



Illinois Medical Cannabis Patient Program Application for Registry Identification Card Veterans Receiving Medical Services at a VA Facility

***** DO NOT COMPLETE THIS FORM IF YOU ARE NOT A VETERAN *****

Veterans receiving health care at a VA facility do not need to provide the health care professional confirmation of diagnosis of terminal illness on page 3, but must instead provide the following information found on My HealthVet.

- Medical records from the VA facility for the last 12 months.
 - VA appointments
 - VA medication history
 - VA problem list
 - VA admissions and discharges
 - VA progress notes

- Copy of your DD-214 showing dates of service and character of service (type of discharge)

ATTESTATION OF TERMINAL ILLNESS

I _____ hereby certify that I receive medical services from a VA facility and have been diagnosed with a terminal illness of _____ (insert name of disease or illness) with a life expectancy of six (6) months or less. Under penalties including, but not limited to, perjury, and administrative action, I declare that I have examined the application, all supporting documents submitted by me in connection therewith, and all statements contained therein, and to the best of my knowledge, they are true, correct, and complete.

Signature (no stamps accepted) – Sign in blue ink only

Date of signature (mm/dd/yyyy)

State of Illinois

County of _____.

Signed (or subscribed or attested) before me on _____ (date)

by _____ (name of person).

(seal)

Signature of Notary Public