

## Illinois Department of Public Health Medical Cannabis Registry Program

### Change of Application Information (including name and address change)

Registered qualifying patients and caregivers **must notify** the Illinois Department of Public Health, Division of Medical Cannabis, **within 10 days** when there is any change in the information submitted with their application (77 Ill. Adm. Code 946.50). **If you do not contact IDPH about a change in your application information, you will not be able to purchase medical cannabis.**

Registered qualifying patients and caregivers shall notify the Department:

- 1) Of changes in the patient or caregiver's name or address;
- 2) If the patient ceases to have the debilitating medical condition. If the qualifying patient is deceased, the designated caregiver, if any, or a legal representative of the patient shall notify the Department;
- 3) Of a change in the designated caregiver;
- 4) Of a change in the selected dispensary organization;
- 5) If the registry identification card is lost or stolen; and
- 6) Upon conviction of any excluded offenses.

Your medical cannabis registry identification card file can be updated by sending the **Medical Cannabis Registry Card Change of Information Form** and any required documents, along with payment in the form of a check or money order to:

Illinois Department of Public Health  
Division of Medical Cannabis  
535 West Jefferson Street, MC-002  
Springfield, IL 62761-0001

### Required Documents

**Change of address:** please include proof which includes a copy of any **two** of the following items:

- Pay stub or electronic deposit receipt issued less than 60 days prior to submitting change of information form that shows evidence of the applicant's withholding for state income tax.
- Valid voter registration card with an address in Illinois.
- A valid, unexpired Illinois driver's license or other state identification card issued by the Illinois Secretary of State.

- Bank statement, dated less than 60 days prior to submitting change of information form.
- Deed/title, mortgage, rental/lease agreement.
- Insurance policy (homeowner’s or renter’s).
- Medical claim or statement of benefits (from private insurance company or government agency), dated less than 90 days prior to submitting change of information form); Social Security Disability Insurance Statement; or Supplemental Security Income Benefits Statement.
- Tuition invoice/official mail from college or university, dated less than 12 months prior to submitting change of information form
- Utility bill, including, but not limited to, those for electric, water, refuse, telephone land-line, cable or gas, issued less than 60 days prior to submitting change of information form.
- Notarized homeless status certification:  
[https://www.cyberdriveillinois.com/publications/pdf\\_publications/dsd\\_a230.pdf](https://www.cyberdriveillinois.com/publications/pdf_publications/dsd_a230.pdf). If you are using this form, you only need this document to prove your address change.

**Change of name for registered qualifying patient or caregiver:** please include proof which includes a copy of any of the following items:

- Copy of Marriage Certificate
- Copy of a U.S. or Illinois government-issued photo ID

### Required Fees

Change	Non-refundable Card Reprinting Fee:	New cards issued:
Patient name change	\$25 without a caregiver \$50 with a caregiver	New patient and caregiver registry card
Caregiver name change	\$50	New patient and caregiver registry cards
Patient or caregiver address change	\$25	New patient or caregiver registry identification card
New caregiver	\$25 + \$75 caregiver application fee	New patient and caregiver registry cards (caregiver card fee included in caregiver application fee)

**\*If requesting a change in caregiver or new caregiver,** a new caregiver application must be completed, the \$75 caregiver application fee must be paid (plus \$25 to reprint the registered qualifying patient’s registry card), and supporting documents should be submitted to the Department of Public Health. The caregiver application can be found at <http://www.dph.illinois.gov/topics-services/prevention->

[wellness/medical-cannabis](#). A new caregiver will not be registered until a completed application is approved by the Division of Medical Cannabis.



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

### Medical Cannabis Registry Card Change of Information Form

The following information is being changed:

- |   |  |
|---|--|
| <input type="checkbox"/> Patient Name                   | <input type="checkbox"/> Caregiver Name    |
| <input type="checkbox"/> Patient Address                | <input type="checkbox"/> Caregiver Address |
| <input type="checkbox"/> Caregiver Change/New Caregiver |  |

#### Qualifying Patient Information

First Name		Middle Name		Last Name	
Registry Identification Number:		QP.			
Home Address			Prior Last Name (if changing name)		
Apartment or Suite #	City		State	ZIP Code	
			IL		
Telephone Number (###-###-####)		Date of Birth (mm/dd/yyyy)	Driver's License #		I do not have a driver's license <input type="checkbox"/>

#### Caregiver Information

First Name		Middle Name		Last Name	
Registry Identification Number:		CP.			
Home Address			Prior Last Name (if changing name)		
Apartment or Suite #	City		State	ZIP Code	
			IL		
Telephone Number (###-###-####)		Date of Birth (mm/dd/yyyy)	Driver's License #		I do not have a driver's license <input type="checkbox"/>

**You must include any required documents and payment with this form.**

PROTECTING HEALTH, IMPROVING LIVES