



**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 ID 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 ID Card # is: \_\_\_\_\_

I am not currently a Designated Caregiver. I understand that a complete Caregiver Application is required to be submitted to the Program. (See instructions on page 2)

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 ID Card:**

- a. Provide your name, date of birth, Registry ID 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, you or the person designated must send the completed form to the Program; or
  - If the person is not already a Designated Caregiver:
    - You or the person designated must send the completed form to the Program; and
    - The person designated must submit a complete Caregiver Application to the Program and must 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 ID 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 ID 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, you or the person designated must send the completed form to the Program; or
  - If the person is not already a Designated Caregiver:
    - You or the person designated must return the completed form to the Program; and
    - The person designated must submit a complete 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 ID Card number.
- c. Indicate if you are not currently a Designated Caregiver. **NOTE:** You are required to submit a complete 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 ID 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**

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>