



Community Partner Resource Guide

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Automated Community Connection to Economic Self-Sufficiency

The Community Partner Resource Guide is designed to provide the partner support materials to use with customers applying for ACCESS benefits (Food Stamps, Temporary Cash Assistance, and Medicaid) from their site. Materials such as the income charts will need to be updated at least annually. These updates can be sent to you by your local community partner liaison or are available on-line by visiting www.myflorida.com/accessflorida and pulling up the program benefit information.

The role that each of you plays as a Community Partner site is vital to the Department of Children and Families' goal to make the application for the ACCESS programs available to those in need in our communities. By serving as a partner site, you are helping us provide our mutual customers with a multiple access approach to self-sufficiency. This "no wrong door" approach means that families can apply for our programs without having to travel to a DCF office. Customers may be able to do their interview with an ACCESS worker by phone and complete their follow-up documentation by fax or mail. By maximizing shared resources, we are increasing customer access to services needed to strengthen families in the local community.

The purpose of this resource guide is to support you as a partner site. Remember it is not your role to determine eligibility for our programs. The materials are meant to help answer questions you may have about ACCESS programs, usage of the web application, and provide you with information on other resources for your patrons. There is also information on how customers can find and print out forms needed to follow-up on their application, and copies of the most commonly used forms. The materials in this guide may be copied to ACCESS customers to assist them through the application process.

Thank you for your willingness to serve as an ACCESS partner site, and for making a positive difference for the citizens in your communities.

A Short Glossary of Terms

ACCESS Integrity Program (AIP)

Acts to combat fraud and reduce misspent dollars. Members of the AIP unit do investigations of error prone cases.

Alert

Computer generated screen messages which will alert FLORIDA users of the important events that might affect a special case within their caseload of FLORIDA (i.e. receipt of social security or unemployment).

Application

The process of requesting assistance. The application can be submitted by Internet or by paper. On the Applications Management System, applications are reported and tracked at the CASE level. Once the driver is initiated on the FLORIDA System, applications are reported and tracked at the ASSISTANCE GROPU level.

Application Management System

Referred to as AMS. This system is used by ACCESS staff to track all applications received, the current status on each application, and is used to generate pending notices on information still needed from our customers to complete the application. It provides enhanced workload management tools for all levels of staff.

Assistance Group

The people in the household receiving assistance in a specific program (i.e. Medicaid, Food Stamps, Temporary Cash Assistance).

Authorized Representative

An individual who is acting on behalf of the client to apply for or receive benefits.

Case

All of the people living in the household and the benefits they are receiving.

Case Number

The number assigned by the FLORIDA system to the case. This number can be found on notices DCF mails to the customer, through Partner View with a signed release by the customer, or by the customer calling the Customer Call Center at 866-762-2237.

Coverage Group

The type of Medicaid assistance for which an individual is eligible based on the make up of the household.

Data Exchange

The FLORIDA system receives information directly from other computer systems about clients using a data match. Examples include Social Security and Unemployment Compensation.

Days to Process

The number of days from the date the application is received to date of disposition. This is usually reported by days to interview, pending days, and days to authorization.

Driver

The electronic process used on FLORIDA to do certain case actions. In a driver, the processor is led from screen to screen for each determination. For example, ASIS is the driver for an application. ASRE is the driver for a redetermination. Drivers are counted at the CASE level. As the driver is completed, various ASSISTANCE GROUPS may be created within the Case.

Electronic Benefits Transfer (EBT)

The electronic system used to deliver TCA and Food Stamp benefits. Clients receive a card that is used like a debit card.

FLORIDA

Short for the Florida On Line Recipient Integrated Data Access System. This computer system processes the information given by the client to determine what amount of benefits the client will receive for each program for which he/she applied.

Pending work

Refers to a case in which all of the information necessary to determine eligibility has not been received from the client.

Pended case

Refers to a case in which all of the information necessary to determine eligibility has not been received from the client.

Redetermination

For individuals already receiving assistance, a periodic review of eligibility. Time frames for redeterminations vary by program (category). Also known as eligibility reviews or, for food stamps recertifications.

Sanction

A penalty imposed on an individual due to non compliance with program requirements. Sanctions vary by program and source.

Share of Cost (SOC)

The amount of medical expenses that must be incurred before a client enrolled in the Medically Needy Program becomes fully eligible for Medicaid. The Share of Cost is a monthly amount.

SNAP

Supplemental Nutrition Assistance Program (formerly the Food Stamp program) is now referred to as the Food Assistance Program (**FAP**) in the state of Florida.

Standard Filing Unit

All of the people in the case whose income, assets and needs are used to determine eligibility in a category. For example, parents may be members of the Standard Filing Unit for their children, but they may not be in the Assistance Group.

TANF

Short for Temporary Assistance to Needy Families. Now known as Temporary Cash Assistance (TCA).

TCA

Temporary Cash Assistance (see TANF).

Time Standard

Refers to the federal standard for days to process cases. The standards vary by program (category) and are tracked at the ASSISTANCE GROUP level.

Expedited Food Stamps	7 days
Food Stamps	30 days
Temporary Cash Assistance	45 days
Medicaid	45 days
Disability Medicaid	90 days

Department of Children and Families Mission Statement and Guiding Principles

Our Mission:

Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency.

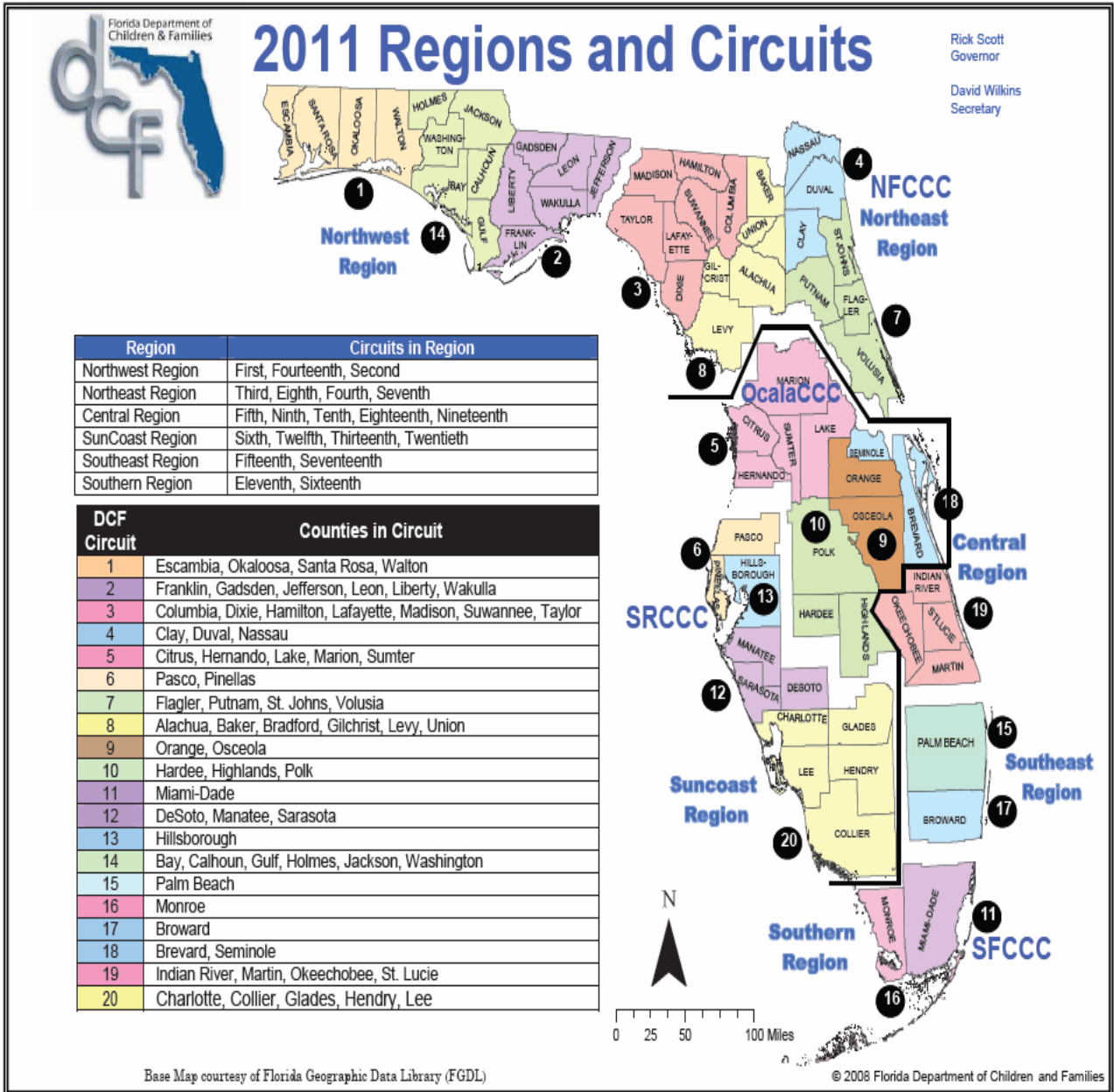
Our Guiding Principles:

- ◆ Integrity ◆ Transparency ◆ Accountability ◆ Leadership
- ◆ Community Partnerships ◆ Orientation for Action
- ◆ Common Sense ◆ Sense of Urgency

ACCESS Program Information

MAP OF DCF CIRCUITS AND REGIONS

The map below shows the breakdown of DCF Circuits and Regions.



