# Office of Cannabis Regulation
# Home-Grow Plant Tag System
# User Guide

**January 2022**

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## Part 2


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# What to Know, If You Want to Grow!

**Can I grow Medical Marijuana for myself?**
As a Rhode Island Medical Marijuana Patient, you are able to grow up to 12 mature and 12 immature Medical Cannabis Plants for your own use; provided they are properly registered via the Office of Cannabis Regulation's Plant Tag Program. You must grow in an indoor space, that is enclosed by 4 walls and a solid roof (no greenhouses), the marijuana cannot be visible to the public and you must take measures to keep the odor mitigated. You are able to possess up to 2.5 ounces of "dry, usable" marijuana or 12.5 ounces of "wet, unconsumable" marijuana (or an equivalent combination).

**Where do I get Plant Tags?**
Plant Tags are currently purchased online on our Tags Website. The tag website link can be accessed through our Division Page: **https://dbr.ri.gov/divisions/medicalmarijuana**.
If you do not have access to a computer or are not comfortable using a computer, you can call our Main Line at (401) 889-5607 and select the Plant Tags selection from the phone tree. Please leave a message and we will call you back to take your order.

**What do I need to order?**
For the first phase, you will need your Rhode Island Patient/Caregiver Card, the Home-Grow Permission Form (if you do not own your proposed grow premises). For the second phase, you need a form of payment such as a credit/debit card, check or money. **CASH PAYMENTS WILL NOT BE ACCEPTED**. Please note, money order/check payments involve a much longer wait. You will also either need access to the internet for online orders or a phone for offline orders. You may need a printer; however, if you lack printer access you can call or email us for assistance and your Plant Tag Certificate can be mailed.

**How do Tags work?**
Tags are sold in Sets of 2 "Tags" (one Immature Tag and one Mature Tag). Each Set is **$25.00** and is valid for one (1) year from date of purchase. There is also a processing fee if paying by credit/debit card. If you are a Reduced Registration Patient (meaning you are on a form of assistance such as SSDI or Medicaid; eligibility is determined by Dept. of Health) the $25/ Set fee is waived.

If you plan on paying by check/money order, please allow for at least 2 weeks for processing once you get to the payment phase. This means if you are renewing or planning to obtain plants, please apply as early as possible. The fee must be made payable to General Treasurer, State of Rhode Island

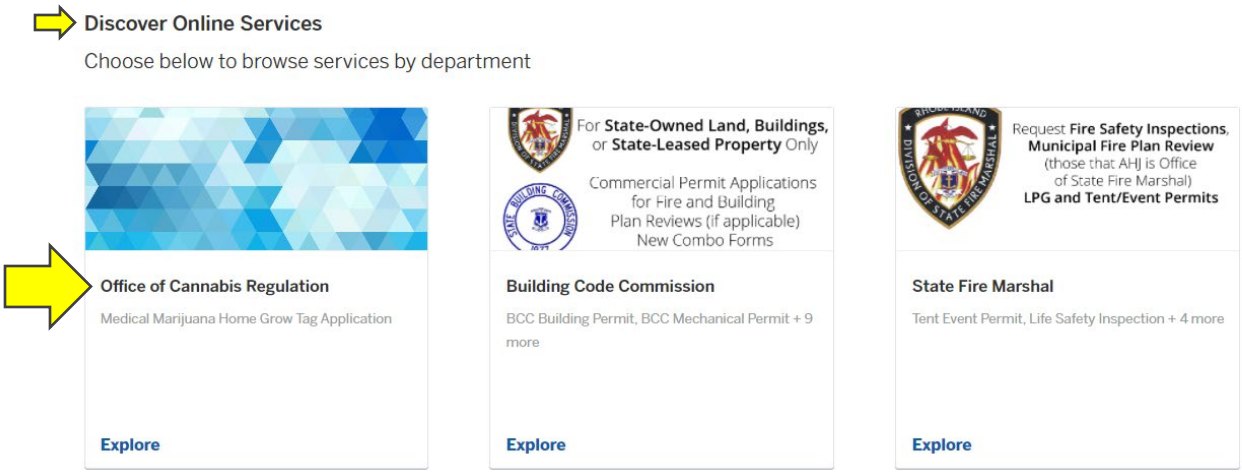
After purchasing your Plant Tags, you will be given a Plant Tag Certificate to print out. It will display how many plants you are allowed, where you are allowed to grow, and the effective dates of the tags. The Certificate is to be displayed on the wall or other visible area of your grow space.
If you were to purchase one Tag Set you would begin with a seedling, when that seedling matures you can start another seedling while you harvest the mature plant. You can then cycle through in this way for one year having one seedling and one mature plant per set. You are allowed up to 12 Sets in one year. For more information on Plant Tags please see our FAQ on our Division Website: https://dbr.ri.gov/documents/divisions/medicalmarijuana/Tags_FAQ.pdf

***Please be aware the State does not provide you with plants. You must obtain them yourself.***
For more information on Plant Tags please call 889-5607 or email dbr.mmpcompliance@dbr.ri.gov
Alternatively, you can Contact Liz Beaven directly at 889-5591 or Elizabeth.beaven@dbr.ri.gov

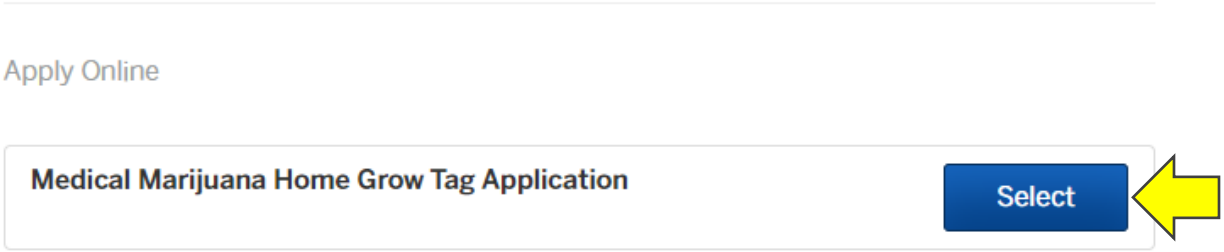
# Part 1
# Let's Get Started!

1. Navigate over to Viewpoint's landing page.

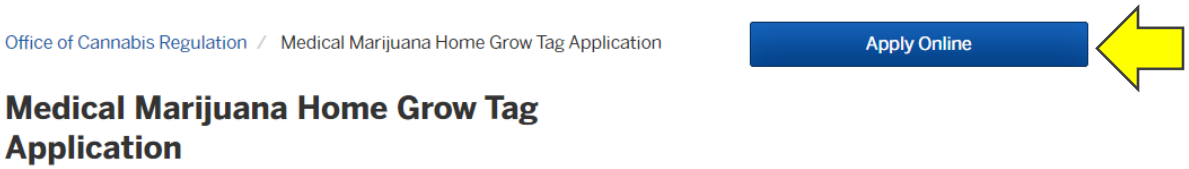
2. Scroll down to find "Discover Online Services" and click on "Office of Cannabis Regulation."




