CLOSE RELATIVE ACKNOWLEDGMENT FORM

An applicant applying for a Medical Marijuana Use Registry (MMUR) identification card as a caregiver who is a close relative of the qualified patient is not required to complete a level 2 background screening.

Section 381.986(1)(c), Florida Statutes, defines a “close relative” as “a spouse, parent, sibling, grandparent, child, or grandchild, whether related by whole or half blood, by marriage, or by adoption.”

If you intend to substantiate close relative status, complete this form and submit. You may also submit supporting documentation of the claimed relationship. Examples of supporting documentation that may be submitted to substantiate your claimed relationship can be found on page 2 of this form.

Upon approval of the caregiver applicant’s request for close relative status, the caregiver applicant may apply for a caregiver MMUR identification card in accordance with Rule 64-4.011, Florida Administrative Code.

Per section 381.986(6)(b)3., Florida Statutes, a caregiver must agree in writing to assist with the qualified patient’s medical use of marijuana. By signing and completing this form, you are also agreeing in writing to assist the qualified patient with their medical use of marijuana.

Acknowledgment

I, ___________________________, acknowledge that I meet the definition of a close relative above and am the ___________________________.

Name of Caregiver Applicant

(Check one of the boxes below)

☐ Spouse
☐ Grandparent/Step-Grandparent
☐ Sibling/Step-Sibling

☐ Parent /Step-Parent
☐ Grandchild/Step-Grandchild
☐ Child/Step-Child

of ___________________________. I also understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes. Further, I understand that administration or use of marijuana in a manner inconsistent with medical use (e.g., for my personal use) is a violation of section 893.13, Florida Statutes, and will be subject to the criminal penalties provided therein. Lastly, I agree to assist the qualified patient with their medical use of marijuana.

Name of Caregiver Applicant

Signature

Date
Examples of Documentation Substantiating Close Relative Status

<table>
<thead>
<tr>
<th>Relation to Qualified Patient</th>
<th>Examples of Documentation Substantiating Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Marriage Certificate</td>
</tr>
<tr>
<td>Parent/Step-Parent or Child/Step-Child</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Sibling/Step-Sibling</td>
<td>Birth Certificate and Qualified Patient Birth Certificate</td>
</tr>
<tr>
<td>Grandparent/Step-Grandparent</td>
<td>Parent of the Qualified Patient Birth Certificate and Qualified Patient Birth Certificate</td>
</tr>
</tbody>
</table>

**NOTE:** If the names as indicated on the documentation are different than the caregiver applicant or qualified patient’s current names, additional documentation showing the name change may also be submitted. For example, if a caregiver applicant is claiming a full-blood sibling relationship with a qualified patient, and the qualified patient’s name has been changed through marriage, the qualified patient’s marriage certificate may be submitted along with the birth certificates.