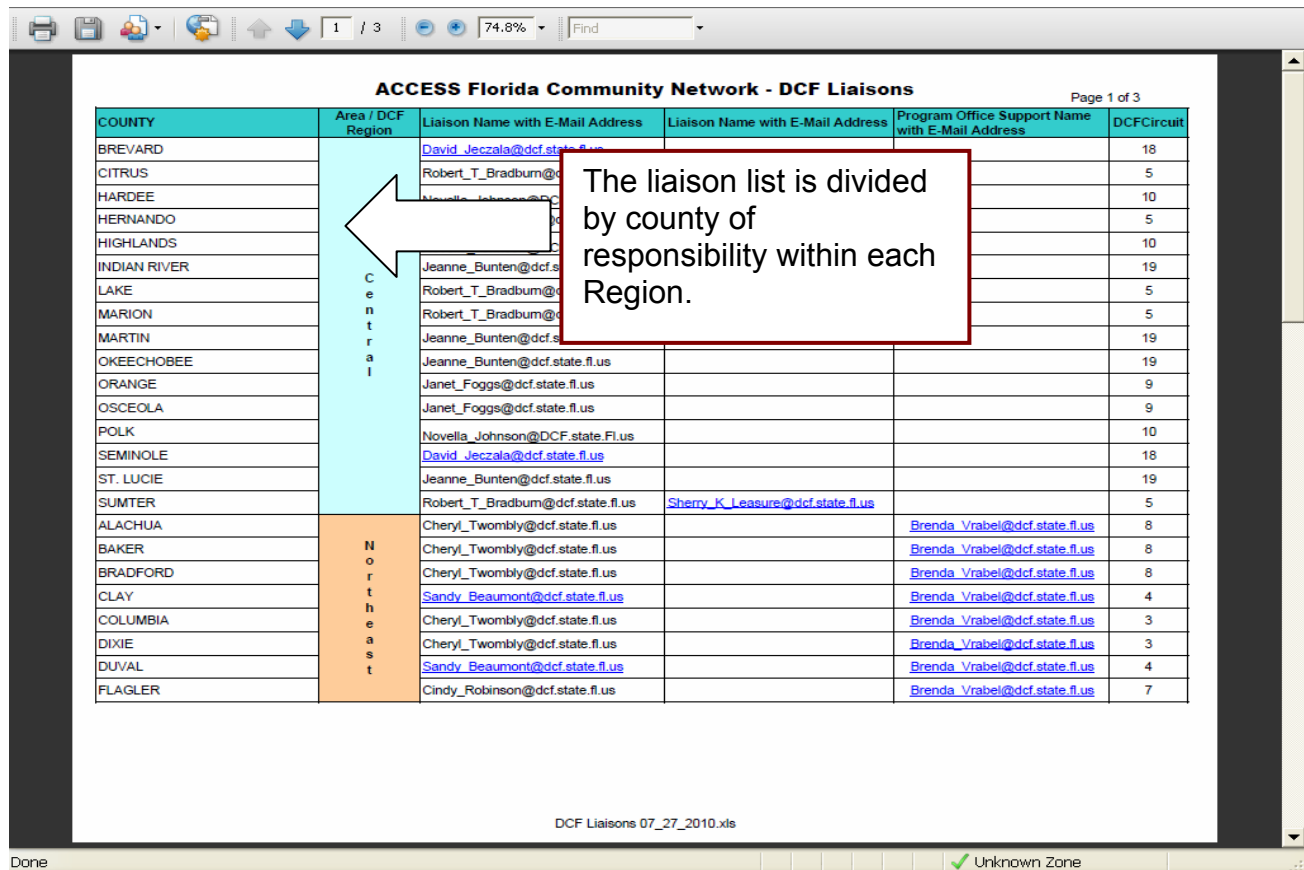
ACCESS Community Partner Liaisons

Each County is assigned a Community Partner Liaison (CPL) from the Department of Children and Families ACCESS Program. The liaison will serve as a single point of contact for questions or concerns about being a partner site, arrange needed training, and conduct site visits to ensure you have ACCESS materials and the equipment needed to serve as a partner site. The liaison will support your efforts to serve our mutual customers.

To obtain the current list of CPL's throughout the state, go to

http://www.dcf.state.fl.us/ess/docs/dcf_liaisons.pdf

The liaisons are listed by county, and can be contacted initially by the email provided in this list.



ACCESS Florida Community Network - DCF Liaisons Page 1 of 3

COUNTY	Area / DCF Region	Liaison Name with E-Mail Address	Liaison Name with E-Mail Address	Program Office Support Name with E-Mail Address	DCFCircuit
BREVARD	C e n t r a l	David_Jeczala@dcf.state.fl.us			18
CITRUS		Robert_T_Bradburn@dcf.state.fl.us			5
HARDEE		Novella_Johnson@DCF.state.fl.us			10
HERNANDO					5
HIGHLANDS					10
INDIAN RIVER		Jeanne_Bunten@dcf.state.fl.us			19
LAKE		Robert_T_Bradburn@dcf.state.fl.us			5
MARION		Robert_T_Bradburn@dcf.state.fl.us			5
MARTIN		Jeanne_Bunten@dcf.state.fl.us			19
OKEECHOBEE		Jeanne_Bunten@dcf.state.fl.us			19
ORANGE		Janet_Foggs@dcf.state.fl.us			9
OSCEOLA		Janet_Foggs@dcf.state.fl.us			9
POLK		Novella_Johnson@DCF.state.fl.us			10
SEMINOLE		David_Jeczala@dcf.state.fl.us			18
ST. LUCIE	Jeanne_Bunten@dcf.state.fl.us			19	
SUMTER	Robert_T_Bradburn@dcf.state.fl.us	Sherry_K_Leasure@dcf.state.fl.us			5
ALACHUA	N o r t h e a s t	Cheryl_Twombly@dcf.state.fl.us		Brenda_Vrabel@dcf.state.fl.us	8
BAKER		Cheryl_Twombly@dcf.state.fl.us		Brenda_Vrabel@dcf.state.fl.us	8
BRADFORD		Cheryl_Twombly@dcf.state.fl.us		Brenda_Vrabel@dcf.state.fl.us	8
CLAY		Sandy_Beaumont@dcf.state.fl.us		Brenda_Vrabel@dcf.state.fl.us	4
COLUMBIA		Cheryl_Twombly@dcf.state.fl.us		Brenda_Vrabel@dcf.state.fl.us	3
DIXIE		Cheryl_Twombly@dcf.state.fl.us		Brenda_Vrabel@dcf.state.fl.us	3
DUVAL		Sandy_Beaumont@dcf.state.fl.us		Brenda_Vrabel@dcf.state.fl.us	4
FLAGLER		Cindy_Robinson@dcf.state.fl.us		Brenda_Vrabel@dcf.state.fl.us	7

