Illinois Department of Public Health
Medical Cannabis Registry Program

Change of Application Information (including name and address change)

Registered qualifying patients and caregivers must notify the Illinois Department of Public Health, Division of Medical Cannabis, within 10 days when there is any change in the information submitted with their application (77 Ill. Adm. Code 946.50). If you do not contact IDPH about a change in your application information, you will not be able to purchase medical cannabis.

Registered qualifying patients and caregivers shall notify the Department:

1) Of changes in the patient or caregiver’s name or address;
2) If the patient ceases to have the debilitating medical condition. If the qualifying patient is deceased, the designated caregiver, if any, or a legal representative of the patient shall notify the Department;
3) Of a change in the designated caregiver;
4) Of a change in the selected dispensary organization;
5) If the registry identification card is lost or stolen; and
6) Upon conviction of any excluded offenses.

Your medical cannabis registry identification card file can be updated by sending the Medical Cannabis Registry Card Change of Information Form and any required documents, along with payment in the form of a check or money order to:

Illinois Department of Public Health
Division of Medical Cannabis
535 West Jefferson Street, MC-002
Springfield, IL 62761-0001

Required Documents

Change of address: please include proof which includes a copy of any two of the following items:

- Pay stub or electronic deposit receipt issued less than 60 days prior to submitting change of information form that shows evidence of the applicant’s withholding for state income tax.
- Valid voter registration card with an address in Illinois.
- A valid, unexpired Illinois driver’s license or other state identification card issued by the Illinois Secretary of State.
• Bank statement, dated less than 60 days prior to submitting change of information form.
• Deed/title, mortgage, rental/lease agreement.
• Insurance policy (homeowner’s or renter’s).
• Medical claim or statement of benefits (from private insurance company or government agency), dated less than 90 days prior to submitting change of information form; Social Security Disability Insurance Statement; or Supplemental Security Income Benefits Statement.
• Tuition invoice/official mail from college or university, dated less than 12 months prior to submitting change of information form.
• Utility bill, including, but not limited to, those for electric, water, refuse, telephone land-line, cable or gas, issued less than 60 days prior to submitting change of information form.
• Notarized homeless status certification: https://www.cyberdriveillinois.com/publications/pdf_publications/dsd_a230.pdf. If you are using this form, you only need this document to prove your address change.

Change of name for registered qualifying patient or caregiver: please include proof which includes a copy of any of the following items:

• Copy of Marriage Certificate
• Copy of a U.S. or Illinois government-issued photo ID

**Required Fees**

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<tr>
<th>Change</th>
<th>Non-refundable Card Reprinting Fee:</th>
<th>New cards issued:</th>
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<tbody>
<tr>
<td>Patient name change</td>
<td>$25 without a caregiver $50 with a caregiver</td>
<td>New patient and caregiver registry card</td>
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<tr>
<td>Caregiver name change</td>
<td>$50</td>
<td>New patient and caregiver registry cards</td>
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<td>Patient or caregiver address change</td>
<td>$25</td>
<td>New patient or caregiver registry identification card</td>
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<tr>
<td>New caregiver</td>
<td>$25 + $75 caregiver application fee</td>
<td>New patient and caregiver registry cards (caregiver card fee included in caregiver application fee)</td>
</tr>
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</table>

*If requesting a change in caregiver or new caregiver, a new caregiver application must be completed, the $75 caregiver application fee must be paid (plus $25 to reprint the registered qualifying patient’s registry card), and supporting documents should be submitted to the Department of Public Health. The caregiver application can be found at [http://www.dph.illinois.gov/topics-services/prevention-](http://www.dph.illinois.gov/topics-services/prevention-)*
A new caregiver will not be registered until a completed application is approved by the Division of Medical Cannabis.