

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

**Step 5:** After clicking “View,” you are brought to the respective form.

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

For assistance completing the Close Relative Acknowledgment Form (CRAF), [click here](#).

For additional information, visit  
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