DCF Liaisons 07_27_2010.xls

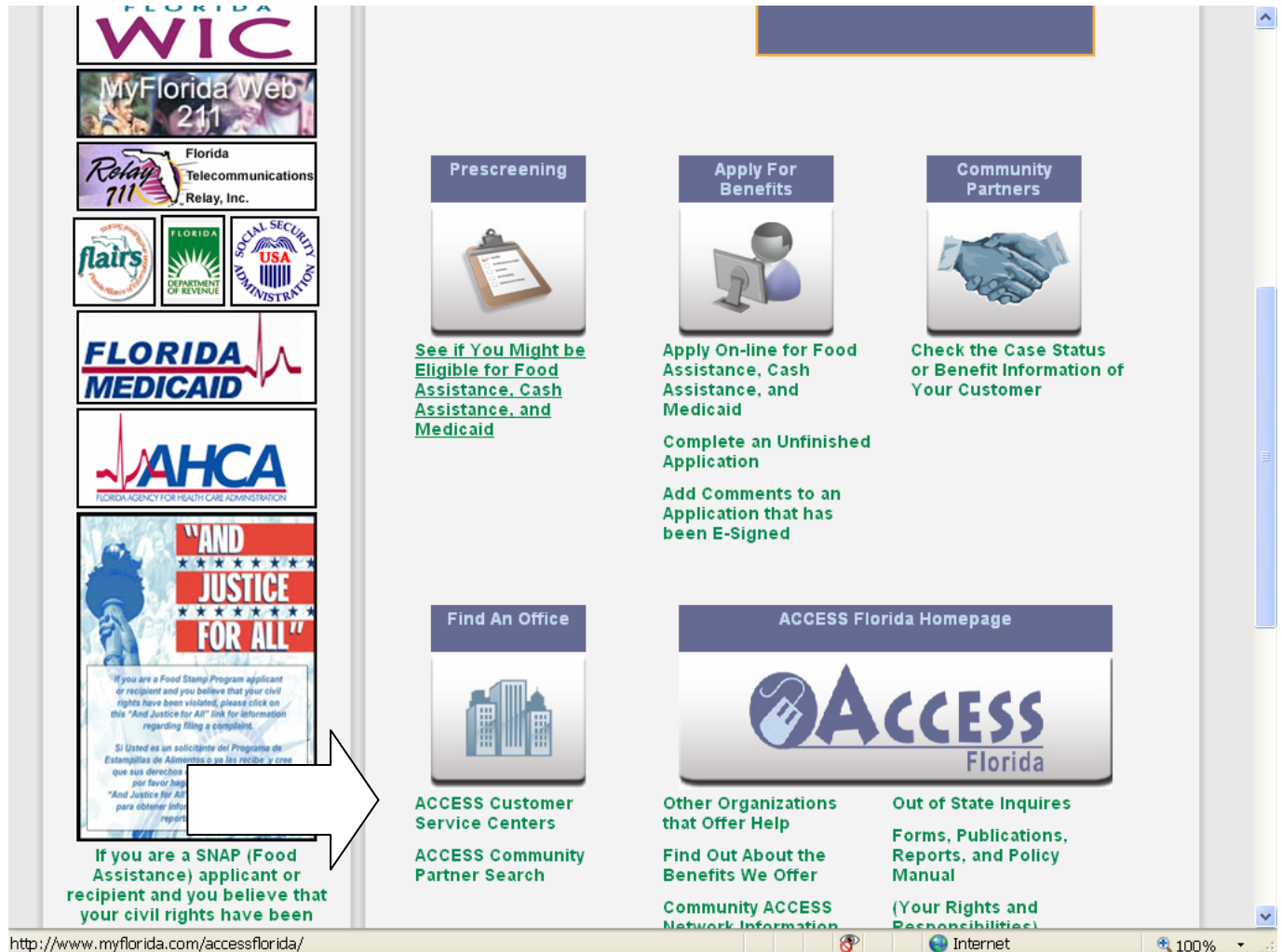
Breakdown of the Program Functions within DCF Case Maintenance Units, Customer Service Centers, and Call Centers

Customer Service Center or Processing Centers	Customer Call Center	District Case Maintenance Unit
<ul style="list-style-type: none"> • Applications ** • Redeterminations • Upfront diversion • Relocation assistance • Severance payment • Time limits/extensions & hardships • Relative caregiver applications • 2039 referrals from medical providers with applications • Returned mail • SSI Denials, Retroactive, Expertes ** Includes retroactive Medicaid bill tracking ** Includes Buy-In applications ** Includes outstanding data exchanges and alerts 	<ul style="list-style-type: none"> • Inquiries • Complaints • Temporary Medicaid card requests • EBT account reactivations • EBT PIN unlocks • Relative Caregiver conversions and changes • Reported Changes <ul style="list-style-type: none"> • Shelter, utilities • Dependent care • Income • Address (case transfers) • Living arrangement • Remove/add person • medical expenses • Reports of Births • ICP bed holds • Out of state inquiries 	<ul style="list-style-type: none"> • Data Exchange information from other agencies • Alerts • Sanctions / Lifts • Bill Tracking • Processes various adhoc reports
Common		
<ul style="list-style-type: none"> • Case Record Maintenance • Management • Benefit Issuance • Transitional Child Care • OSS Cost of Care from SSI • Recoupment • Hearings • Social Service Referrals 		

In some Circuits, Store Front facilities handle customer traffic for application submissions and dropping off paperwork.

How to Find a DCF ACCESS Customer Service Center

ACCESS Customer Service Center locations can be found by going on www.myflorida.com/accessflorida and clicking on the link under Find an Office.

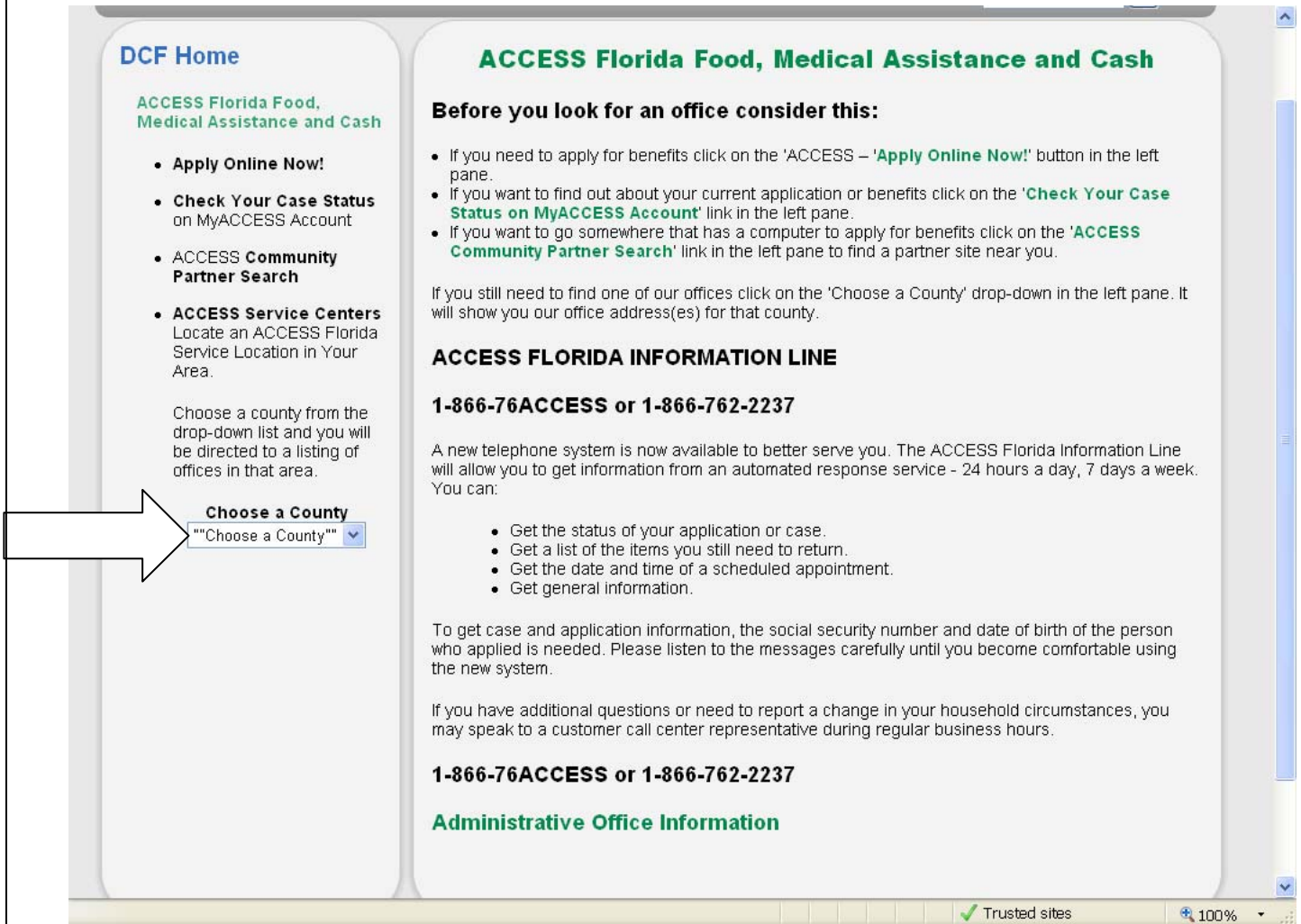


The screenshot shows the ACCESS Florida website interface. On the left is a vertical sidebar with logos for WIC, MyFlorida Web 211, Relay 711, flairs, Florida Department of Revenue, Social Security Administration, FLORIDA MEDICAID, AHCA, and "AND JUSTICE FOR ALL". The main content area features several service tiles:

- Prescreening**: See if You Might be Eligible for Food Assistance, Cash Assistance, and Medicaid
- Apply For Benefits**: Apply On-line for Food Assistance, Cash Assistance, and Medicaid; Complete an Unfinished Application; Add Comments to an Application that has been E-Signed
- Community Partners**: Check the Case Status or Benefit Information of Your Customer
- Find An Office**: ACCESS Customer Service Centers; ACCESS Community Partner Search
- ACCESS Florida Homepage**: Other Organizations that Offer Help; Find Out About the Benefits We Offer; Community ACCESS Network Information; Out of State Inquires Forms, Publications, Reports, and Policy Manual (Your Rights and Responsibilities)

An arrow points from the "AND JUSTICE FOR ALL" logo to the "Find An Office" tile. The browser address bar shows <http://www.myflorida.com/accessflorida/>.