3. You will be brought to the screen shown below. Click "Select."

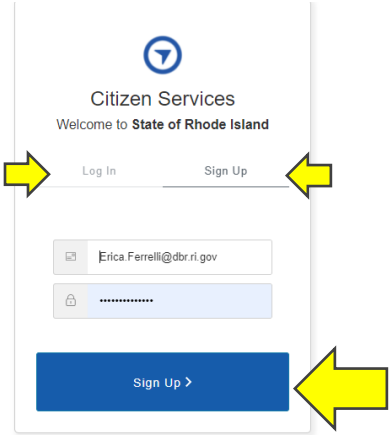



4. Click "Apply Online"



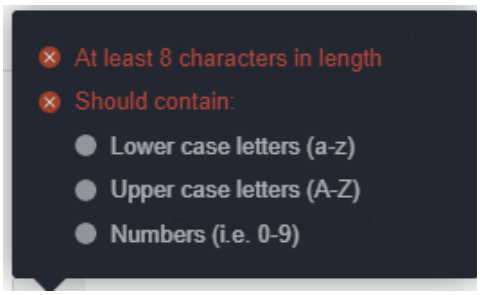
# Let's Log In!

1. If you do not already have a Citizen Services Account, click "Sign Up". If you already have an account, please "Log In" and skip to Page 3.



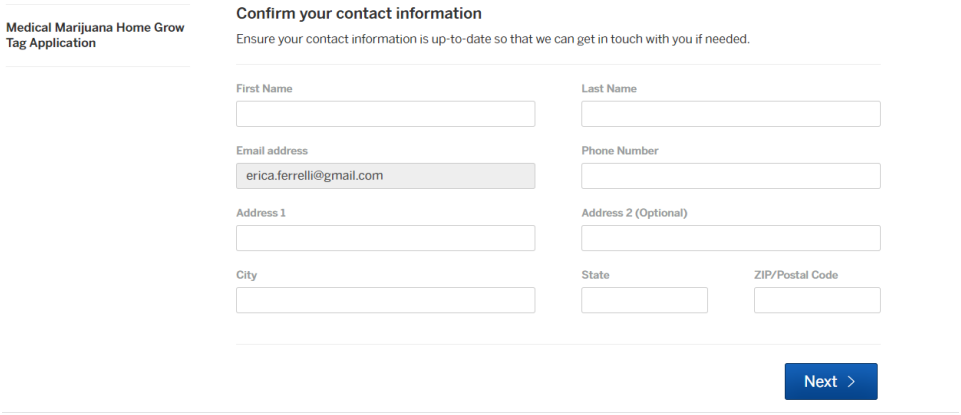

2. Enter in an email account you have complete access to.

3. Enter in a password. The password MUST comply with the below.




4. Once completed, you will be directed to "Confirm your contact information" page.

*Please note, the address on this page does not have to be the address you intend to grow at. You will have to enter this information one more time as this is for setting up your account, not for your actual order.*




5. Click "Next."

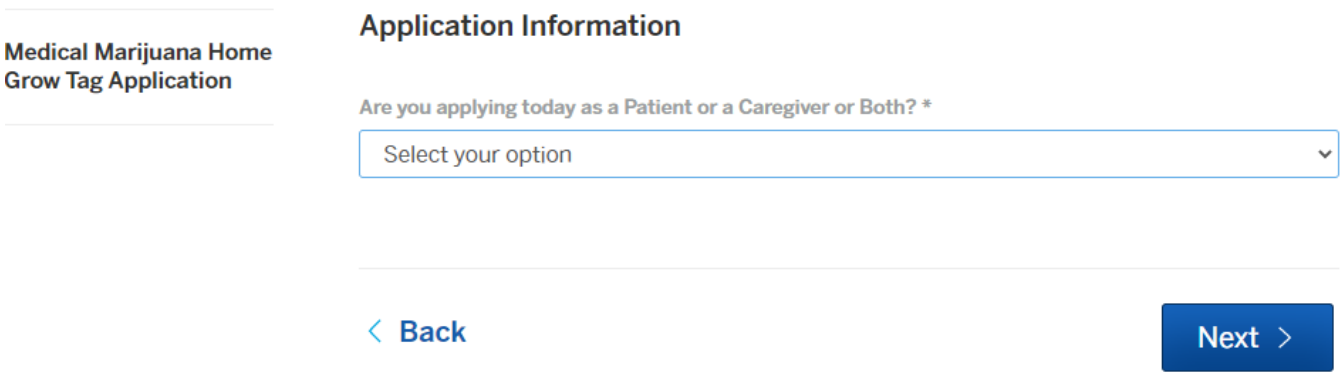
# Let's Purchase Tags!

**Before we continue, please make sure you have ALL your relevant documents.**

- Issued and active (not expired) patient and/or caregiver registry card issued by the Rhode Island Department of Health.
- If you do not own the property you intend to grow at, the completed Form indicating the owner/landlord of the property has permitted you to grow at your proposed location. Located on our website!
- **Please note, this is a two-step application process.**
    1. You will first submit the required information.
    2. OCR will review and if approved, you will be notified via email to pay for your tags.
    3. Once payment has been received, you will
        - If you qualify for free tags once you submit your required info, OCR will review and waive your payment.
        - You will be notified via email and you will be able to generate a certificate.

---

## Application Information




**Steps:**

1. Choose from the drop-down menu whether you are applying for plant tags as a:

- RIDOH registered Patient
- RIDOH registered Caregiver
- Both a RIDOH registered caregiver and a RIDOH registered patient

2. Click "Next"

3. Please go to the page that corresponds with your selection:

- PATIENT: Page 6
- CAREGIVER: Page 10
- BOTH: Page 18

# RIDOH REGISTERED PATIENT

## Applicant Patient Registry Information

Medical Marijuana Home Grow Tag Application

**Patient Registry Information**

Patient Registry Number *

Recipients of Medicaid, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Federal Railroad Disability benefit, or Veterans' Disability are eligible for a reduced registration fee. You must have shown proof to the Rhode Island Department of Health as part of your registration application process in order to receive a reduced fee on grow tags.

Do You Qualify for a Reduced Fee? *

Select your option

Number of Plant Tag Sets Requested *

Back

Next

### Steps:

1. Enter in your registry identification number on your RIDOH issued patient card. Make sure to include the MMP before the numbers.

2. Select from the Dropdown (Yes/No) if you qualify for a reduced fee.

- This is determined by RIDOH during your patient registration process.
- If you are not sure whether or not you qualify, you most likely do not.
- This will be validated by OCR upon submission, so please be as accurate as possible.

3. Enter in the number of plant tag sets you wish to purchase (numerical: 1-12).

- A patient may only purchase up 12 plant tags.
- A plant tag= 1 immature and 1 mature plant for a TOTAL of 24 plants all together.

# Grow Address

On this page, you will enter in where you intend to grow your medical marijuana.

Medical Marijuana Home Grow Tag Application

**Grow Address**

This must be the physical address where you intend to grow medical marijuana.

