



Understanding the Registry

Submitting Your Close Relative Acknowledgement Form (CRAF)

This guide will inform Caregivers how to submit their Close Relative Acknowledgement Form (CRAF) as a [Close Relative](#) and as a [Non-Close Relative](#) in the Medical Marijuana Use Registry (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) Registry ID Card application.

SUBMITTING YOUR CRAF AS A CLOSE RELATIVE:

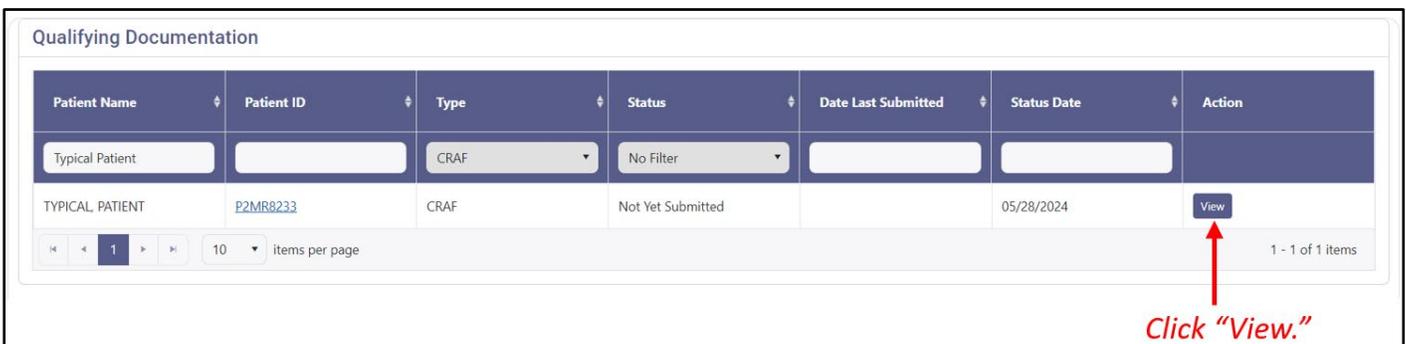
Step 1: Log into the Medical Marijuana Use Registry, MMURegistry.FLHealth.gov.

**If you do not remember your password, learn how to reset it by [clicking here](#).*

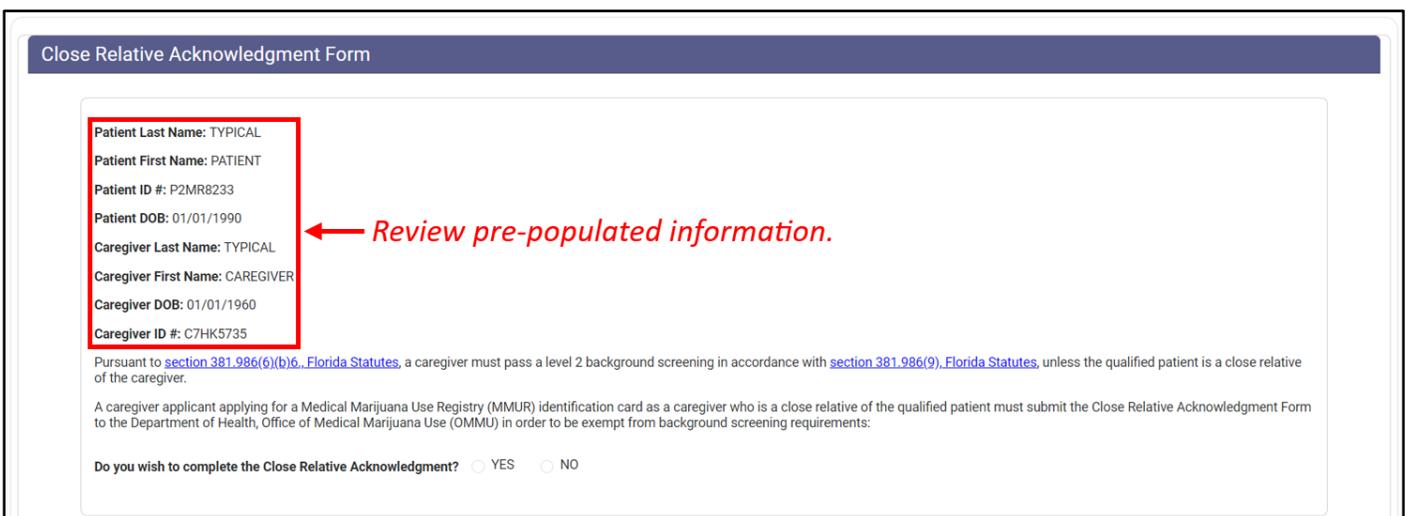
Step 2: Click the "Qualifying Documentation" menu option.