ACCESS Customer Service Centers can be located by selecting a County.



Once the county of interest is entered, information on the address for the local customer service center and their fax number will be provided. **Web applications submitted by e-signature are directed to a customer service center or processing center based on the customer's zip code.**

This information is also available by calling the Customer Call Center at 1-866-762-2237.

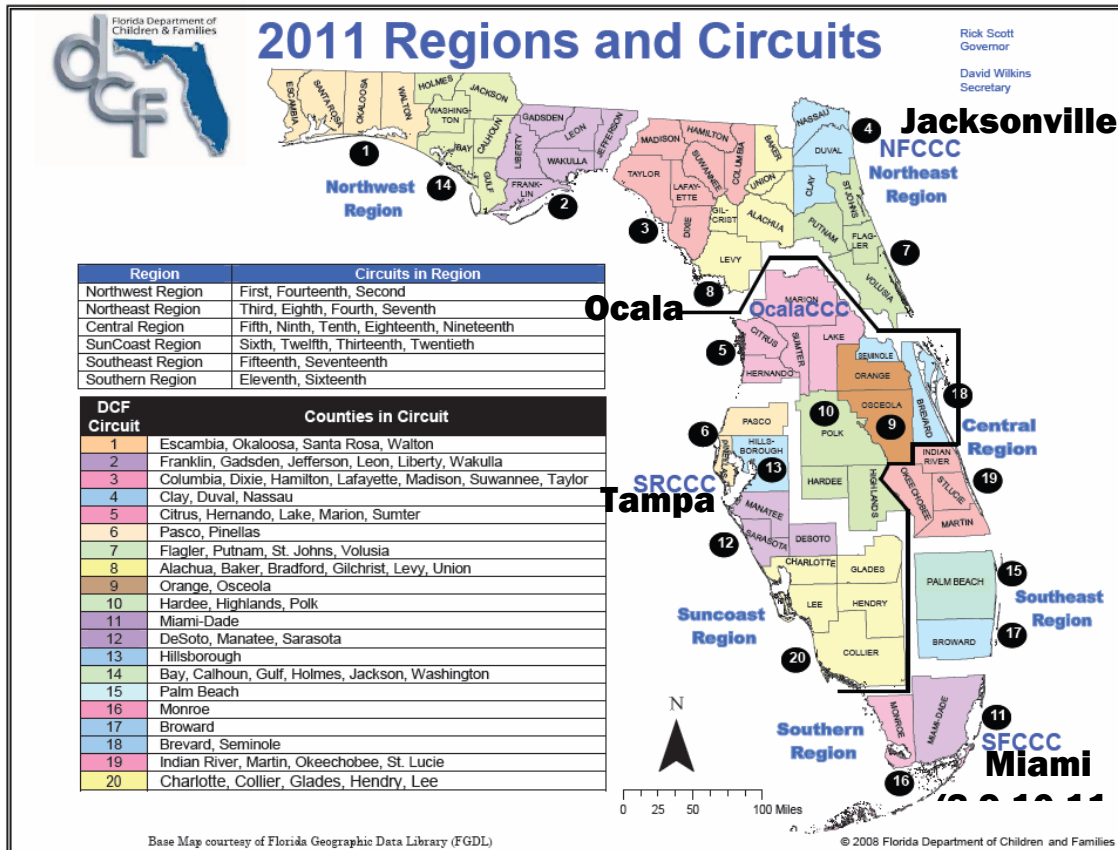
If you are **faxing** an item in to the Customer Service Center, Case Maintenance Unit, or the Call Center, ensure the fax coversheet contains some basic demographic information about the customer (name, case number and/or Social Security number). An example of a fax sheet that may be used can be found on page 19.

Customer Call Centers

DCF's ACCESS Customer Call Centers are located in **Jacksonville, Ocala, Tampa and Miami**. They are all contacted by calling **1-866-762-2237**. Many of the customer's questions can be answered without having to speak with a customer representative through our phone Automated Response Unit (ARU). They can obtain information such as case status; benefit amounts, etc. by using the ARU. If they do need to speak to a customer representative, they can do so by following the instructions given by phone.

The Call Center can resolve many EBT card issues, provide general case information, respond to requests for temporary Medicaid cards, mail out a paper application, and provide referral information for other services. Changes can also be reported by calling the Call Center or they can be reported on-line at www.myflorida.com/accessflorida.

The call volume during peak hours to these Customer Call Centers may be high. An alternative to calling the call center to check case status is to use the My Account feature on-line at <https://myaccessaccount.dcf.state.fl.us/Login.aspx>.



For Out of State Agencies seeking to verify information with Florida's Department of Children Families ACCESS Program regarding a client, please send an email to D11_SFL_CallCenter@dcf.state.fl.us

DCF Case Maintenance Units

The Case Maintenance Units (CMUs) process casework that normally does not require direct customer contact. Customers enrolled in the Medically Needy Program with a Share of Cost will need to send their medical bills to the CMU to get their bill tracking completed.

The Case Maintenance Units process:

- **Bill Tracking**
 - Customers on the **Medically Needy** program submit their bills to the CMU to have them tracked to determine if Medicaid will be able to pay for these medical expenses.
- **Sanction and Sanction Lift Requests**
 - Customers required to cooperate with Child Support Enforcement and/or the local Workforce Boards may have sanctions placed on their benefits due to failure to cooperate. The CMU can also process sanction lifts when an application is not required.
- **Process Alerts, Data Exchanges, and other Mass Change Reports received through data matches with other agencies.**
 - The CMUs process these potential changes as part of their case maintenance duties.

The next two pages contain a list of Case Maintenance Units throughout the State. **Please direct ACCESS customers needing medical expenses tracked through the Medically Needy program to submit their bills to the CMU that is serving their county.** If they have a question about which CMU serves their county, please have them call the Customer Call Center at **1-866-762-2237**.

Case Maintenance Units by County

County	District Circuit	Case Maintenance Address	Counties Served	Fax Number
Okaloosa Walton	D01 C1	C1 Case Maintenance Unit 340 Beal Pkwy N.W. Ft. Walton Bch, FL 32548	Escambia Santa Rosa Okaloosa Walton	850-833-3756
Bay	D2 C14	C14 Case Maintenance Unit 500 W 11th Panama City, FL 32401	Bay, Calhoun, Franklin, Gasden, Gulf, Holmes, Jackson, Jefferson, Leon, and Liberty	850-914-6323 850-914-6324 866-762-1741 866-762-1742
Columbia	D03 C3 and C8	C3 Case Maintenance Unit 1389 US 90 W. Ste. 100 Lake City, FL 32055	Alachua, Baker, Bradford, Columbia, Dixie Gilchrist, Lafayette, Levy, Madison, Suwannee, Taylor, and Union	386-758-1475
Duval	D4 C4	C4 Case Maintenance Unit P.O. Box 2417 Jacksonville, FL 32231-0083	Clay Duval Nassau	904-723-5393
Orange	D7 C9	C9 Case Maintenance Unit PO Box 575001 Orlando, FL 32857-5001	Osceola, Seminole, Orange, Brevard	407-245-1604
Lee	D8 C20	C20 Case Maintenance Unit PO BOX 82779 Tampa, FL 33682	Hillsborough, Pinellas, Pasco, Manatee, Sarasota, Desoto, Lee, Collier, Hendry, Glades, Charlotte	(866)519-4810
Palm Beach	D9 C15	C15 Case Maintenance Unit 2990 N. Main St Belle Glade, FL 33430	Palm Beach	561-992-1981

