



SB 420 Medical Marijuana Identification Card Program

Mendocino County

Health & Human Services Agency
Community Health Services
MMIC Program
1120 South Dora Street
Ukiah, CA 95482
Telephone: (707) 472-2784
Fax: (707) 472-2735
www.co.mendocino.ca.us/hhsa/chs/mmic.htm

Sacramento

Medical Marijuana Program
Office of County Health Services
California Department of Public Health
P.O. Box 997377, MS 5202
Sacramento, CA 95899-7477
Telephone: (916) 552-8600
Fax: (916) 552-8038
www.cdph.ca.gov/programs/mmp

To look up your Doctor's License: <http://www.medbd.ca.gov/lookup.html>
Mendocino County Code access: <http://www.co.mendocino.ca.us/bos/>
Sheriff's Website: MendocinoSheriff.com Office of Attorney General: <http://oag.ca.gov>
Patient Advocacy <http://www.canorml.org> - <http://www.safeaccessnow.org> - <http://www.mpp.org>

Applications are accepted by appointment only.
Please call (707) 472-2784 to schedule an appointment.
We return calls from a blocked number. Failure to answer the phone, lack of an answering machine or voicemail may delay contact.
No walk-ins will be seen.

Patient Medical Marijuana ID Card	\$ 180.00
Primary Caregiver Medical Marijuana ID Card	\$ 180.00
MediCal Patient Medical Marijuana ID Card	\$ 90.00
MediCal Primary Caregiver Medical Marijuana ID Card	\$ 90.00

Application fees are non-refundable.
Please see other side for instructions to follow before calling for your appointment

Mendocino County

MEDICAL MARIJUANA IDENTIFICATION CARD PROGRAM

Dear Applicant,

When your application is complete, please call the MMIC Office at (707) 472-2784 the phone is answered Wednesdays between 8:00 a.m. and 12:00 p.m. to schedule an appointment, or you may leave a message and a phone number at which we can reach you. Bring the following items with you to your scheduled appointment:

- A completed and accurate application. *Please read carefully and complete all appropriate sections.*
- Valid Government-issued photo identification.
- Proof of residency in Mendocino County. For example; car registration, rental agreement, Mendocino County Assessors tax bill, utility bill in your name with your physical address on it (P.O. Boxes are not applicable.)
- A written recommendation from your physician for medical cannabis or *DHS Form 9044 Written Documentation of Patient's Medical Records* completed by your physician within the last calendar year.
- Valid Medi-Cal card (white w/ blue print Benefit Identification Card)
- Cash, check or money order for \$180.00 or \$90.00 with valid Medi-cal.

The photo that will appear on your MMIC will be taken during your scheduled appointment. (This program covers SB 420 it does not give legal advice, cover the County/City codes or the Sheriff's Office Zip tie program. Websites to access the information are listed on the Cover sheet.)

The applicant is responsible for correcting deficiencies and has 30 days from the date of notice to provide missing information and documentation. If the applicant provides the missing information or documentation within the 30 days of notice, the administering agency has the remainder of the initial 30-day processing period or 14 days, whichever is more, to approve or deny the application.

The administering agency may deny an application for an MMIC for any of the following reasons:

- (1) The applicant did not provide all of the required information, and upon notice of the deficiency, did not provide the information within 30 days of the notice.
- (2) The administering agency determined some of the submitted information was false.
- (3) The applicant did not meet the required criteria as specified in this Handbook and pursuant to Article 2.5 of Chapter 6 of Division 10 (Sections 11362.7 – 11362.83) of the H&S Code. The applicant and/or his/her primary caregiver did not meet the criteria of a qualified patient or primary caregiver as established by Article 2.5 of Chapter 6 of Division 10(Sections 11362.7 – 11362.83) of the H&S Code and regulations for the MMP.

The administering agency should notify the applicant of the denial of his/her application within a reasonable period of time and note the date of denial on the Application Form.

The applicant will have 30 days from the date they were notified of the denial to appeal the decision to CDPH using the Denial Appeals Application Form (CDPH Form No. 9043). If an application has been denied by the administering agency, the applicant may not reapply for six months from the date of denial unless authorized by the administering agency or a court of competent jurisdiction.

Incomplete applications will NOT be accepted

Complete instructions for state forms can be found on page 4 of the application form.