



Understanding the Registry

Submitting and Tracking Your Close Relative Acknowledgement Form (CRAF) as a Close Relative

This guide will inform Caregivers how to submit their Close Relative Acknowledgement Form (CRAF) as a **Close Relative** in the Medical Marijuana Use Registry. A CRAF will need to be completed for each patient that the Caregiver represents. Please note that this form must be completed and approved prior to the caregiver completing their (or their patient's) application.

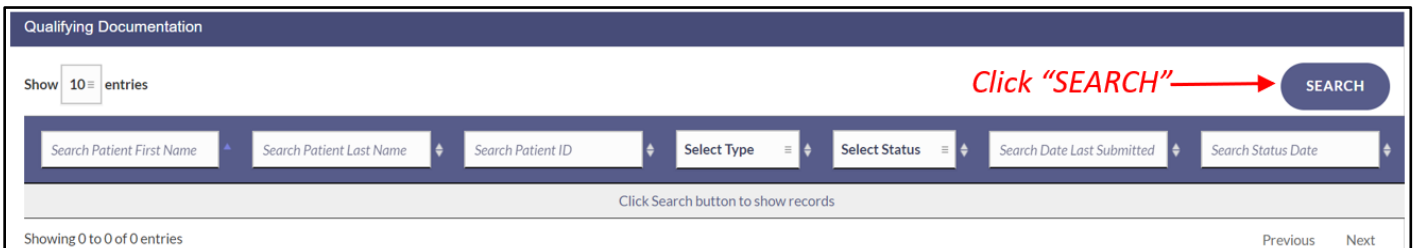
Step 1: Log into the Medical Marijuana Use Registry <https://MMURegistry.FLHealth.gov/>.

**If you do not remember your password, you may reset it yourself by selectin [Forgot Password](#) on the Login page. For step-by-step instructions to reset your password, see our [Resetting my password](#) guide on our Know the Facts MMJ page (<https://KnowTheFactsMMJ.com/Registry/#instructional-guides>).*

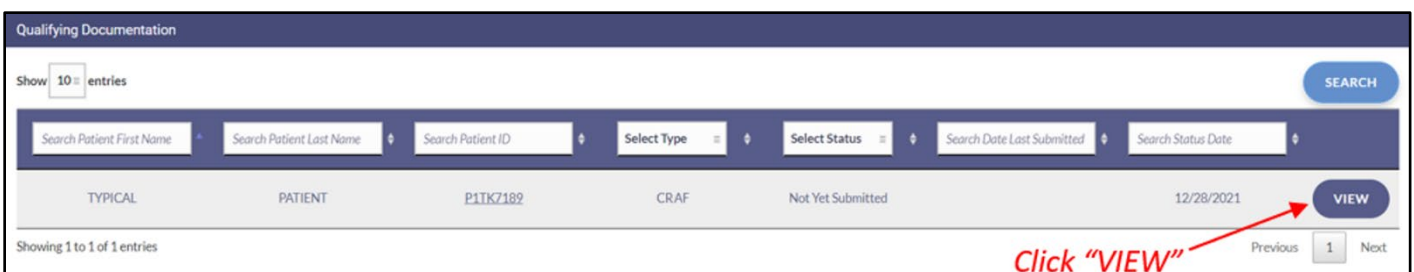
Step 2: Click "QUALIFYING DOCUMENTATION."



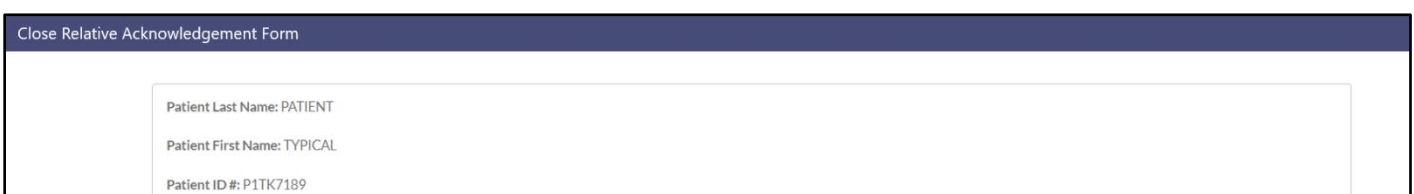
Step 3: Locate the CRAF you wish to submit by clicking "SEARCH."