Step 3: Locate the CRAF you wish to view by entering information into the search parameters. Click "View" next to the CRAF you wish to submit.



Step 4: You are brought to the "Not Yet Submitted" CRAF. Review the pre-populated information to confirm it is accurate.



Step 5: Scroll to the close relative determination section of the CRAF. Indicate you **ARE a Close Relative** by selecting **“Yes”** for the question: **“Do you wish to complete the Close Relative Acknowledgement?”**

Close Relative Acknowledgment Form

Patient Last Name: TYPICAL
 Patient First Name: PATIENT
 Patient ID #: P2MR8233
 Patient DOB: 01/01/1990
 Caregiver Last Name: TYPICAL
 Caregiver First Name: CAREGIVER
 Caregiver DOB: 01/01/1960
 Caregiver ID #: C7HK5735

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 Close Relative Acknowledgment Form 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 Acknowledgment? YES NO ← Select “Yes.”

Step 6: Next, scroll to **“Close Relative Acknowledgement”** section and select your relation to the patient from the **“Select Relationship Type”** drop-down 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, **CAREGIVER TYPICAL** acknowledge that I meet the definition of a close relative above and am the **PATIENT TYPICAL**. I also understand that knowingly making a false statement in writing with the 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 degree punishable as provided in sections 775.082 or 775.083, Florida Statutes, and will be subject to the criminal penalties provided in sections 775.082 or 775.083, Florida Statutes.

Click [here](#) to download a copy of the Close Relative Acknowledgment form that is required by the OMMU.

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

↑
 Select the relationship type from the drop-down menu.

Step 7: Scroll to the **“Substantiating Close Relative Documentation”** section of the CRAF. Here, you can upload any supporting document(s) that prove your relationship to the patient.

Substantiating Close Relative Documentation

Documentation substantiating the relationship acknowledged in “Close Relative Acknowledgment.” The table below includes examples of acceptable documentation. Be advised that the list below is not exhaustive. Alternative documentation may be submitted.

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.

Table of supporting documentation examples.

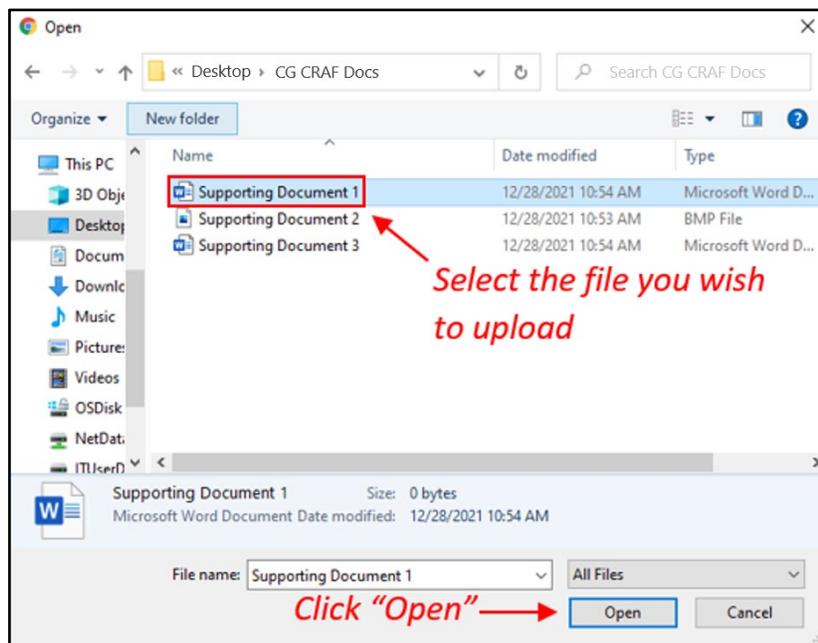
Step 8: Click **“Select files”** if you wish to upload substantiating documents.

Select files... ← Click “Select files...” to upload substantiating documents.

Drop files here to upload

No documents uploaded.

