

**Miami-Dade County RWP – Parts A and B
Food Assistance Referral Form**

Start Date of Referral: _____ **End Date of Referral:** _____
(Enter last day of the Part A grant year - Feb. 28th - and year)

Client Information:

- **Client Name:** _____ **CIS Number:** _____
- **Phone Number:** _____ **Email (optional):** _____
- **Notice of Eligibility (NOE) Expiration Date *:** _____
- **Federal Poverty Level (FPL) Percentage *:** _____

Referral From (Referring Information):

CLIENT (must include Out of Network Referral forms and supporting documentation)
(See “*Client Referral Resources*” at [Office of Management and Budget](#) (County RWP website))

OR

AGENCY (complete info below):

- **Agency Name:** _____
- **Referring Medical Case Manager Name:** _____
- **Phone Number:** _____

Referral To (Part B Receiving Agency Information):

- **Agency Name:** _____
- **Receiving Medical Case Manager Name:** _____
- **Phone Number:** _____

Reason for Referral to Part B Program: (Check all that apply. Additional supporting documentation may be requested where necessary to support need.)

Client exhausted the allowable occurrences through Part A Food Bank program at Food for Life Network (FFLN) (used both 20 occurrences plus 16 additional occurrences; **OR** used 20 occurrences and is not eligible for additional 16 occurrences) and still needs food assistance.

Client is not eligible for Part A Food Bank services at FFLN because their gross household income is above 250% FPL.

Client has Medicaid and/or Medicare or other food assistance benefits (e.g., SNAP), but still has food insecurity.

Client is homeless, unstably housed, or otherwise has gross household income below 250% of the FPL **and** is unable to store or cook food received from the food bank (e.g., FFLN). **[NOTE: Provide® Enterprise Miami (PE Miami) Client Profile must reflect client’s housing status.]**

Additional Notes or Details: (attach additional pages or documents as appropriate)

*** IMPORTANT NOTE:** Prior to serving this client, the Part B Receiving Agency must check client eligibility in PE Miami to ensure the NOE date and FPL percentage stated above are current and accurate. The Part B Receiving Agency must place a completed copy of this form in this client’s profile in PE Miami (Scanned Documents; labeled as “Miscellaneous – Food Assistance Referral”).]