attest to the Acknowledgments listed above.

I, hereby, attest that I have not been convicted of a felony offense in this or any other state, and I agree to notify the Department if I am convicted of a felony offense subsequent to being issued a Registry ID Card.

I, hereby, agree to act as the Designated Caregiver for the Qualifying Patient(s) named in this Application, and I certify that the facts as stated in this Application are accurate to the best of my knowledge and belief. I understand that any false statements made on this Application are punishable as unsworn falsification under RSA 641:3.

I, hereby, pledge not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to RSA 126-X, acknowledge that diversion of cannabis shall result in revocation of my Registry ID Card, and acknowledge that the sale of cannabis to anyone who is not a qualifying patient or a designated caregiver is punishable as a class B felony with a sentence of a maximum term of imprisonment of not more than 7 years, and a fine of not more than $300,000, or both, in addition to other penalties for the illegal sale of cannabis.

Applicant's Signature		**Date**	

THERAPEUTIC CANNABIS PROGRAM – GENERAL PROGRAM INFORMATION

Program Website: *https://www.dhhs.nh.gov/tcp*
Applications and Forms: *https://www.dhhs.nh.gov/tcp-forms; (603) 271-9255*
Contact: *(603) 271-9333; TCP@dhhs.nh.gov; NH DHHS, Therapeutic Cannabis Program, 29 Hazen Dr., Concord, NH 03301*

Minimum Requirements to Become a Designated Caregiver

- You must be at least 21 years old.
- You must never have been convicted of a felony.
- You must be designated as caregiver on your patient's Application or Caregiver Designation form, and that patient must be approved for the Program.

Number of Qualifying Patients Allowed

You may be the Designated Caregiver for up to five patients.

An exception to this limit is if both you and any patients over and above five live more than a 50-mile drive from the nearest Alternative Treatment Center (ATC), in which case you may be the Designated Caregiver for up to nine patients. For example, if you want to have a sixth patient, both you and at least one of the six patients must live more than a 50-mile drive from the nearest ATC.

Designated Caregiver's List of Qualifying Patients

The Program will provide you with a current list of your patients' Registry Identification numbers. The Program strongly advises that you carry this document with you when transporting or possessing therapeutic cannabis. The information contained in the document is confidential; however, it may be shared with law enforcement officers to document how many ounces of cannabis you are permitted to possess (ie, 2 ounces per patient).

Compensation

You may receive compensation from your patient for actual costs, such as gas, tolls, and the costs of any cannabis products purchased, but not for any time or labor associated with assisting your patient(s) with their therapeutic use of cannabis.

Confidentiality

The Program will maintain the confidentiality of all personal information about applicants, Qualifying Patients, Designated Caregivers, and certifying medical providers submitted to the Program and contained in the confidential Registry database. Local and state law enforcement officers, however, are allowed to receive limited information from the Registry if a person has been arrested or detained, or when there is probable cause to believe either cannabis is possessed at a specific address or by a specific individual.

Renewals/Extensions

- A Registry ID Card is effective for up to three years, and the expiration date will be based on the duration of your patient's Registry ID Card.
- Use this same Caregiver Application form to renew your card.
- Please submit your application at least 30 days prior to your card's expiration to prevent a lapse in your registration.
- If your patient's card is extended by using the "Written Certification Extension" form, your card will be automatically extended to match the duration of your patient's card.

Application Processing

- Application processing takes up to 3 weeks.
- The Program will approve or deny a complete application within 15 days of receipt.
- The Program will issue a Registry ID Card within 5 days of approval if your patient has an active card.

Incomplete applications:

- You will be notified in writing within 10 days of receipt if an application is incomplete.
- You will be asked to submit the missing information/documentation within 30 days from the date of the notice.
- If you don't provide the missing information/documentation within 6 months of the notice, your application will be closed. You will need to reapply by resubmitting ALL required application materials.
- The processing times listed above will begin when the application is complete.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
THERAPEUTIC CANNABIS PROGRAM

Lori A. Weaver
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301-3857
603-271-9333 1-800-852-3345 Ext. 9333
TDD Access: 1-800-735-2964
Fax: 603-271-8134 Email: TCP@dhhs.nh.gov

CAREGIVER DESIGNATION / REMOVAL

Please type or print clearly. See reverse side for complete instructions.

To be completed by Qualifying Patient:

Name: _____ Date of Birth: _____

Registry ID Card #: _____

☐ I designate _____ as my Designated Caregiver

☐ I remove _____ as my Designated Caregiver

_____ _____
Signature of Qualifying Patient *Date*

****

To be completed by Designated Caregiver:

Name: _____ Date of Birth: _____

☐ I accept designation to act as Designated Caregiver for the Qualifying Patient named above.

☐ I am currently a Designated Caregiver, and my Registry ID Card # is: _____

☐ I am not currently a Designated Caregiver. I understand that a complete Caregiver Application is required to be submitted to the Program. (See instructions on page 2)

☐ I will no longer serve as Designated Caregiver for _____

_____ _____
Signature of Designated Caregiver *Date*

Instructions for "Caregiver Designation / Removal" Form

Qualifying Patients. Use this form to:

(1) Designate a caregiver after you have been approved by the Program and have received your Registry ID Card:

a. Provide your name, date of birth, Registry ID Card number, signature, and date.
b. Provide the name of the person you wish to designate as your caregiver.
c. Have the person you wish to designate as your caregiver fill out the bottom of the form:
   - If the person is already a Designated Caregiver, you or the person designated must send the completed form to the Program; or
   - If the person is not already a Designated Caregiver:
     - You or the person designated must send the completed form to the Program; and
     - The person designated must submit a complete Caregiver Application to the Program and must be separately approved to be your Designated Caregiver.

(2) Remove your current Designated Caregiver:

a. Provide your name, date of birth, and Registry ID Card number, and dated signature.
b. Provide the name of your Designated Caregiver you wish to remove.
c. Send the competed form to the Program.

(3) Remove your current Designated Caregiver and add a new Designated Caregiver.

a. Provide your name, date of birth, Registry ID Card number, signature, and date.
b. Provide the name of your Designated Caregiver you wish to remove.
c. Provide the name of the person you wish to designate as your caregiver.
d. Have the person you wish to designate as your caregiver fill out the bottom of the form:
   - If the person is already a Designated Caregiver, you or the person designated must send the completed form to the Program; or
   - If the person is not already a Designated Caregiver:
     - You or the person designated must return the completed form to the Program; and
     - The person designated must submit a complete Caregiver Application to the Program and be separately approved to be your Designated Caregiver.

Designated Caregivers. Use this form to:

(1) Accept a Qualifying Patient's designation as a Designated Caregiver:

a. After a Qualifying Patient has filled out the top of the form, provide your name, date of birth, signature, and date to the bottom of the form.
b. Indicate if you are currently a Designated Caregiver for someone else, and if so, provide your Registry ID Card number.
c. Indicate if you are not currently a Designated Caregiver. NOTE: You are required to submit a complete Caregiver Application to the Program and be separately approved to be the patient's caregiver.
d. You or the Qualifying Patient must send the completed form to the Program.

(2) Stop being a Designated Caregiver for a Qualifying Patient:

a. Provide your name, date of birth, signature, and date.
b. Provide the name of the patient for whom you will no longer serve as Designated Caregiver.
c. Send the completed form to the Program.

Resources

Caregiver Application and other forms and information: http://www.dhhs.nh.gov/tcp-forms