Broward	D10 C17	C17 Case Maintenance Unit 1400 W. Commercial Blvd Suite 160 Fort Lauderdale, FL 33309	Broward	(954)267-2133
Dade	D11 C11	C11 Case Maintenance Unit PO Box 110220 Hialeah, FL 33010-9998	Dade	Bill Tracking # 305-637-2981
Volusia	D12 C7	C7 Case Maintenance Unit 210 N. Palmetto Ave, Ste 302 Daytona Beach, FL 32114	Flagler, Putnam, St John, Volusia	386-226-7851
Sumter	D13 C5	C5 Case Maintenance Unit PO Box 1 Wildwood, FL 34785	Citrus, Hernando, Lake, Marion, Sumter	866-367-4188
Polk	D14 10	C10 Case Maintenance Unit PO Box 3710 Lake Wales, FL 33859	Polk Hardee, Highlands	866-296-9964
St. Lucie, Martin, Okeechobee, and Indian River	D15 C19	C19 Case Maintenance Unit 337 US Hwy 1 Fort Pierce, FL 34952	St Lucie, Martin, Okeechobee, and Indican River	866-658-2172 For Bill Tracking, fax to 772-468-5652
Hillsborough	SunCoast Region 23 C06 C12 C13 C20	Suncoast Region Case Maintenance Unit PO BOX 82779 Tampa, FL 33682	Hillsborough Pinellas, Pasco, Manatee, Sarasota, Desoto, Lee, Collier, Hendry, Glades, Charlotte	(866)519-4810

Faxing Information to DCF

Because of the Web-based ACCESS application, much of our interaction with the customer will happen by phone, mail and/or fax. When a customer is sending in verifications needed to complete their case, it is important that they include some identifying information so that the paperwork is correctly matched to that customer's case record. As a community partner, you may be asked to assist the customer with faxing in their information. The following page is a fax coversheet that may be used. Completing this coversheet will give the ACCESS office important information to correctly identify the customer's case number and the reason the information is being submitted.

When faxing information to an ACCESS office, please indicate the customer's name, case number (if known), social security number, and a contact phone number in case we have questions about the information being sent in.

If medical bills are being submitted for a customer in order to have them tracked for the Medically Needy program, indicate on the medical section of the fax coversheet that bill tracking is needed. If the information being submitted is part of a request for retroactive Medicaid, have the customer indicate the month they are requesting this Medicaid coverage.

To find the fax number for an **ACCESS Service Center**, go to www.myflorida.com/accessflorida . Under the Find an Office box, click on the ACCESS Customer Service Centers.



Once a Service Center is selected by County, both the address and fax number for that site will be provided.

The following page contains the preferred fax cover sheet for any and all materials sent to a DCF location.



FAX Cover Sheet

- ⇒ Please put the customer information on each page faxed and use a separate cover sheet for each customer.
- ⇒ Please provide as much information as possible to make it easier to associate these documents with the customer's case.

To: DCF ACCESS Program

Attention: _____

From: Agency Name: _____

Community Contact Name: _____

Date: _____

Partner Phone #: _____

Pages: _____ (Including Cover Page)

E-mail address: _____

Fax #: _____

Re: Name: _____

Customer Case or ACCESS #: _____

Comment: _____

SS #: _____

Phone #: _____

E-mail Address: _____

Please check box for EACH document included with this fax

Applications for Assistance/Recertification

- Application for Assistance
- Interim Contact Letter
- Simplified Pregnancy Application or Medicare Buy-In
- Medicaid/Medicare Buy-In Application (QMB)

Permanent Information

Identification/Citizenship:

- Driver's License for _____
- State ID for _____
- Social Security Card for _____
- Birth Certificate for _____

Legal/Court Records:

- Marriage/Divorce Records
- Death Certificate
- Authorization to Release Financial Information
- Designated Representative Form

Other:

- Insurance Documents

Medical Section

- Confidential Medical Records
- Informed Consent for Long Term Care
- Patient Transfer and Continuity of Care (3008)
- Doctor's statement for _____
- Immunization records for _____
- Authorization to Release Medical Information
- Medical Bills for _____
- Bill Tracking Needed
- Information for Retroactive Medicaid Evaluation

Verifications

Income:

- Pay Stubs for _____
- Income Award Letters (ex. SS)
- Verification of Income forms
- Verification of Self Employment
- Verification of Child Support

Expenses:

- Verification of Shelter Expense
- Verification of Utility Expense
- Verification of Dependent Care

Assets:

- Bank Statements
- Life Insurance Policies
- Life Insurance Cash Values
- Annuities
- Retirement Funds
- Burial Contracts
- Vehicle Documentation
- Deeds/Property Tax Record
- Trust Documents
- Qualified Income Trusts

Other:

- _____
- _____
- _____
- _____

ACCESS Community Partner Information

Community Partner Levels

Informational Site	Partner site provides paper applications as requested by a customer, and also provides informational materials related to the ACCESS application process.
Self-Service Site	Partner site offers the customer the ability to apply on-line, but does not provide staff assistance to the customer with the completion or submission of the web application. The site has the choice to provide other services such as access to a fax, phone, or copy machine. The site will also provide informational materials and paper applications when requested by a customer or if the internet site is temporarily not in service.
Assisted Service Site	Partner site provides assistance to the customer upon request with the completion of their ACCESS Florida application. They may also provide the customer assistance with the submission of verifications to the ACCESS office, and/or provide the customer with general information regarding the application process. The site has the choice to provide other services such as access to a fax, phone, or copy machine. The site will also provide informational materials and paper applications when requested by a customer or if the internet site is temporarily not in service. Assisted Service sites may also request to have access to the Partner View system. This system allows the partner to view limited case information to assist the customer with the completion of the application process. The partner site must first obtain the customer's signed permission (see example release on pg. 84) to access case information on Partner View. The liaison will help you determine if Partner View access would be an appropriate function for your Community Partner site. By having access to Partner View, your site agrees that it will also assist customers with setting up their My ACCESS Account.

Note: Sites that already have access to the Florida Medicaid Management Information System should have access to a **Provider View system** through the Medicaid portal, and should not additionally need Partner View. The Provider View system is administered by the Agency for Healthcare Administration (AHCA), and access is granted by AHCA.

The Community Partner and ACCESS Liaison will work together to determine the partnership level that will work best at each partner site. The partner will also select which services the site will offer ACCESS customers (see the next page for the full list of services). A network agreement will be signed by the partner site and by the DCF Circuit Administrator or their designee. A partner agreement can be ended by either party with 30 day advance written notification by either the partner site or DCF.

Site Visits by the Liaison at Community Partner Sites

The Community Partner Liaison will conduct routine site visits with our partners to discuss issues or concerns, check equipment functionality, replenish support materials, and other monitoring as stated in the partner agreement. The liaison will be checking to ensure that the services agreed upon in the ACCESS Network Agreement are being provided at the partner site.

You may also be contacted by our DCF Regional Program Office staff during the Circuit's annual Quality Management Review. This contact may be by phone or in person.

The monitoring Check List below will be completed during the liaison site visits.

SERVICE COMPLIANCE REVIEW	Y	N	N/A
1. ACCESS signage displayed & brochures visible and available to customers			
2. Partner provides informational handouts			
3. Partner provides paper applications as requested by customers			
4. Partner provides access to telephone to call DCF Customer Call Center/Automated ACCESS Response Unit			
5. Partner provides computer to apply for assistance on-line			
6. Partner provides printer for ACCESS documents			
7. Partner provides fax machine to fax application, other documents to DCF			
8. Partner provides copy machine to copy application-related documents			
9. Partner provides personnel/staff to explain application process			
10. Partner provides personnel/staff to assist customers in submitting their application and providing verification information and/or documentation			
11. Site Identifier – URL or cookie being utilized			
12. Have all the support staff received training related to the WEB Application?			
AGREEMENT COMPLIANCE REVIEW	Y	N	N/A
13. The purpose for which the partner accesses customer information is to help with their ACCESS activity			
14. Partner protects confidential customer information received from the ACCESS system			
15. Partner has signed consent or authorization to release confidential customer information from each customer that it makes inquiries on in our ACCESS system (attach review sheet)			
16. Customer consent forms are retained for three years?			
17. Partner has all of the correct security forms and verification of annual security training on file for each of its employees that have access to the Partner View System?			
18. Partner notifies the Department if customer case information in its possession, custody, or control is inconsistent with Department's information.			
19. Partner submits correct and timely invoices?			

Items 13 through 18 are monitored on sites that have Partner View access.