Step 9: After clicking “Select files,” your computer’s File Explorer will open. Select the file(s) you wish to upload and click “Open” to upload the document(s).



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

Step 10: Scroll to the “Acknowledgement” section of the CRAF to electronically sign the form.

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, click “Save as Draft” to save what you have entered so far and complete the form later.

Step 12: 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.

Step 13: Once the form has been submitted, a notification will appear to confirm the document has been submitted.

Sibling/Step-Sibling	Birth Certificate and Qualified Patient Birth Certificate	Document submitted successfully	Birth Certificate	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

Notification of successful submission.

Step 14: On your 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 submitting your (or your patient’s) Registry ID Card application.

Qualifying Documentation

Patient Name	Patient ID	Type	Status	Date Last Submitted	Status Date	Action
		No Filter	No Filter			
TYPICAL, PATIENT	P2MR8233	CRAF	Submitted	05/28/2024	05/28/2024	View

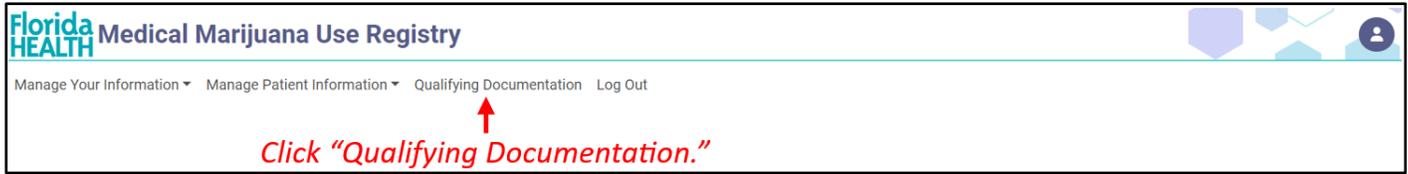
Status shows as “Submitted.”

SUBMITTING YOUR CRAF AS A NON-CLOSE RELATIVE:

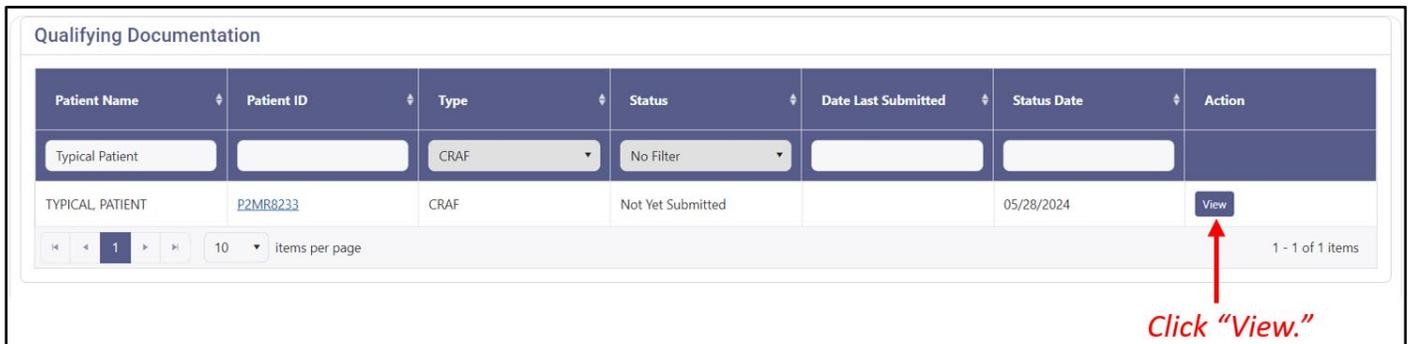
Step 1: Log into the Medical Marijuana Use Registry, MMURegistry.FLHealth.gov.