Step 4: Click "VIEW" next to the "Not Yet Submitted" CRAF you wish to complete.



Step 5: You are brought to the not yet submitted CRAF.



Step 6: Scroll to the close relative determination section of the CRAF. Indicate you are a Close Relative Caregiver by selecting “Yes” for the question “Do you wish to complete the Close Relative Acknowledgement?”

*If you wish to fill out this form as a Non-Close Relative, [see our Non-Close Relative CRAF instructional guide here.](#)

Patient Last Name: PATIENT
 Patient First Name: TYPICAL
 Patient ID #: P1TK7189
 Patient DOB: 1/1/1990
 Caregiver Last Name: CAREGIVER
 Caregiver First Name: TYPICAL
 Caregiver DOB: 1/1/1950

Pursuant to [section 381.986\(6\)\(b\)6, Florida Statutes](#), a caregiver must pass a level 2 background screening in accordance with [section 381.986\(9\), Florida Statutes](#), unless the qualified patient is a close relative of the caregiver.

A caregiver applicant applying for a Medical Marijuana Use Registry (MMUR) identification card as a caregiver who is a close relative of the qualified patient must submit the following to the Department of Health, Office of Medical Marijuana Use (OMMU) in order to be exempt from background screening requirements:

Do you wish to complete the Close Relative Acknowledgement? Yes No ← *Select “Yes”*

Step 7: Once you have selected “Yes” for Close Relative Acknowledgement, scroll to “Close Relative Acknowledgement” to indicate how you are related to the patient you are a caregiver for from the Relationship Type dropdown menu.

Close Relative Acknowledgment

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.

I, TYPICAL CAREGIVER, acknowledge that I meet the definition of a close relative above and am the _____ of TYPICAL PATIENT. I also understand that knowingly making a false statement in writing with the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes. Further, I understand that knowingly making a false statement in writing with the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes. Further, I understand that knowingly making a false statement in writing with the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes. Further, I understand that knowingly making a false statement in writing with the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes. Further, I understand that knowingly making a false statement in writing with the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Select Relationship Type
 Select Relationship Type
 Spouse
 Grandparent/Step-Grandparent
 Sibling/Step-Sibling
 Parent/Step-Parent
 Grandchild/Step-Grandchild
 Child/Step-Child

Select your Relationship Type here

Step 8: Once you have chosen the relationship type, scroll to the “Substantiating Close Relative Documentation” section of the CRAF. Here, you can upload any supporting documents that prove your close relative relationship to the patient.

You will have to upload the documents from your computer or mobile device. Click “Upload” to upload your documents.

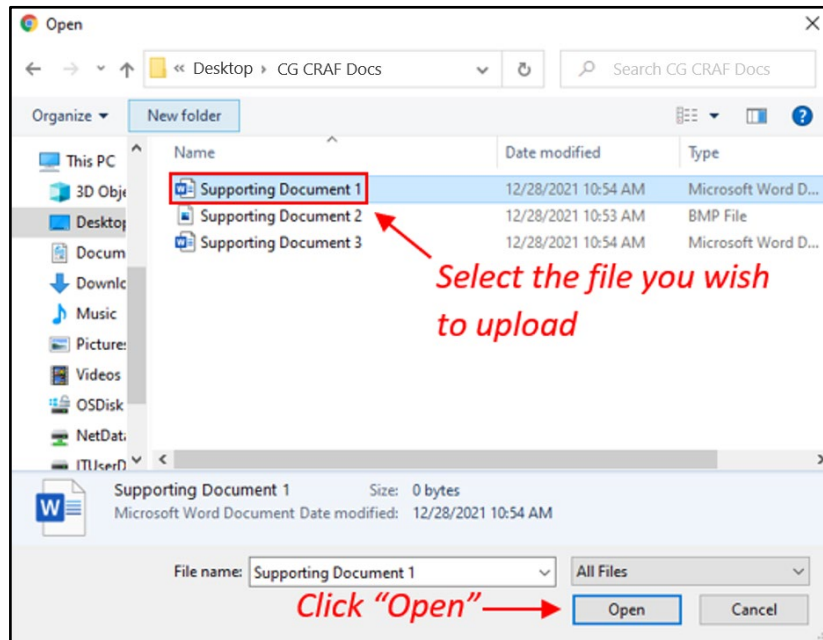
Examples of Documentation Substantiating Close Relative Status