Computer Desktop Link for the ACCESS Web Application at a Community Partner Site

Each Community Partner is given a site-specific URL (Uniform Resource Locator) address to utilize when customers are using their ACCESS computers. While many customers gain access to the web application by using the generic URL (www.myflorida.com/accesssflorida), we encourage your customers to use your site's URL to help us better track where applications are being submitted.

These URL's are created by using the address below and adding your unique 4 digit partner ID number at the end. If you do not know your partner number, your assigned liaison at the Department of Children and Families can provide it to you.

The URL Address is:

<http://www.myflorida.com/accessflorida/index.html?performAction=init&partnerSite=XXXX>

** This Web address is case sensitive, so Action and Site must be capitalized. Your 4 digit partner ID will be placed where the X's are in the link.

Once the URL address has been accessed on your computer/s, the link can be saved as a favorite site or as a desktop icon. To save it as a desktop icon,

- Click on File in the toolbar
- Click on Send to
- Click on Shortcut to Desktop

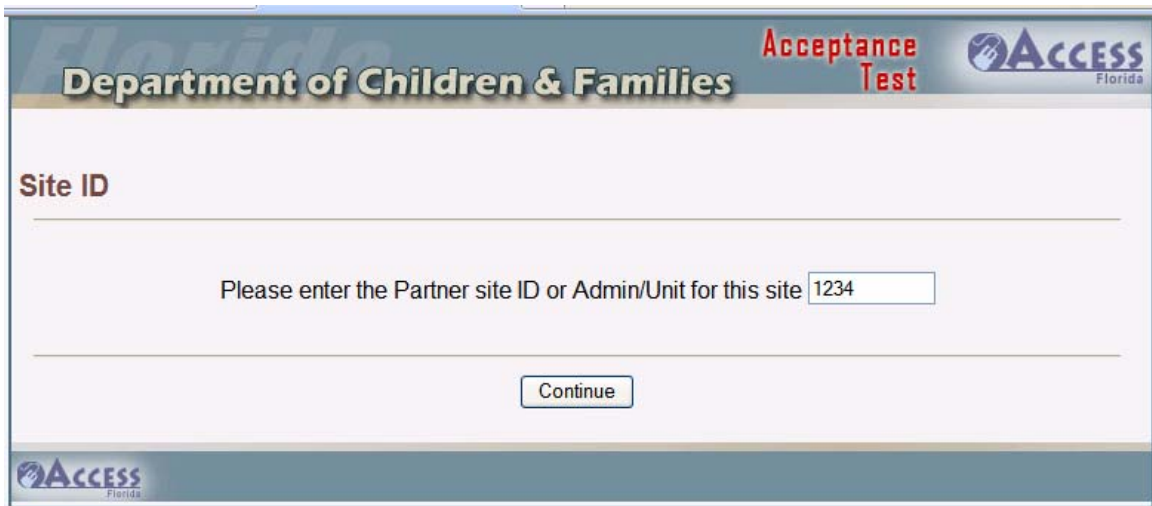
The icon will then appear on your desktop as Department of Children and Families.

Community Partner Site ID's

The Site ID screen was created so a cookie would be placed on computers used by Community Partners who need to track numbers of ACCESS applications completed and/or have them routed to a particular location.

This screen is accessed by using a Site ID link. When this link is clicked the Site ID screen will display. The Site is identified by entering the 4 digit Community Partner ID number.

Go to <https://dcf-access.dcf.state.fl.us/access2florida/access/scrflsiteid.do>



After the Community Partner ID is entered on the Site ID screen, the partner ID number should be displayed on the Welcome screen of the Web Application. If the Site ID is not displayed on the Welcome screen, click the Site ID link again to re-enter the number.

This Site ID Link will not need to be used for each application. Once the Site ID has been established it will continue to display on the Welcome screen on each initiated application.

This Site ID Link will only need to be used after initial set up if:

- The ID does not display on the Welcome screen.
- The ID was entered incorrectly.
- Cookies are cleared from the computer.

Contact your ACCESS Liaison if your site has any problems setting up the Site ID.

Confidentiality Rules and Information for ACCESS Community Partners

As a community partner you are required to protect the confidential information concerning or provided by our customers applying for public assistance benefits.

All customers have the right to a confidential relationship with the department and its authorized partners. Consider all information provided by our customers, active, denied or inactive to be confidential department material, and it is not subject to the Freedom of Information Act. Federal regulations prohibit the use or disclosure of information regarding our applicants and recipients except in specific circumstances.

The ACCESS Florida Agreement outlines the following responsibilities of community partners in the handling of confidential information:

1. Community partner agrees to restrict the use or disclosure of confidential information to activities related to the performance of the services provided through the agreement.
2. Community partner agrees not to implement an intended use or disclosure of confidential information, unless approved by DCF.
3. Community partner agrees to communicate questions or concerns to the DCF contact person concerning the safeguarding of confidential information or intended use or disclosure
4. Community partner agrees to notify the DCF contact person within 48 hours of a verbal or written request for information concerning a customer in accordance with Florida's Public Records Act, Chapter 119, Florida Statutes (2004).
5. Community partner agrees to safeguard in accordance with applicable state and federal statutes, rules, regulations and court decisions.
6. Community partner agrees to have pertinent staff complete HIPAA training within 30 days of signing the ACCESS Florida Partnership Agreement. This training is computer based and the material is provided by DCF.

The applicable Statutes and Regulations are included in the ACCESS Florida Community Partner Reference Book provided to each partner agency.

Non-Discrimination and Civil Rights Title VI of the Civil Rights Act of 1964:

- Prohibits discrimination on the basis of race, color and national origin in federally funded programs.
- Applies to intentional discrimination and policies and practice or procedures that have a disparate impact on any portion of the population.

Individuals will not be discriminated against on any basis when requesting or receiving services from DCF.

ACCESS Civil Rights On-line Training:

This course has been developed to inform ACCESS Community Partners of their rights and responsibilities related to Civil Rights. This course is mandatory to be taken annually for all ACCESS Community Partner staff if the partner site receives funding from DCF or they have access to the Partner View system. At the end of the course, trainees should print their certificate of completion and submit to their liaison.

The training website is located at <http://www.dcf.state.fl.us/admin/training.shtml>

As a community partner, you will be an ACCESS point for our customers applying for public assistance benefits. To safeguard customer information, here are some helpful hints:

DO NOT discuss customer information with unauthorized personnel.

DO NOT sell or release information to third parties.

DO NOT allow unauthorized personnel to review customer information.

DO provide customers a private place to complete the paper or web application for public assistance.

DO maintain a secure place for paper applications or verification of customer information to be stored in accordance with state and federal statutes and rules.

DO forward all applications and information received from customers to DCF.

DO forward all verbal or written requests for customer information to the DCF contact person within 48 hours in accordance with Florida's Public Records Act.

DO communicate questions or concerns to the DCF contact person.

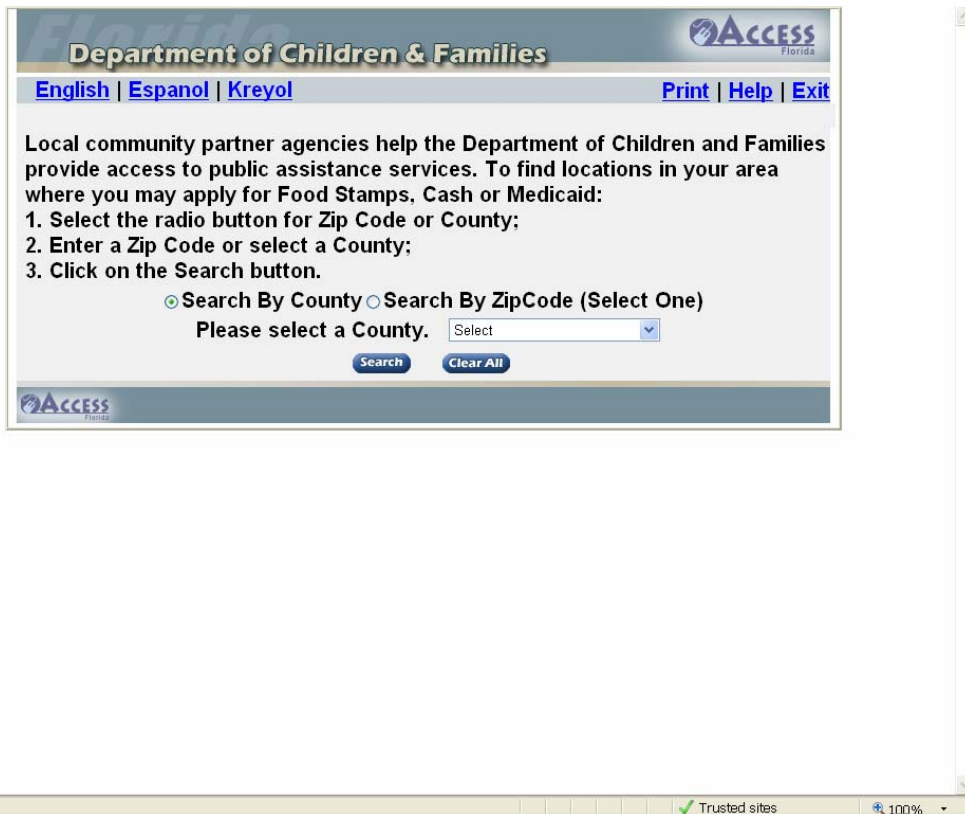
How to Locate Community Partner Sites

The Community Partner network for the entire state is available on the internet. It is updated as partners are added or deleted from the system, and only those partners who have given their permission to be advertised will be included in this list. Each site states which customers they serve.