**If you do not remember your password, learn how to reset it by [clicking here](#).*

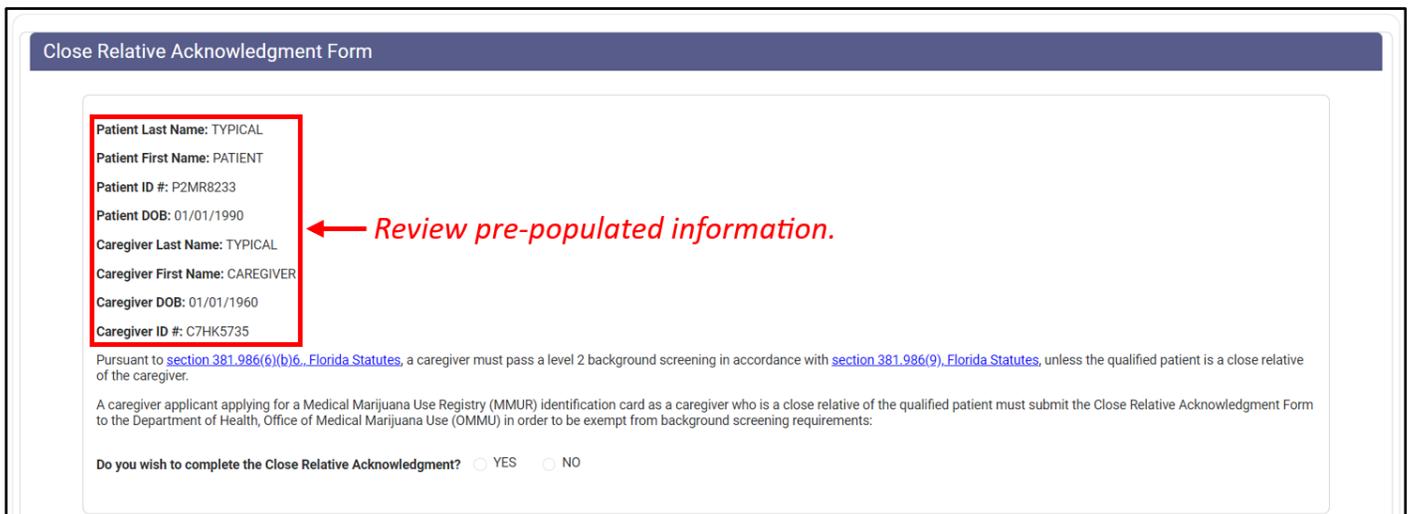
Step 2: Click the “Qualifying Documentation” menu option.



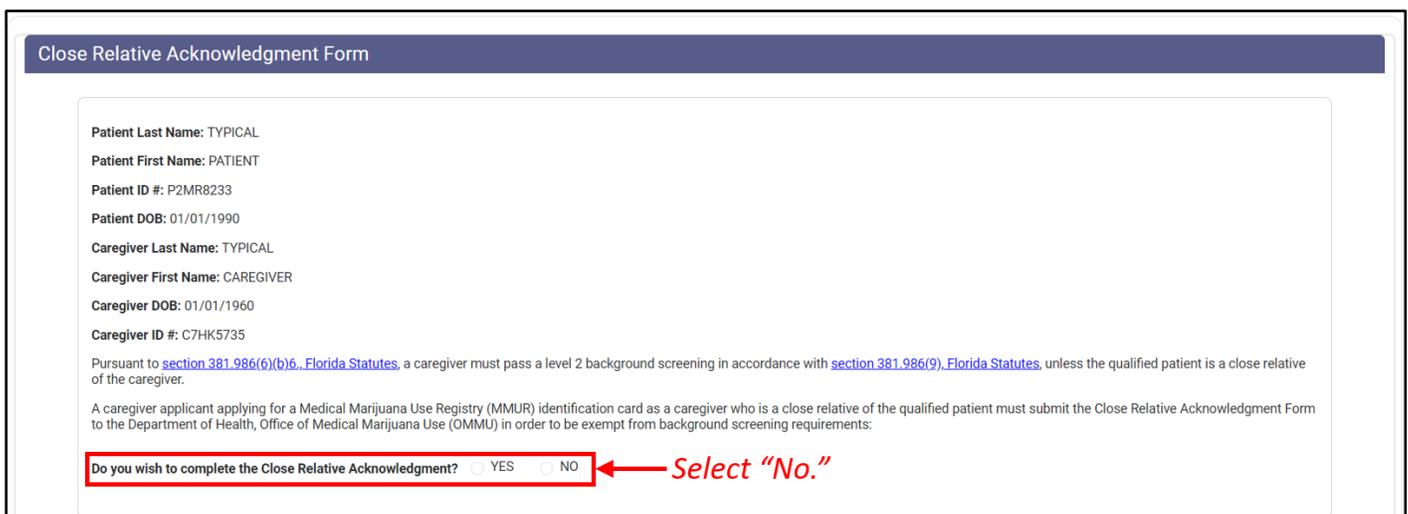
Step 3: Locate the CRAF you wish to view by entering information into the search parameters. Click “View” next to the CRAF you wish to submit.