Patient First Name *

Patient Last Name *

Grow Address Physical Address *

Grow Address Physical Address Line 2

Grow Address Physical Address City *

Grow Address Physical Address State *

Select your option

Grow Address Physical Address Zip Code *

Do you own the proposed grow premises? *

Select your option

Back

Next

## Steps:

1. Enter in your First Name.

2. Enter in your Last Name.

3. Enter in the physical address of where you intend to grow your medical marijuana

4. Enter in the City where you intend to grow your medical marijuana.

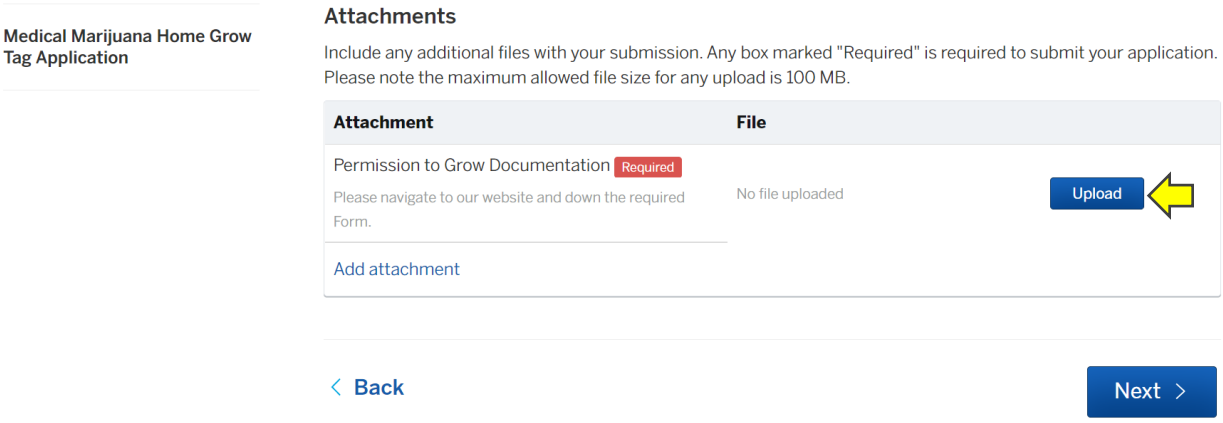
5. Enter in the State (this should ONLY be Rhode Island) where you intend to grow your medical marijuana.

6. Enter in the Zip Code for where you intend to grow your medical marijuana.

7. Do you own the proposed grow premises? If you do not, you will be required to upload a Form (available on our website) in a later step.

## Attachments

If you indicated on Step 4 that you do not own the property that you are requesting to grow medical marijuana at, you must upload the required Form available on our website.

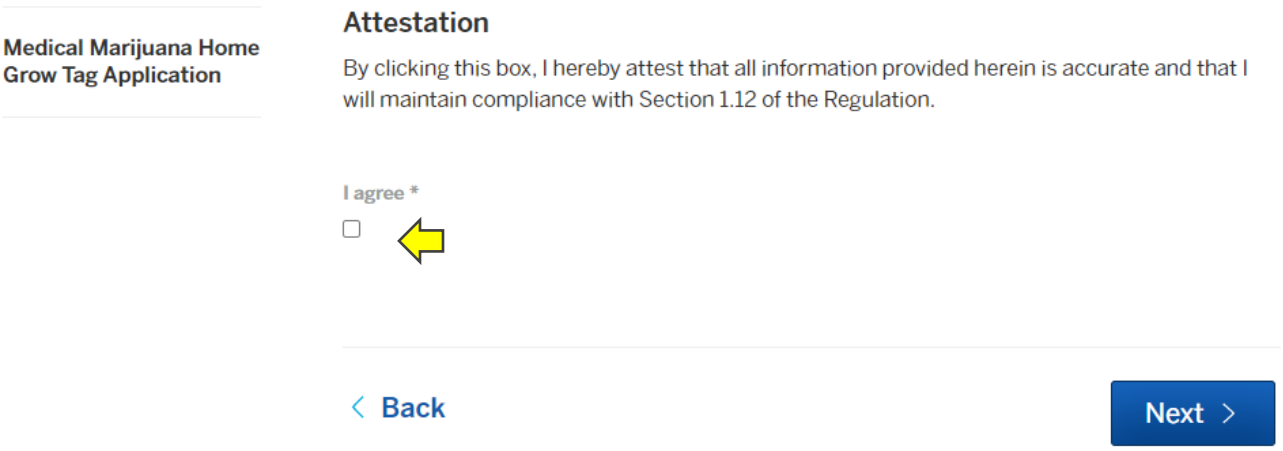



Steps:

1. Click “upload”
2. Search your computer for the completed Form.
3. Click “open”.
4. Then click “Next”

## Attestation

Please check the box once you have done a thorough reading of the rules and regulations. Available here. If you have any further questions, regrading compliance, please give us a call 401-889-5607.

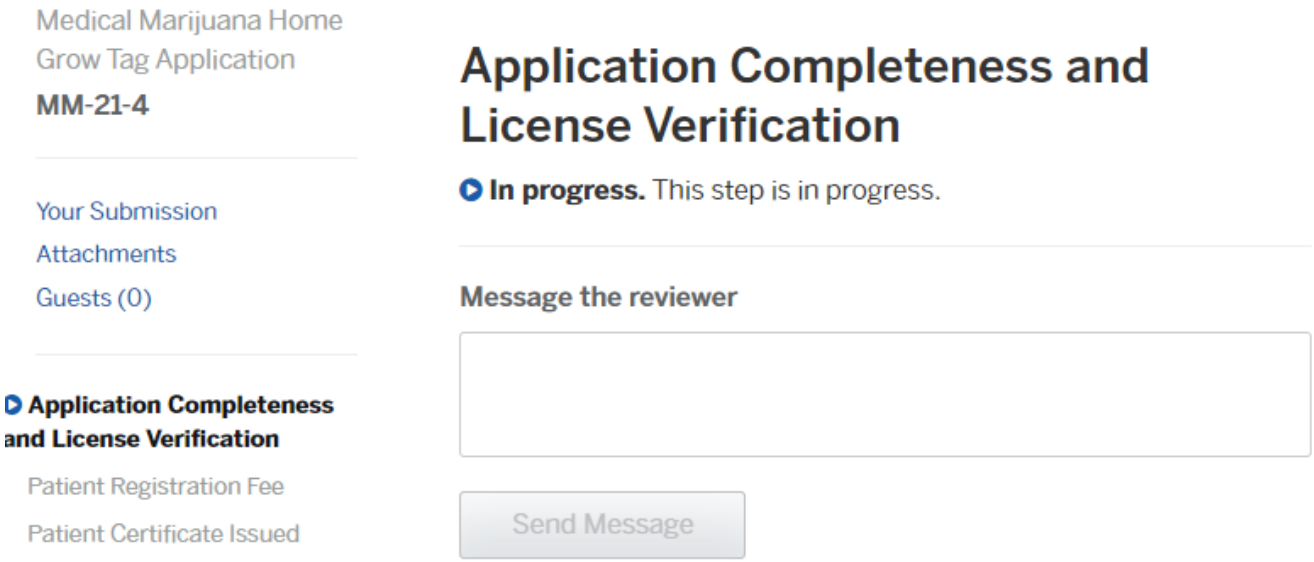



**Steps:**

1. Check the "I Agree" box.
2. Click "Next."

## Confirm Your Submission

Please review your submission thoroughly.