- **Current Customers-** only serve those individuals receiving services from their agency
- **General Public-** serves anyone wanting to apply for ACCESS benefits

Community Partner sites can be found by doing a search by County or by Zip code. The link to search for Community Partner sites can be found on the ACCESS Home page, or by going to

<http://www.dcf.state.fl.us/access/CPSLookup/search.aspx>



The screenshot shows a web browser window displaying the ACCESS Florida search page. The page header includes the ACCESS Florida logo and the text "Department of Children & Families". Below the header, there are links for "English", "Español", and "Kreyol", along with "Print", "Help", and "Exit" options. The main content area contains the following text: "Local community partner agencies help the Department of Children and Families provide access to public assistance services. To find locations in your area where you may apply for Food Stamps, Cash or Medicaid: 1. Select the radio button for Zip Code or County; 2. Enter a Zip Code or select a County; 3. Click on the Search button." Below this text, there are two radio buttons: "Search By County" (which is selected) and "Search By ZipCode (Select One)". A dropdown menu is labeled "Please select a County." with the word "Select" inside. At the bottom of the form, there are two buttons: "Search" and "Clear All". The browser's status bar at the bottom shows "Done", "Trusted sites", and "100%".

When a County or Zip code is selected, the list of advertised partners for that area will then display.

Department of Children & Families

English | Español | Kreyol Print | Help | Exit

Local community partner agencies help the Department of Children and Families provide access to public assistance services. To find locations in your area where you may apply for Food Stamps, Cash or Medicaid:

1. Select the radio button for Zip Code or County;
2. Enter a Zip Code or select a County;
3. Click on the Search button.

Search By County
 Search By ZipCode (Select One)

Please select a County.

Click the mouse on any Partner Name to view more details.

Partner Name	Customers Served	Address	Zip Code	City	Telephone
Catholic Charities Bureau, Inc.	General Public	258 NW Burk Ave	32055	Lake City	386-754-9180
Columbia Co. Health Dept	General Public	217 N E Franklin Street	32055	Lake City	386-758-1068
Columbia County Housing Authority	Current Client Population	498 SW Juniper Way	32025	Lake City	386-752-4227
Columbia County Public Library Lake City Main Branch	General Public	308 Nw Columbia St	32055	Lake City	386-758-2101

By clicking on the Partner name, the information regarding hours of service, population served, and which ACCESS services are being offered at this site will display.

English | Español | Kreyol Print | Help | Exit

Published Information

Partner Name: Catholic Charities Bureau, Inc. **ACCESS Level:** Assisted Service Site
Street: 258 NW Burk Ave **Customers Served:** General Public
City: Lake City **Days of Operation:** Monday - Friday
ZipCode: 32055 **Hours of Operation:** 7:30- 12:00
County: Columbia **Email Address:**
Telephone: 386-754-9180 **Website:**
Fax: 386-754-5325

Services Offered at Partner Site:

- Provides informational handouts
- Provides paper applications as requested
- Provides access to telephones to call DCF Customer Call Center 1-866-762-2237
- Provides computer to make application on-line
- Provides printer for ACCESS documents
- Fax machine to fax documents to DCF
- Copy machine to copy application related documents
- Ability to explain application process
- Assist customers with submitting application

If Completing an ACCESS Web Application for Someone Else.....

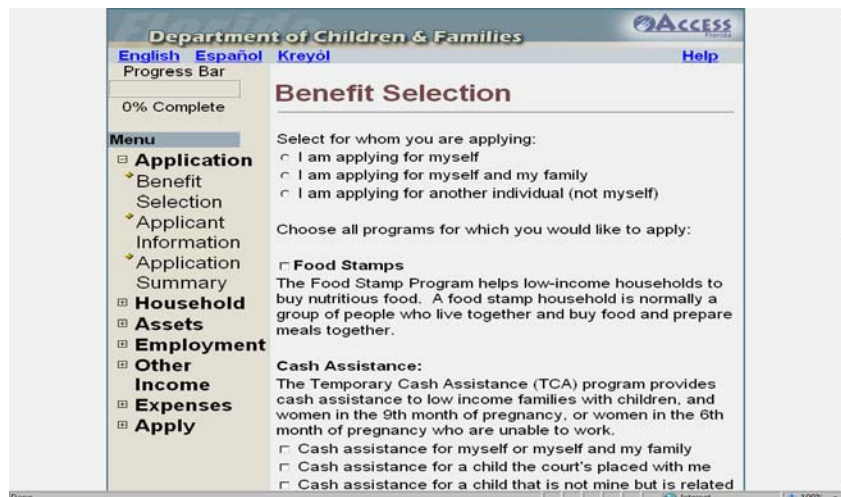
There may be circumstances where a community advocate is asked to assist a customer by completing the data entry on a web application. The advocate may not personally know the customer and therefore is not familiar enough to become the designated representative for that customer.

If information on the web application is being entered based on the customer’s answers in person or by phone, it can be submitted on the Benefit Selection page as “I am applying for myself” or “I am applying for myself and my family”. The application can be input and saved up to the statement of understanding page, but **should not be e-signed unless the customer is present to review the application.**

If the web application is being input by the advocate from a paper application completed and signed by the customer, a copy of the customer’s signature page should be faxed in to the DCF processing unit with the e-signed ACCESS Web application number written on it.

For those that cannot be e-signed, the ACCESS application number and password should be provided to the customer with instructions on how to finish this application on their home internet, library, community partner site, or local Department of Children and Families office (see page 29).

Only an advocate who knows the customer personally and is well acquainted with their situation should act as their authorized representative. The advocate will assume **a level of liability for the information that they submit on the application** and can indicate that “I am applying for another individual (not myself)” on the Benefit Selection screen. They should have a signed authorized representative form from the customer giving them permission to apply on their behalf. The Authorized Representative form **MUST** be submitted to the DCF with the application in order for it to be considered a validly signed application. As the authorized representative, the advocate may e-sign the web application for the customer. The Authorized Representative is required to send in a copy of their photo ID with the authorized Representative form.



Provide this
handout to
customers
needing to review
and submit their
web application

How to Complete an ACCESS Web Application Started by Someone Else on your Behalf

There may be circumstances where you have requested that someone complete your web application for you. This assistance is fine as long as you have provided all the information to the person entering your answers on the web application. You will be responsible to check the application for accuracy prior to it being submitted to the Department of Children and Families for processing.

An advocate, community partner, friend or family member can enter your information for you up to the Statement of Understanding page. They should then save and quit your application.

