



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
THERAPEUTIC CANNABIS PROGRAM

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CAREGIVER DESIGNATION / REMOVAL

Please type or print clearly. See reverse side for complete instructions.

To be completed by Qualifying Patient:

Name: _____ Date of Birth: _____

Registry Identification Card #: _____

- I designate _____ as my Designated Caregiver.
- I remove _____ as my Designated Caregiver.

Signature of Qualifying Patient

Date

To be completed by Designated Caregiver:

Name: _____ Date of Birth: _____

- I accept designation to act as Designated Caregiver for the Qualifying Patient named above.
 - I am currently a Designated Caregiver, and my Registry Identification Card # is:
 _____.
 - I am not currently a Designated Caregiver. I understand that a complete Designated Caregiver application may be required to be submitted to the Program (see instructions on reverse side).
- I will no longer serve as Designated Caregiver for _____.

Signature of Designated Caregiver

Date

Instructions for “Caregiver Designation / Removal” Form

Qualifying Patients. Use this form to:

- (1) Designate a caregiver after you have been approved by the Program and have received your Registry Identification Card:**
 - a. Provide your name, date of birth, registry identification card number, signature, and date.
 - b. Provide the name of the person you wish to designate as your caregiver.
 - c. Have the person you wish to designate as your caregiver fill out the bottom of the form:
 - If the person is already a Designated Caregiver, then you or the person designated must send the completed form to the Program; or
 - If the person is not already a Designated Caregiver, then:
 - You or the person designated must send the completed form to the Program; and
 - The person designated must submit a complete Designated Caregiver application to the Program and be separately approved to be your Designated Caregiver. A Designated Caregiver must also have a criminal background check completed.
- (2) Remove your current Designated Caregiver:**
 - a. Provide your name, date of birth, and registry identification card number, and dated signature.
 - b. Provide the name of your Designated Caregiver you wish to remove.
 - c. Send the completed form to the Program.
- (3) Remove your current Designated Caregiver and add a new Designated Caregiver.**
 - a. Provide your name, date of birth, registry identification card number, signature, and date.
 - b. Provide the name of your Designated Caregiver you wish to remove.
 - c. Provide the name of the person you wish to designate as your caregiver.
 - d. Have the person you wish to designate as your caregiver fill out the bottom of the form:
 - If the person is already a Designated Caregiver, then you or the person designated must send the completed form to the Program; or
 - If the person is not already a Designated Caregiver, then:
 - You or the person designated must return the completed form to the Program; and
 - The person designated must submit a complete Designated Caregiver application to the Program and be separately approved to be your Designated Caregiver. A Designated Caregiver must also have a criminal background check completed.

Designated Caregivers. Use this form to:

- (1) Accept a Qualifying Patient’s designation as a Designated Caregiver:**
 - a. After a Qualifying Patient has filled out the top of the form, provide your name, date of birth, signature, and date.
 - b. Indicate if you are currently a Designated Caregiver for someone else, and if so, provide your registry identification number.
 - c. Indicate if you are not currently a Designated Caregiver. **NOTE:** You are required to submit a complete Designated Caregiver application to the Program and be separately approved to be the patient’s caregiver if (1) you have never been a Designated Caregiver or (2) you were previously a Designated Caregiver but your caregiver status has expired. Please contact the Program for assistance. A Designated Caregiver must also have a criminal background check completed.
 - d. You or the Qualifying Patient must send the completed form to the Program.
- (2) Stop being a Designated Caregiver for a Qualifying Patient:**
 - a. Provide your name, date of birth, registry identification card number, signature, and date.
 - b. Provide the name of the patient for whom you will no longer serve as Designated Caregiver.
 - c. Send the completed form to the Program.

Resources

Designated Caregiver Application: <http://www.dhhs.nh.gov/oos/tcp/documents/applicationcaregiver.pdf>

Criminal Record History Authorization Form: <http://www.dhhs.nh.gov/oos/tcp/documents/criminalrecordsform.pdf>