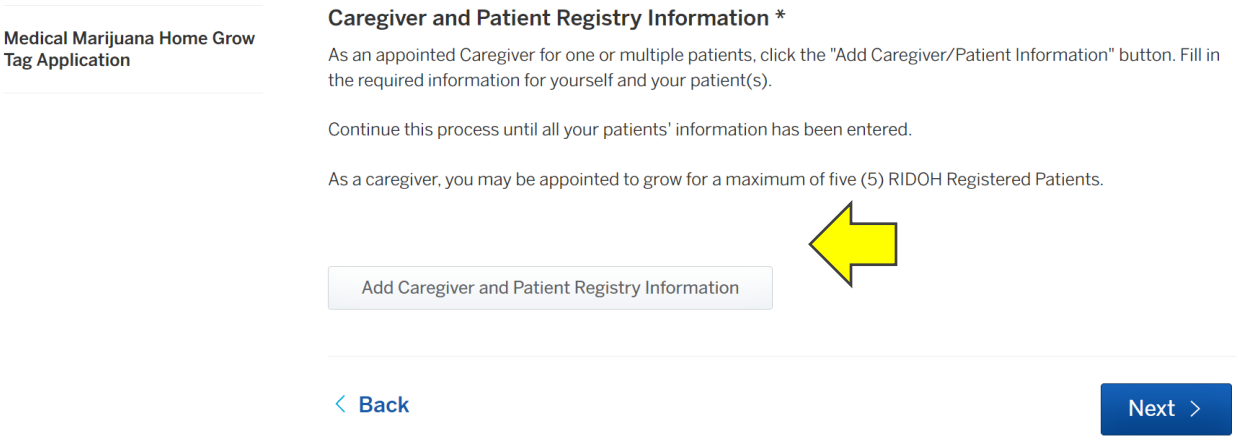

### Steps:

1. Click "Confirm and Submit."

- **You have submitted your form to OCR for review.**
- **No further action is needed from you at this time.**
- **You will receive an email when the submission has been approved.**
- **You will then pay for your tags and your certificate will be autogenerated.**

# RIDOH REGISTERED CAREGIVER

## Caregiver and Patient Registry Information

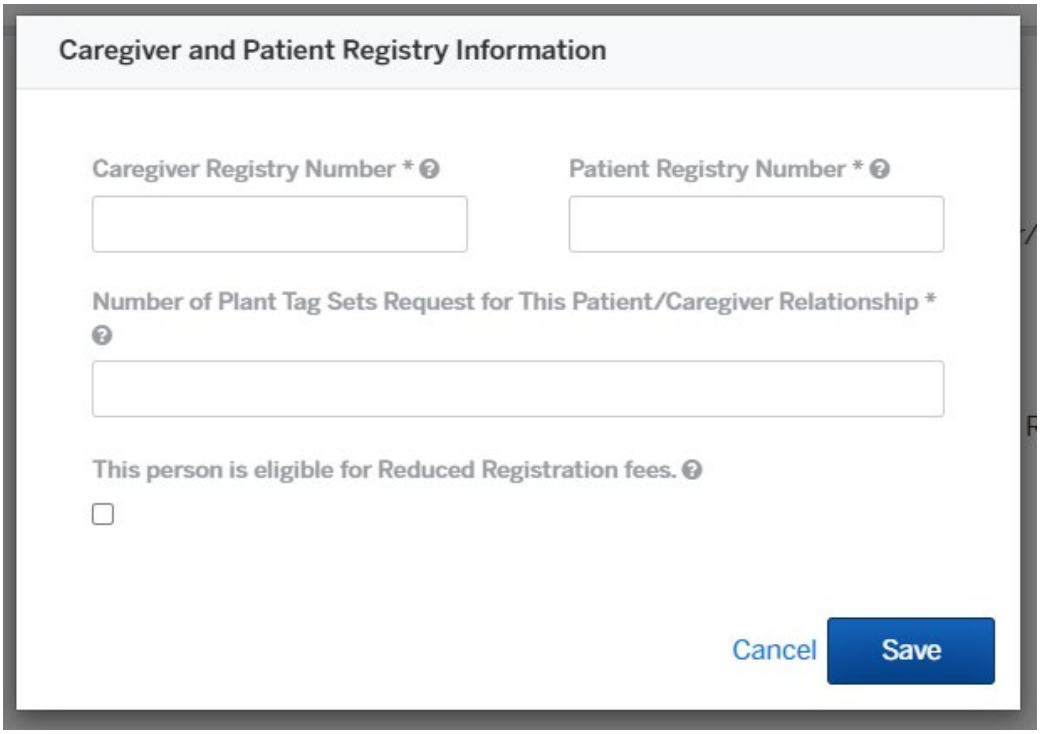



Steps:

1. Click on “Add Caregiver and Patient Registry Information” button.

## Caregiver and Patient Registry Information

You as the Caregiver will begin entering your information and your patient's information.




### Steps:

1. Enter in your Caregiver Registry Number EXACTLY as it appears on your card including, the MMC prefix.

2. Enter in your Patient's Registry Number EXACTLY as it appears on your card including, the MMP prefix. *NOTE: This is not your personal Patient number. Rather, it is the number belonging to your patient.*

3. Please select the number of plant sets you want to purchase for this patient/caregiver relationship.

- *What is a plant set? 1 plant tag set ordered = an allowable immature and mature plant to be grown at your registered location.*

4. Check the box if your patient is eligible for reduced registration fees.

- This is determined by RIDOH during your registration process.
- If you are not sure whether you qualify, you most likely do not.
- This will be validated by OCR upon submission, so please be as accurate as possible.

5. Click "Save."

## **Multiple Patients? No Problem**.

If you have multiple patients, click the Add Caregiver and Patient Registry Information again and follow steps 1-4 (above) for all of your patients.

**If you are a caregiver for up to 1 patient the maximum plant sets you can order is 12.*
**If you are a caregiver for 2+ patients the maximum plant sets you can order is 24.*

# Grow Address

On this page, you will enter in where you intend to grow your medical marijuana.

Medical Marijuana Home Grow Tag Application

**Grow Address**

This must be the physical address where you intend to grow medical marijuana.

Patient First Name *

Patient Last Name *

Grow Address Physical Address *

Grow Address Physical Address Line 2

Grow Address Physical Address City *

Grow Address Physical Address State *

Select your option

Grow Address Physical Address Zip Code *

Do you own the proposed grow premises? *

Select your option

Back

Next

## Steps:

1. Enter in your First Name.

2. Enter in your Last Name.

3. Enter in the physical address of where you intend to grow your medical marijuana

4. Enter in the City where you intend to grow your medical marijuana.

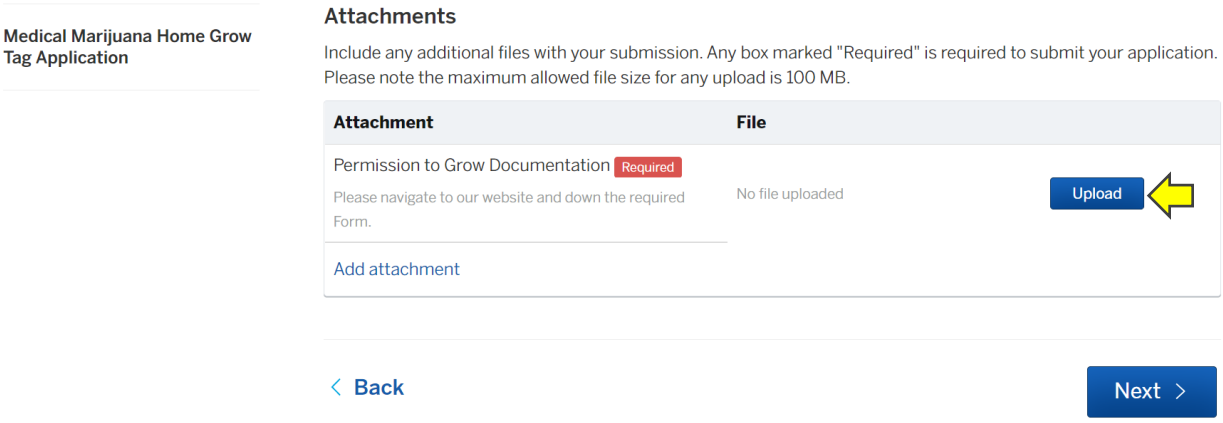
5. Enter in the State (this should ONLY be Rhode Island) where you intend to grow your medical marijuana.

