



Illinois Medical Cannabis Pilot Program

Application for Registry Identification Card for Persons Diagnosed with Terminal Illness Instructions

Persons who have been diagnosed with a terminal illness with a life expectancy of six (6) months or less may apply for a medical cannabis registry identification card. The registry identification card will be valid for six (6) months only. There is no application fee.

Qualifying patients must:

- Be a resident of the State of Illinois at the time of application and remain a resident during participation in the program
- Have been diagnosed with a terminal illness with a life expectancy of six (6) months or less
- Submit a complete application
- Make sure your physician completes and signs the physician confirmation of diagnosis of terminal illness. This form must be signed in blue ink. The in-person physical examination must take place within 90 days of the application submission date.
- Not hold a school bus permit or Commercial Driver’s License
- Not be an active duty law enforcement officer, correctional officer, correctional probation officer, or firefighter.

The application must include:

<input type="checkbox"/>	<p>Proof of Age, Identity and Residency Submit a clear, color copy of your Illinois Driver’s License, Illinois Temporary Visitor’s Driver’s License, US Military ID, or Illinois State ID (Minors - include a copy of your birth certificate)</p>
<input type="checkbox"/>	<p>Photo Submit a photo taken within the last 6 months (using a passport photo vendor is recommended)</p>

Note: If the address on your state-issued ID does not match the address on your application, you must submit a second document which shows your address.

Veterans receiving care at a U.S. Department of Veterans Affairs (VA) Facility:

- Submit a copy of your DD-214 showing dates of service and character of service (type of discharge)
- Provide a copy of your medical records from the VA facility for the last 12 months.
 - Use VA form 10-5345 to request these records (U.S. Department of Veterans Affairs, Request for and Authorization to Release Medical Records and Health Information). If you have received care for your debilitating medical condition for more than 5 years at a VA facility, you must mark “OTHER” on VA Form 10-5345 under “Information Requested” then write that you are requesting information about the treatment of your qualified condition for the most recent 12-month period. Under “PURPOSE(S) OR NEED FOR WHICH THE INFORMATION TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED” write “Personal Medical Purposes”. Under “NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED” write your address. The records will be sent to you.
 - To obtain VA medical records electronically, go online to <https://www.myhealth.va.gov/index.html>
- Veterans receiving health care at a VA facility do not need to have a physician complete the Physician Confirmation of Diagnosis of Terminal Illness, but must instead complete the Attestation of Terminal Illness on page 6 of the application package. This form must be notarized.



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Selecting a Designated Caregiver:

- The designated caregiver must be selected at the time of application and submit a photo, proof of age, identity and residency.
- Persons under age 18 who are diagnosed with a terminal illness may select a second caregiver by making a copy of pages 4 and 5 of the application and completing the requested information for the second designated caregiver.

Mail the application and the required documents to:

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