



elevele

Medical Cannabis Illinois

HOW TO BECOME A
MEDICAL CANNABIS PATIENT



AN EASY GUIDE

www.elevele.net

The Steps

MAKE SURE TO FOLLOW EACH ONE

1. Physician Certification Form

Meet with your physician to discuss the use of medical cannabis for the treatment of your condition. This is an important first step in the application process. Your doctor MUST complete and mail this form to the Department of Health. Your appointment must be within 90 days of submitting your application to the Department.

DOWNLOAD

PHYSICIAN CERTIFICATION FORM

TIPS WHEN MEETING WITH YOUR PHYSICIAN

- It's medical cannabis. Stay away from using slang (pot, weed, etc)
- Be ready to discuss the risks associated with cannabis consumption
- Remind your physician they are writing you a recommendation NOT a prescription
- Describe your intent. Are you seeking relief from symptoms caused by your medical condition or medications used to treat your medical condition?

2. Required Documents



Application

Available online or you can print the PDF out and mail it in.

LINKS:

[ONLINE](#)

[PRINT](#)



Proof of Residency

2 Forms Required. Bank statements, utility bills, state ID, driver's license and voter ID cards are all acceptable.



\$100 Fee

Check or money order made payable to Illinois Dept of Public Health via mail. Credit cards accepted online.



Proof of Identity

A copy of a valid, unexpired government issued photo ID.



Fingerprints

Completed form and receipt within 30 days of being fingerprinted.

LINKS:

[VENDOR LOCATOR](#)



2x2 Inch Photo

No selfies! Be by yourself, facing the camera, with your full face showing. A white background is recommended.

PUT EVERYTHING IN ONE ENVELOPE



MAIL TO:

Illinois Department of Public Health
Division of Medical Cannabis
535 W. Jefferson St.
Springfield, IL 62761-0001

3. Special Requirements



Caregivers

Complete the entire caregiver application and send it with the \$25 caregiver fee and all supporting documents (photo, proof of residency, proof of age and identity, fingerprint consent form, caregiver's signature). The caregiver application should be sent with your patient application.

DOWNLOAD:

[CAREGIVER APPLICATION](#)



Veterans

Veterans receiving care at a VA facility do not need to provide a physician written certification, but must provide copies of the following forms - VA Form 10-5345 and Form 22214. Veterans are required to pay a \$50 fee, not \$100.



\$50 Reduced Fee

Qualifying patients enrolled in the federal Social Security Disability Income (SSDI) or the Supplemental Security Income (SSI) disability programs. In order to verify enrollment in these programs, submit a copy of a letter or other documentation from the Social Security Administration identifying the qualifying patient and showing the amount of monthly Social Security and Supplemental Security Income disability benefits to be received by the qualifying patient during the current year of application.



Illinois Department of Public Health
Division of Medical Cannabis

CALL

1-855-636-3688

EMAIL

DPH.MedicalCannabis@illinois.gov

⊕ ILLINOIS MEDICAL CANNABIS

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