6. Enter in the Zip Code for where you intend to grow your medical marijuana.

7. Do you own the proposed grow premises? If you do not, you will be required to upload a Form (available on our website) in a later step.

## Attachments

If you indicated on Step 4 that you do not own the property that you are requesting to grow medical marijuana at, you must upload the required Form available on our website.




Steps:

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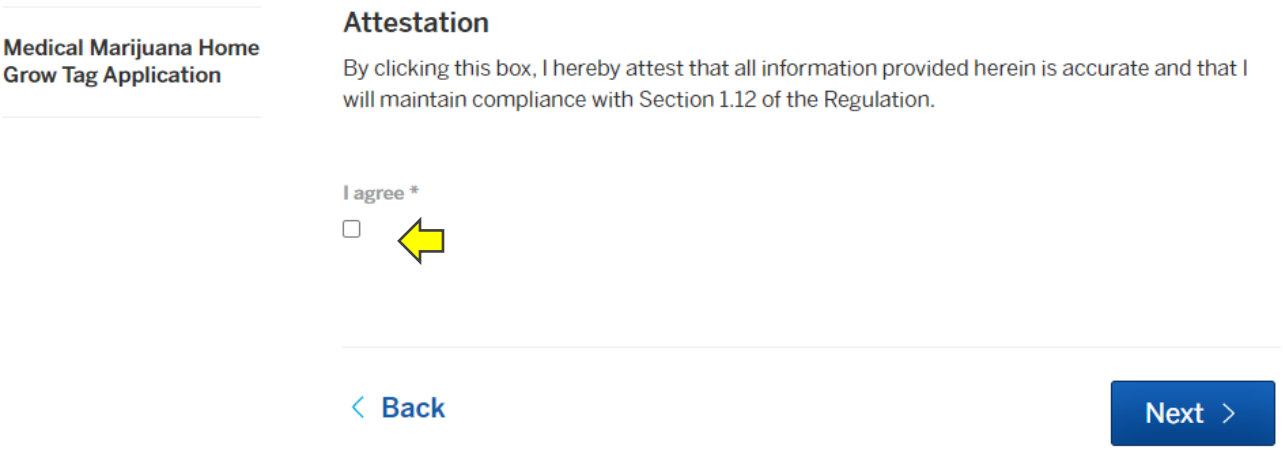
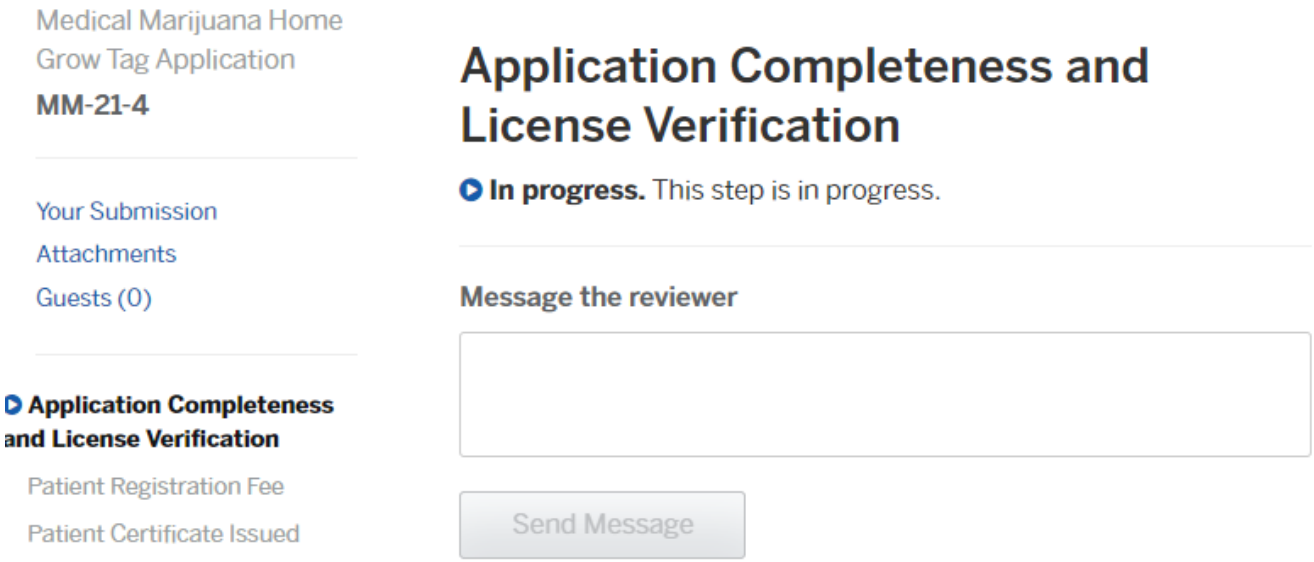



**Steps:**

1. Check the "I Agree" box.
2. Click "Next."

## Confirm Your Submission

Please review your submission thoroughly.




### Steps:

1. Click "Confirm and Submit."

- **You have submitted your form to OCR for review.**
- **No further action is needed from you at this time.**
- **You will receive an email when the submission has been approved.**
- **You will then pay for your tags and your certificate will be autogenerated.**

## BOTH RIDOH REGISTERED PATIENT AND CAREGIVER

# You Start as a Patient

## Applicant Patient Registry Information

Medical Marijuana Home Grow Tag Application

**Patient Registry Information**

Patient Registry Number *

Recipients of Medicaid, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Federal Railroad Disability benefit, or Veterans' Disability are eligible for a reduced registration fee. You must have shown proof to the Rhode Island Department of Health as part of your registration application process in order to receive a reduced fee on grow tags.

Do You Qualify for a Reduced Fee? *

Select your option

Number of Plant Tag Sets Requested *

### Steps:

1. Enter in your Patient Registry Number EXACTLY as it appears on your card including, the MMP prefix.

2. Select from the Dropdown (Yes/No) if you qualify for a reduced fee.

- This is determined by RIDOH during your patient registration process.
- If you are not sure whether or not you qualify, you most likely do not.
- This will be validated by OCR upon submission, so please be as accurate as possible.

3. Enter in the number of plant tag sets you wish to purchase (numerical: 1-12).

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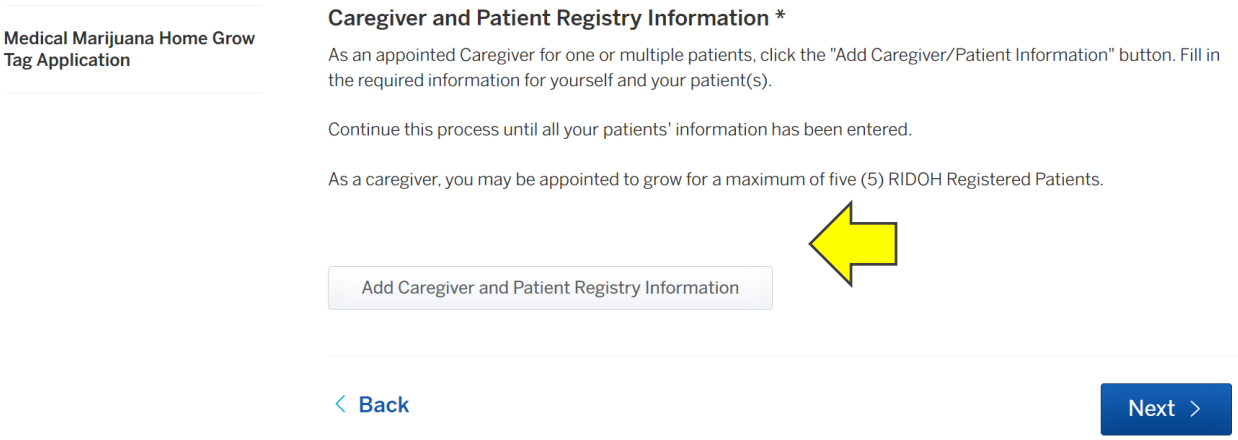
# Then, Caregiver Information