Step 4: You are brought to the “Not Yet Submitted” CRAF. Review the pre-populated information to confirm it is accurate.



Step 5: Scroll to the close relative determination section of the CRAF. Indicate you **ARE NOT** a Close Relative by selecting “No” for the question: “Do you wish to complete the Close Relative Acknowledgment?”



Step 6: Once you have selected “No” for the Close Relative Acknowledgement, scroll to the “Non-Close Relative Information” section to read the information regarding the required Background Screening for Non-Close Relative Caregivers.

Non Close Relative Information for Caregiver CAREGIVER STANDARD, representing patient PATIENT MINORTEST

[Section 381.986\(6\)\(b\)6, Florida Statutes](#), requires caregivers to pass a level 2 background screening unless the qualified patient is a close relative of the caregiver. Therefore, caregiver applicants that do not qualify as close relatives must complete a level 2 background screening. Caregivers that currently have a Medical Marijuana Use Registry Caregiver Identification (ID) Card must follow the caregiver background screening requirement when they renew their ID card.

Caregiver applicants must submit a completed "[Caregiver Background Screening Acknowledgement and Information](#)" form to the Department via email to MMUR_Applications@flhealth.gov prior to completing a level 2 background screening.

Caregiver applicants must submit a full set of fingerprints to a Livescan Service Provider and, at the time of submission, give to the Livescan Service Provider the ORI number FL924890Z (DOH - OFFICE OF MEDICAL MARIJUANA USE), ATTN: Caregiver.

The cost of the background screening will be the responsibility of the caregiver. In addition, there will be a \$6 annual retention fee due after the first year to retain the caregiver's background screening results. Please note that the \$6 retention fee is separate from and will be due in addition to the \$75 ID card fee.

Caregivers will receive an email notification no less than 30 days before the due date of their annual retention fee. If a caregiver does not pay the \$6 annual retention fee by the due date, they must submit new fingerprints and complete a new level 2 background screening in accordance with Emergency Rule 64ER23-2, "Caregiver Background Screening and Request for Close Relative Status," to qualify as a caregiver.

Additionally, section 381.986(6)(b)3., Florida Statutes, requires a caregiver to 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.

Click [here](#) to download a copy of the Caregiver Background Screening Acknowledgement and Information form to give to the Livescan Service Provider.

Step 7: Then, scroll to the “Acknowledgement and Attestation” section to enter your signature electronically. Signing this form electronically indicates that you have read and are acknowledging consent to a Background Screening and that the information is accurate.

Acknowledgement

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

Form Status: Not Yet Submitted

Step 8: Once you have signed your name, click “Submit” to submit the form to the Office of Medical Marijuana Use for review. Or, click “Save as Draft” to save what you have entered so far and complete the form later.

Acknowledgment

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

Type in your first name:
Caregiver

Type in your last name:
Typical



You must sign to complete.

Form Status: Not Yet Submitted

← **Click “Submit.”**

Step 9: Once 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.

Close Relative Acknowledgment Form - Submit ✕

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

Submit

Click “Confirm.” →

Step 10: Once you submit your non-close relative CRAF, you will be returned to the Qualifying Documentation Dashboard. The status of the form will now display as “Approved.” You will also receive an email from the Office of Medical Marijuana Use with instructions on completing the caregiver background screening required under [section 381.986\(6\)\(b\)6., Florida Statutes.](#)

Qualifying Documentation						
Patient Name	Patient ID	Type	Status	Date Last Submitted	Status Date	Action
		No Filter	No Filter			
TYPICAL, PATIENT	P2MR8233	CRAF	Approved	05/28/2024	05/28/2024	View

10 items per page 1 - 1 of 1 items

Status shows as “Approved.”

Note: You may not proceed with the Registry ID Card application process or receive product for your patient(s) until the Office of Medical Marijuana Use receives your background screening results and determines your eligibility.

After the Office of Medical Marijuana Use determines your eligibility, you will receive an email notification with the results. Only after you receive a notification stating you meet the requirements to be a caregiver, will you be allowed to proceed with submitting your (or your patient’s) Registry ID Card application.

For additional information, visit
KnowTheFactsMMJ.com