

Jeffrey A. Meyers Commissioner

Mary P. Castelli Senior Division Director

Please type or print clearly.

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES $THERAPEUTIC\ CANNABIS\ PROGRAM$

129 PLEASANT STREET, CONCORD, NH 03301-3857 603-271-9333 1-800-852-3345 Ext. 9333 FAX: 603-271-8134 TDD Access: 1-800-735-2964 email: ginger.dubois@dhhs.state.nh.us

CHANGE OF INFORMATION / LOST CARD

ı	Name: D	ate of Birth:
I	Phone Number:	
Che	eck the appropriate box(es), and if applicable, provide the new inforn	nation in the space provided.
•	 Change in Alternative Treatment Center (ATC). (Qualifying Patier The Program will notify you (and your Designated Caregiver if ap been processed and made effective. It may take up to 20 days to You will not be able to purchase cannabis at either ATC for up to the change. See below for effective date. There is no fee required and a new registry identification card is received the box of the new ATC: 	plicable) in writing once your request has process this request. 5 business days after the effective date of not issued for this change.
	Dover – Temescal Wellness, Inc.	Lebanon – Temescal Wellness, Inc.
	☐ Merrimack – Prime Alternative Treatment Centers of NH	☐ Plymouth – Sanctuary ATC
	Effective date: (To be completed	ted by the Program)
•	 Change of name or address. (Qualifying Patient or Designated Caregiver.) You must notify the Program within 10 days of any change to your name or address. Include a check or money order for \$25 made payable to "Treasurer – State of New Hampshire." The Program will issue a new card, with a new identification number, within 20 days. Return the old card within 10 business days of receipt of the new card. Failure to do so will result in your new card becoming unusable (void) until your old card is returned. Provide new name or address:	
	Lost, stolen, or destroyed Registry Identification Card. (Qualifying	Patient or Designated Caregiver.)

INSTRUCTIONS/NOTES:

• Please mail, fax, or email the completed form to the address, fax number, or email in the header above.

• You must notify the Program within 10 days of your card being lost, stolen, or destroyed.

• Include a check or money order for \$25 made payable to "Treasurer – State of New Hampshire."

• Failure to notify the Program of a change of name, address, or Designated Caregiver within the time frames described above will result in a \$150 fine.

• The Program will issue a new card, with a new identification number, within 5 days of receiving your request.

• To change or assign a new Designated Caregiver you must use the "Caregiver Designation/Removal" form available on the Program's website at http://www.dhhs.nh.gov/oos/tcp/index.htm.