Relationship Table			
Relation to Qualified Patient	Examples of Documentation Substantiating Relationship		
Spouse	Marriage Certificate		
Parent/Step-Parent or Child/Step-Child	Birth Certificate	Adoption Decree	Divorce/Custody Decree
Sibling/Step-Sibling	Birth Certificate and Qualified Patient Birth Certificate	Adoption Decree and Qualified Patient Birth Certificate or Adoption Decree or vice versa	Divorce/Custody Decree and Qualified Patient Birth Certificate or vice versa
Grandparent/Step-Grandparent	Parent of the Qualified Patient Birth Certificate and Qualified Patient Birth Certificate	Adoption Decree for Qualified Patient and Parent of the Qualified Patient Birth Certificate	Divorce/Custody Decree for Qualified Patient and Parent of the Qualified Patient Birth Certificate
Grandchild/Step-Grandchild	Birth Certificate and Parent Birth Certificate	Adoption Decree and Parent Birth Certificate	Divorce/Custody Decree and Parent Birth Certificate

NOTE: If the names as indicated on the documentation are different than the applicant or qualified patient’s current names, additional documentation evidencing the name change must 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 must be submitted along with the required birth certificates.

Upload Drag & Drop Files ← *Click “Upload”*

Step 9: File explorer will open once you have clicked "Upload." Select the file you wish to upload and click "Open" to upload the document.



**Please Note: A maximum of 5 file uploads are allowed*


Step 10: Once you have uploaded all supporting documents you wish to use, scroll to the "Acknowledgement" section of the CRAF to electronically sign the form.

Acknowledgement

To sign below, supply **TYPICAL** in the First Name text box, and **CAREGIVER** in the Last Name text box.

Type in your first name:
 ← *Type First Name*

Type in your last name:
 ← *Type Last Name*



You must sign to complete.


Step 11: Once you have entered your name into the appropriate fields, click "SUBMIT" to submit the form to the Office of Medical Marijuana Use for review or "SAVE AS DRAFT" to save what you have entered so far and complete the form later.

Acknowledgement

To sign below, supply **TYPICAL** in the First Name text box, and **CAREGIVER** in the Last Name text box.

Type in your first name:

Type in your last name:



Signature not saved.

Click "SUBMIT"

Form Status: Not Yet Submitted

GO BACK
SAVE AS DRAFT
SUBMIT
WITHDRAW

Step 12: Once you have you have clicked "SUBMIT," you will receive a prompt asking you to confirm the submission. Click "CONFIRM" to confirm your submission or click "GO BACK" to edit your form.

CRAF (Submit)

Are you sure you'd like to perform the following action on the Close Relative Acknowledgement Form?
Submit

GO BACK
CONFIRM

Click "CONFIRM"

Step 13: Once the form has been submitted, you will be returned to the Qualifying Documentation Dashboard. The status of the form should now display as “Submitted.” Once the Office of Medical Marijuana Use reviews and approves your CRAF, the CRAF’s status will display as “Approved.” Only after your CRAF is approved will you be allowed to proceed with your (or your patient’s) application.

The screenshot shows a web interface titled "Qualifying Documentation". At the top, there is a "Show 10 entries" dropdown and a "SEARCH" button. Below this is a search bar with fields for "Search Patient First Name", "Search Patient Last Name", "Search Patient ID", "Select Type", "Select Status", "Search Date Last Submitted", and "Search Status Date". The "Select Status" dropdown is highlighted with a red box, and a red arrow points to the word "Submitted" in the table below. The table has columns for "TYPICAL", "PATIENT", "P1IKZ189", "CRAF", "Submitted", "12/28/2021", "12/28/2021", and "VIEW". Below the table, it says "Showing 1 to 1 of 1 entries" and "Previous 1 Next".

CRAF shows as "Submitted"

For additional information, visit
KnowTheFactsMMJ.com