



Submission Information

1. If you are not designating a Caregiver, then you have two options for submitting the application.
 - a. **Option A is to submit the application by mail.** Processing time is 2-4 weeks before you receive your card by mail.
 - b. **Option B is to submit the application online.** Online is faster processing, and the state sends you a temporary card that comes by way of an Approval Email, typically within 2-3 Business Days.
 - i. You do not have to scan and upload anything, you simply type in the information the state asks for. All the information requested will be on the documents in your envelope.
 - ii. **When prompted during the online application process, under “Physician Certification Question” select “My physician is registered online”.**
 - iii. If you submit the application online then DO NOT MAIL THE APPLICATION DOCUMENTS.
 - iv. Refer to list item “3” on the “Helpful Information” sheet in this packet for further instruction.
2. If you **ARE** designating a Caregiver, your only option for submitting the application is by mail. Mail-in submission instructions are on PAGE 1 of the MMMP Application Packet. You can download the MMMP Packet here: https://www.michigan.gov/mra/0,9306,7-386-79575_79579---,00.html



Helpful Information

1. If you have not received your card within **5 weeks of mailing**, you can call the State of Michigan at **517-284-6400** to check the status of your application.

Note: Healthy Partners is not a state-run facility and are NOT involved in processing applications.

The State of Michigan will only answer questions about the status of an application directly with the patient because of patient-privacy laws.

2. If you receive a **DENIAL LETTER** from the State of Michigan, please schedule a “Denial Letter Fix Appointment.” so we can get you all documents needed to resubmit your application.

3. Online Application Submission:

If you **do not have a caregiver** and are interested in submitting your application online for faster processing, you can find information on how to do so through LARA’s Citizen Portal by reading our blog post:

“Medical Marijuana Card Online: Faster Application Processing Through “Accela”

← You can find our Blog Post at www.healthypartnersus.com/mm-news/.

□ As of May 1, 2019 – Patients who apply online via Accela can now use their approval email as a temporary substitute for a valid registry card, in order to obtain their medication immediately, while waiting for their registry card to arrive by mail.

Note: If you have trouble submitting online – please contact the State of Michigan at 517-284-6400. Healthy Partners is unable to assist with issues related to the State’s website/online portal.

4. If you are looking for a caregiver - visit www.grassmatch.com.
5. If you are looking for a licensed dispensary, visit our FAQ page and click on “Where Can I Obtain My Medication?”

Note: Healthy Partners does not recommend any one dispensary over any other.

For your health and safety, please make sure that any dispensary you visit is licensed by the State of Michigan.

Please rate your experience with us on Google!

You will receive an email from us shortly after your appointment which includes a link for you to rate Healthy Partners on Google.



MMMP Paper Application Completion Instructions

NOTE: You only need to complete the Michigan Medical Marijuana Program (“MMMP”) Paper Application if you intend to submit your application by mail, or if you plan to designate a Caregiver. If you are not designating a Caregiver, then you have the option to submit your application online.

Section A:

Your Information goes in Section A. **Box 4 in Section A is FOR RENEWALS ONLY.** If you do not already have a MMMP Card, or if your MMMP card expired more than six (6) months expired, then leave Box 4 blank.

Section A: Patient Information (NAME AS IT APPEARS ON ID) (REQUIRED)			
1. Legal First Name	2. Middle Initial	3a. Legal Last Name	3b. Suffix (Jr., Sr., etc.)
4. Patient Registry ID Card Number (For Renewals Only)		5. Date of Birth (MM/DD/YYYY)	
6a. Mailing Address		6b. Apartment/Suite/Lot #	
7. City	8. State MI	9. Zip Code	
10. Telephone Number (Optional)			

Section B:

If you ARE designating a Caregiver:

Check the TOP BOX, “I will possess the plants”. This only means that you are retaining the right to grow your own plants, should you choose to.

If you ARE NOT designating a Caregiver:

Check the BOTTOM BOX, “My caregiver will possess the plants”. By checking this box, you are assigning your right to grow your own plants to your Caregiver.

Section B: Person Allowed to Possess Patient’s Marijuana Plants (REQUIRED)
11. Plant possession: You must select one box. Failure to do so will result in the denial of your application. SELECT ONLY ONE: <input type="checkbox"/> I will possess the plants. <input type="checkbox"/> My caregiver will possess the plants.



Section C:

If you ARE designating a Caregiver:

Your Caregiver's information will go here. If you HAVE NOT previously designated your intended Caregiver as your Caregiver, then leave Box 15 blank.

If you ARE NOT designating a Caregiver:

Then leave this entire section blank.

Section C: Caregiver Information (NAME AS IT APPEARS ON ID) (If the patient is designating a caregiver)			
12. Legal First Name	13. Middle Initial	14a. Legal Last Name	14b. Suffix (Jr., Sr., etc.)
15. Caregiver Registry ID Card Number (For Renewals Only)		16. Date of Birth (MM/DD/YYYY)	
17a. Mailing Address		17b. Apartment/Suite/Lot #	
18. City	19. State	20. Zip Code	
21. Telephone Number (Optional)			
22. Other Names Used by Caregiver (Nicknames, maiden names, etc. Use a separate piece of paper if you need space for additional names.)			

Section D:

If you ARE designating a Caregiver:

You will sign and date as "Patient". Your Caregiver will sign and date as Caregiver.

If you ARE NOT designating a Caregiver:

Then ONLY sign and date as "Patient".

Section D: Patient/Caregiver Signature & Date (REQUIRED)	
I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana Act (Initiated Law 1 of 2008, MCL 333.26421 <i>et seq.</i>) and associated administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution. I authorize the release of my protected health information, which includes the information contained in the form completed by my certifying physician, to the Michigan Medical Marijuana Program.	
Signature of Patient: _____	Date: _____
I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana Act (Initiated Law 1 of 2008, MCL 333.26421 <i>et seq.</i>) and associated administrative rules. I agree to serve as the patient's primary caregiver, am at least 21 years old, have no convictions that disqualify me from serving as a primary caregiver, and authorize the department to use the information provided in this application to perform a criminal background check. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.	
Signature of Caregiver: _____	Date: _____