

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

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**Start Date of Referral:** \_\_\_\_\_ **End Date of Referral:** \_\_\_\_\_  
(Enter last day of the Part A grant year - Feb. 28<sup>th</sup> - 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)

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**\* 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”).]