Medical Marijuana Registration Process

Patient Registration Process

Patients go to: http://www.ct.gov/dcp/mmp

Click Online Application on the left side bar.

Create a new account using the email address that I registered you with:

Submit the following to the Department:

- Proof of Identity
- Proof of Connecticut residency
- Current passport size photograph
- $100.00 registration fee (checks/money orders should be made payable to "Treasurer, State of CT")

You will be able to upload these documents and pay the fee when you submit your registration application online, or you can mail them to the Department.
Primary Caregivers - Registration Process

If a patient’s physician certifies the need for the patient to have a primary caregiver, the patient may register one person to act as their caregiver with respect to their palliative use of marijuana.

A primary caregiver applicant will only be able to access the online registration system if:

- The patient’s physician indicates a need for a primary caregiver; and
- The patient identifies the applicant as the person who will serve as their primary caregiver.

To register with the Department, a primary caregiver must:

- Have their patient identify them as their primary caregiver on their registration application. In this regard, the patient must provide identifying information about their caregiver, including:
  - A valid e-mail address
  - A primary telephone number

- **Submit the following to the Department:**
  - Proof of Identity
  - Current passport size photograph
  - $25.00 registration fee (checks/money orders should be made payable to "Treasurer, State of CT")

You will be able to upload these documents and pay the fee when you submit your registration application online, or you can mail them to the Department.
PROOF OF IDENTITY
You must submit one legible copy of a non-expired identification form.

Acceptable forms include:

- Connecticut or Out-of-State Issued Driver’s License
- Connecticut Issued ID
- Connecticut pistol or firearm permit
- US Passport or Passport Card
- Permanent Resident Card
- Certificate of Naturalization

PROOF OF CONNECTICUT RESIDENCY
You must submit one document from the following list to prove that your home is located in Connecticut. The document must:

- Show your name and your Connecticut residence address;
- Be dated within 90 days (unless stated otherwise below); and
- Be computer generated (not typed).

Acceptable documents include:

- Computer-generated bill or statement from a bank or mortgage company, utility company, doctor or hospital
- Pre-printed pay stub showing both your name and address and your employer’s name and address
- W-2 form property or excise tax bill, or Social Security Administration or other pension or retirement annual benefits summary statement and dated within the current or prior year
- Medicaid or Medicare benefit statement
- Current valid homeowner’s, renter’s or motor vehicle insurance policy dated within the last year
- Current motor vehicle loan statement for a motor vehicle registered in your name
- Residential mortgage or similar loan contract, lease or rental contract showing signatures from all parties needed to execute the agreement and dated within the last year
- First-class mail addressed to your home address
- Connecticut voter registration card
- Survey of your Connecticut property issued by a licensed surveyor
- Connecticut handgun permit
- Motor vehicle registration

Current Passport Size Photograph
A current, digital, passport size image of an individual, taken no more than 30 calendar days before the submission of the individual's application:

- Taken against a plain white or off-white background or backdrop;
- Two inches by two inches in size;
- In natural color;
- Provides a front, unobstructed view of the individual's full face;
- Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head; and
- Is in “jpeg” format if sent electronically.
# Connecticut Medical Marijuana Dispensary Facilities

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact Information</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Arrow Alternative Care, Inc.</td>
<td>92 Weston Street, Unit #16, Hartford, CT 06120</td>
<td><a href="mailto:Angelo@arrowalternativecare.com">Angelo@arrowalternativecare.com</a></td>
<td>(860) 231-7050</td>
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<td><a href="http://www.arrowalternativecare.com">www.arrowalternativecare.com</a></td>
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<tr>
<td>Bluepoint Wellness of Connecticut</td>
<td>469 East Main Street, Branford, CT 06405</td>
<td><a href="mailto:Info@bluepointwellnessct.com">Info@bluepointwellnessct.com</a></td>
<td>(203) 488-1388</td>
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<td><a href="http://www.bluepointwellnessct.com">www.bluepointwellnessct.com</a></td>
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<tr>
<td>Compassionate Care Center of Connecticut/D&amp;B Wellness, LLC</td>
<td>4 Garella Road, Bethel, CT 06801</td>
<td><a href="mailto:Info@CCC-CT.com">Info@CCC-CT.com</a></td>
<td>(203) 909-6869</td>
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<td><a href="http://www.CCC-CT.com">www.CCC-CT.com</a></td>
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<tr>
<td>Prime Wellness of Connecticut, LLC</td>
<td>75 John Fitch Boulevard, South Windsor CT, 06074</td>
<td><a href="mailto:Info@primewellnessofct.com">Info@primewellnessofct.com</a></td>
<td>(800) 263-8557</td>
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<td><a href="http://www.primewellnessofct.com">www.primewellnessofct.com</a></td>
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<tr>
<td>Thames Valley Alternative Relief, LLC</td>
<td>1100 Norwich-New London Turnpike, Uncasville, CT 06382</td>
<td><a href="mailto:Laurie.zrenda@thamesvalleyrelief.com">Laurie.zrenda@thamesvalleyrelief.com</a></td>
<td>(860) 848-0865</td>
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<td><a href="http://www.thamesvalleyrelief.com">www.thamesvalleyrelief.com</a></td>
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<tr>
<td>The Healing Corner, Inc.</td>
<td>159 East Main Street, Bristol, CT 06010</td>
<td><a href="mailto:Hope@thehealingcorner.com">Hope@thehealingcorner.com</a></td>
<td>(860) 583-4325</td>
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