## Caregiver and Patient Registry Information




Steps:

1. Click on “Add Caregiver and Patient Registry Information” button.

## Caregiver and Patient Registry Information

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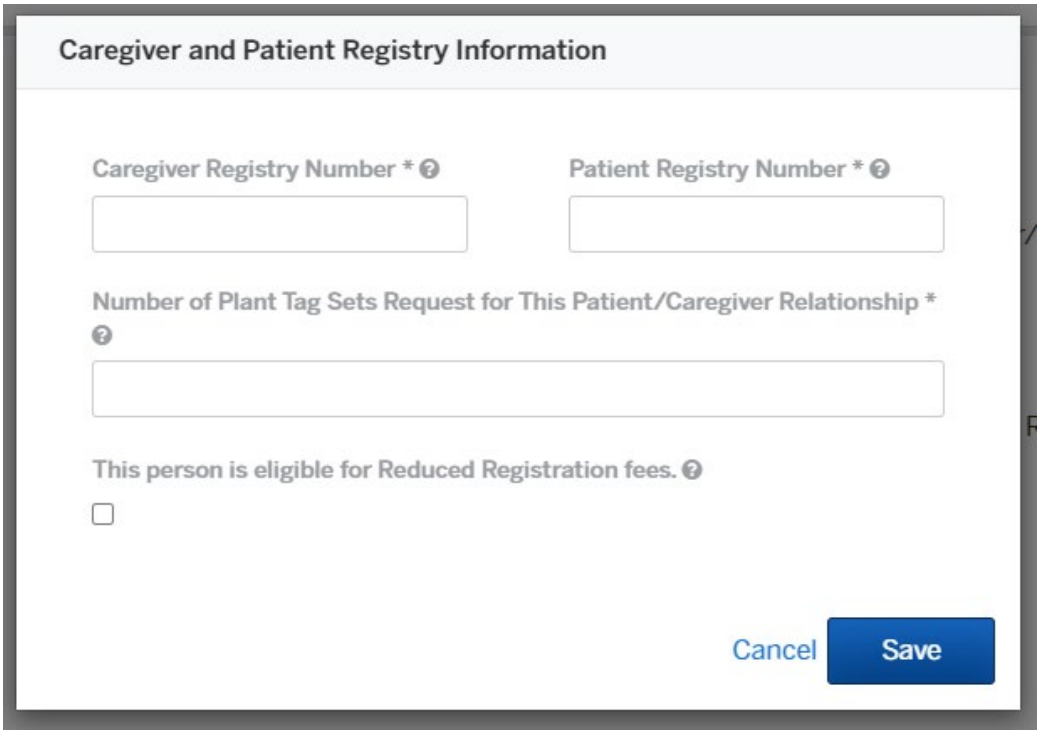


### Steps:

1. Enter in your Caregiver Registry Number EXACTLY as it appears on your card including, the MMC prefix.

2. Enter in your Patient's Registry Number EXACTLY as it appears on your card including, the MMP prefix. *NOTE: This is not your personal Patient number. Rather, it is the number belonging to your patient.*

3. Please select the number of plant sets you want to purchase for this patient/caregiver relationship.

- *What is a plant set? 1 plant tag set ordered = an allowable immature and mature plant to be grown at your registered location.*

4. Check the box if your patient is eligible for reduced registration fees.

- This is determined by RIDOH during your registration process.
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5. Click "Save."

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**If you are a caregiver for up to 1 patient the maximum plant sets you can order is 12.*
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# Grow Address

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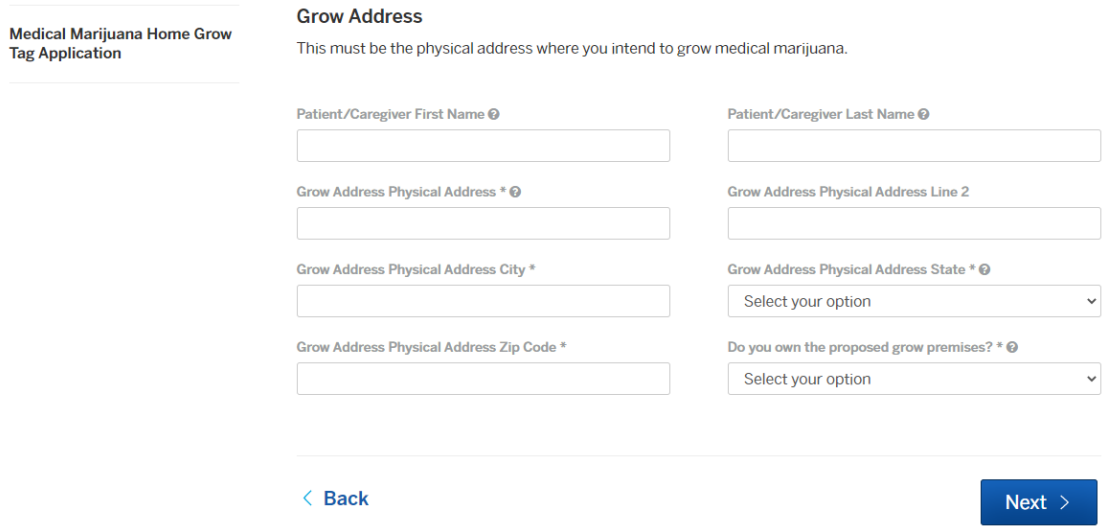



## Steps:

1. Enter in your First Name.

2. Enter in your Last Name.

3. Enter in the physical address of where you intend to grow your medical marijuana

4. Enter in the City where you intend to grow your medical marijuana.

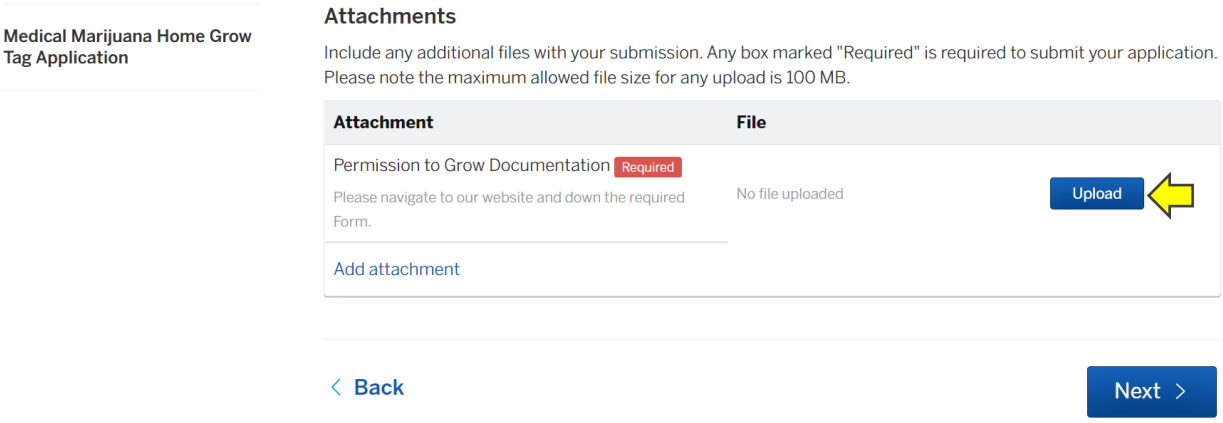
5. Enter in the State (this should ONLY be Rhode Island) where you intend to grow your medical marijuana.

6. Enter in the Zip Code for where you intend to grow your medical marijuana.

7. Do you own the proposed grow premises? If you do not, you will be required to upload a Form (available on our website) in a later step.

## Attachments

If you indicated on Step 4 that you do not own the property that you are requesting to grow medical marijuana at, you must upload the required Form available on our website.




Steps:

1. Click “upload”
2. Search your computer for the completed Form.
3. Click “open”.
4. Then click “Next”

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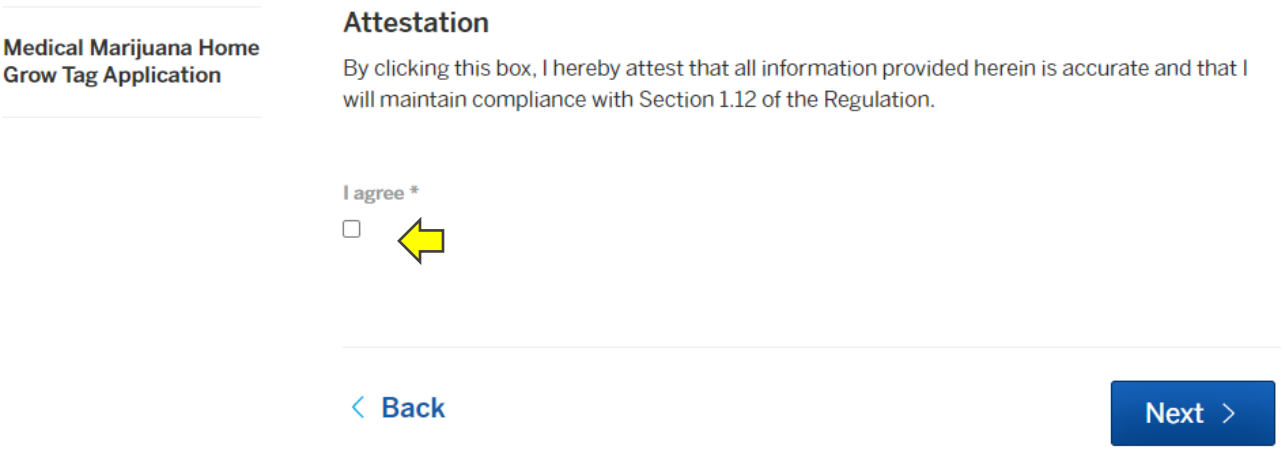
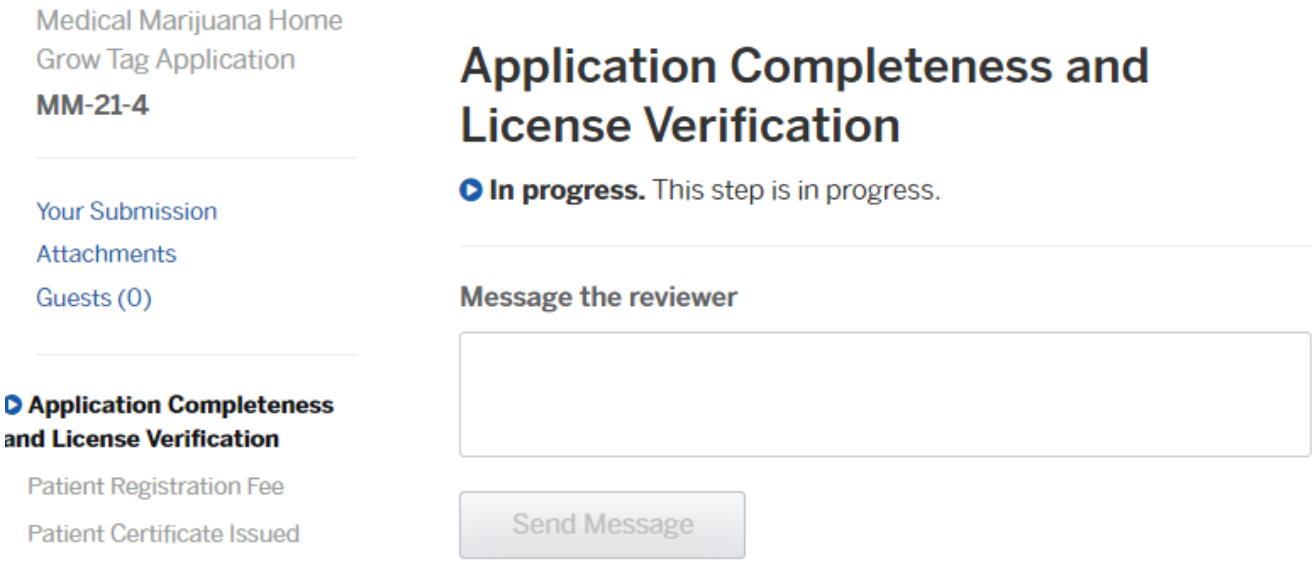



**Steps:**

1. Check the "I Agree" box.
2. Click "Next."

## Confirm Your Submission

Please review your submission thoroughly.




### Steps:

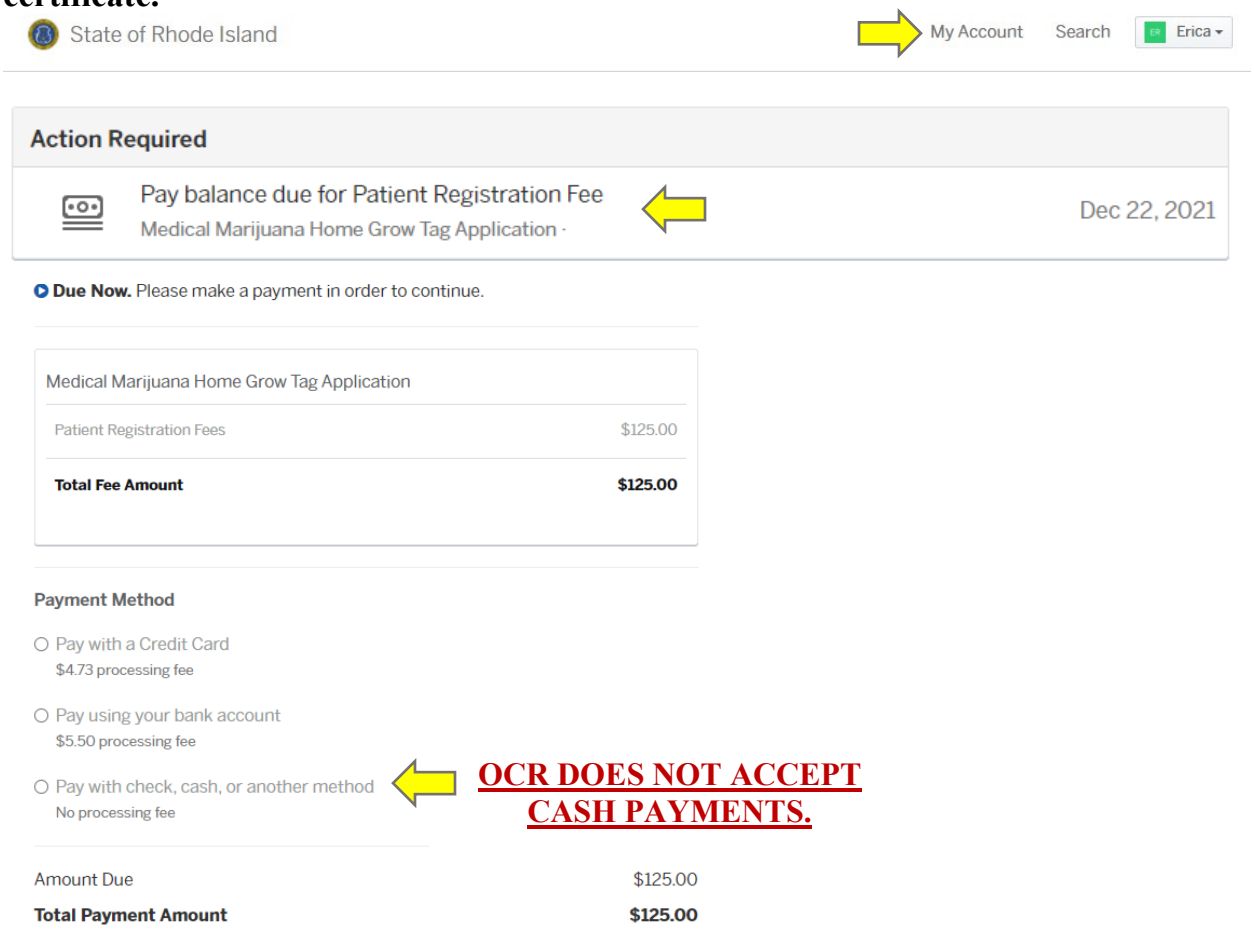
1. Click "Confirm and Submit."

- **You have submitted your form to OCR for review.**
- **No further action is needed from you at this time.**
- **You will receive an email when the submission has been approved.**
- **You will then pay for your tags and your certificate will be autogenerated.**

# Part 2
# Ready to Pay!

When your application has been approved, you will receive an email notification via the address you signed up with. If there are corrective actions or questions, OCR will reach out directly. Please monitor your email and phone for updates**.**

*****Even if you selected "reduced fee" and were verified on OCR's end that you qualify for free tags, you will still receive this email. When you log in to "pay" you will notice your fee has been waived and you can automatically generate your certificate.**

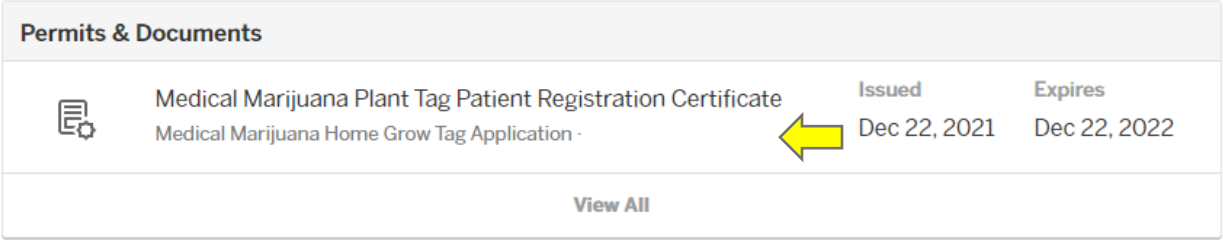



1. Log in to your account
2. Find "My Account" on the top right hand of your screen. Click on that.
3. You will see an "Action Required" table.
4. Click on "Pay balance due for Patient Registration Fee."
4. Click how you would like to pay.
5. Enter in your preferred payment method.

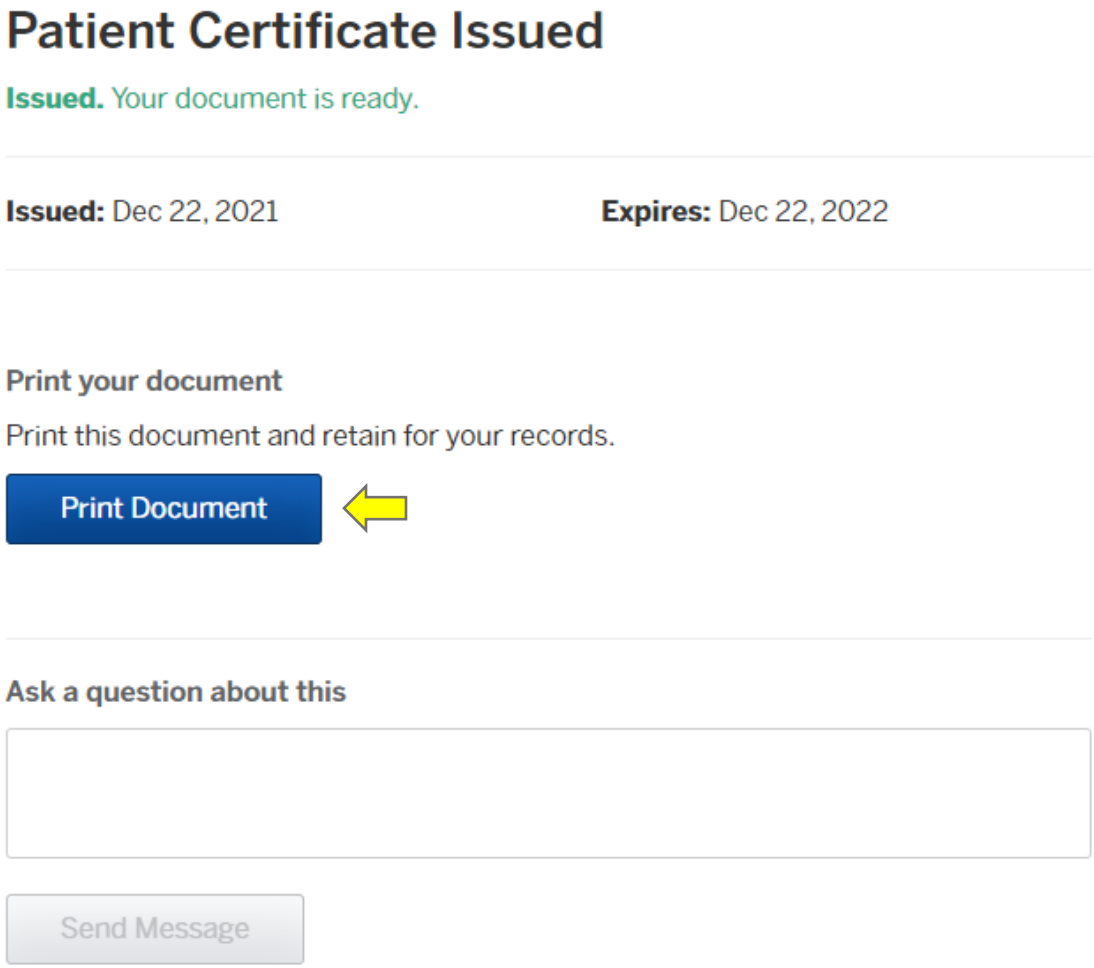
## Certificate is Issued!

Your certificate is immediately issued upon a successful payment transaction.

1. Click on Medical Marijuana Plant Tag Patient Registration Certificate.




2. You are ready to print your certificate!



## Manual Orders

If you do not have access to email or need some assistance, please contact our Office. We are here to help.

Contact Phone Number: 401-889-5607
Contact Email: DBR.MMPCompliance@dbr.ri.gov