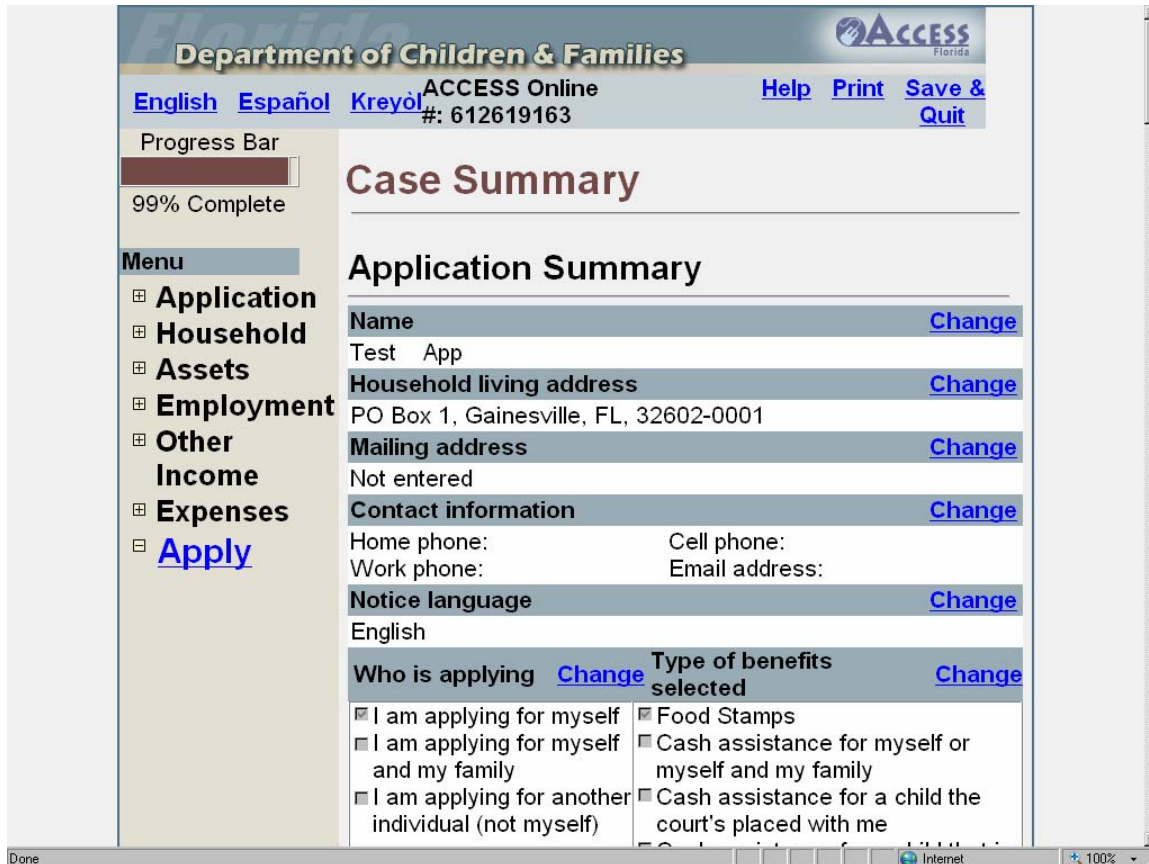
For you to review this application and complete the submission, you will need your ACCESS Application number _____ and password (this should have been set up with the person inputting the information for you).

1. Go to www.myflorida.com/accessflorida and select “Complete an unfinished application or review”.
2. Read the information page and select continue at the bottom of the page.
3. Select Complete an Unfinished Application or Review again and presses continue at the bottom of the page.
4. Enter your ACCESS application number and password, and press continue.



The screenshot shows the 'User Login' page for the Department of Children & Families. The page header includes the department name, the ACCESS Florida logo, and language options: English, Español, and Kreyòl. A 'Help' link is also present. The main heading is 'User Login'. Below this, a blue text block instructs the user to enter their ACCESS Online number and password, noting that users who have completed an Electronic Signature cannot log back into their application. There are two input fields: one for the 'ACCESS Online Number' and another for the password, with a label 'Enter the Password you used when you started your application.' Below the input fields is a 'Warning!' section stating that by accessing the system, users consent to monitoring for law enforcement and other purposes. At the bottom, there is a 'Continue' button and a 'Go Back' button. The footer of the page contains the text 'CF-ES 2353 03/2008, 65A-1.400, C.F.R.'.

- The next page will provide a summary of the information the community partner entered about your family on your application. You will need to review this information for accuracy and can make any changes necessary prior to submitting. To make a change, click on change next to the item needing adjustment, and enter the corrected data.



Department of Children & Families

ACCESS Online #: 612619163

English Español Kreyòl Help Print Save & Quit

Progress Bar
99% Complete

Menu

- Application
- Household
- Assets
- Employment
- Other
- Income
- Expenses
- Apply

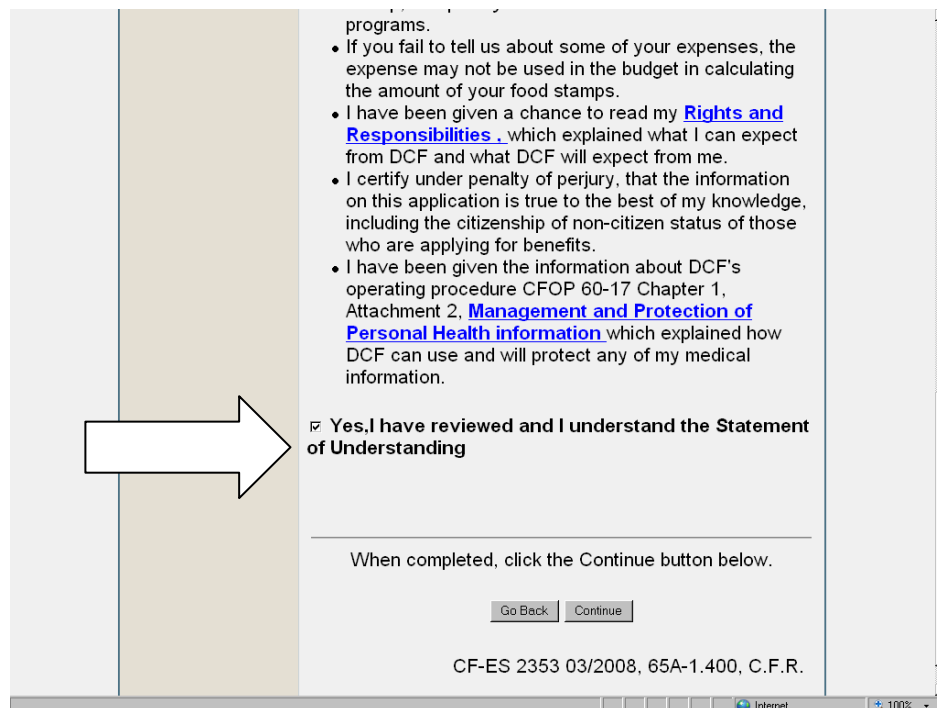
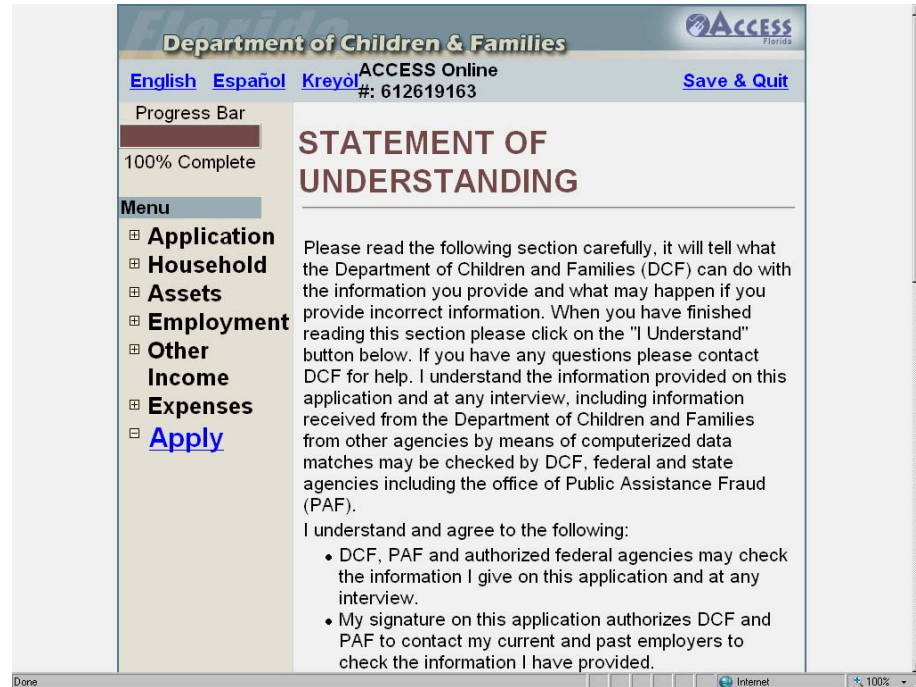
Case Summary

Application Summary

Name	Test App	Change
Household living address	PO Box 1, Gainesville, FL, 32602-0001	Change
Mailing address	Not entered	Change
Contact information	Home phone: Cell phone: Work phone: Email address:	Change
Notice language	English	Change
Who is applying	<input checked="" type="checkbox"/> I am applying for myself <input type="checkbox"/> I am applying for myself and my family <input type="checkbox"/> I am applying for another individual (not myself)	Change
Type of benefits selected	<input checked="" type="checkbox"/> Food Stamps <input type="checkbox"/> Cash assistance for myself or myself and my family <input type="checkbox"/> Cash assistance for a child the court's placed with me	Change

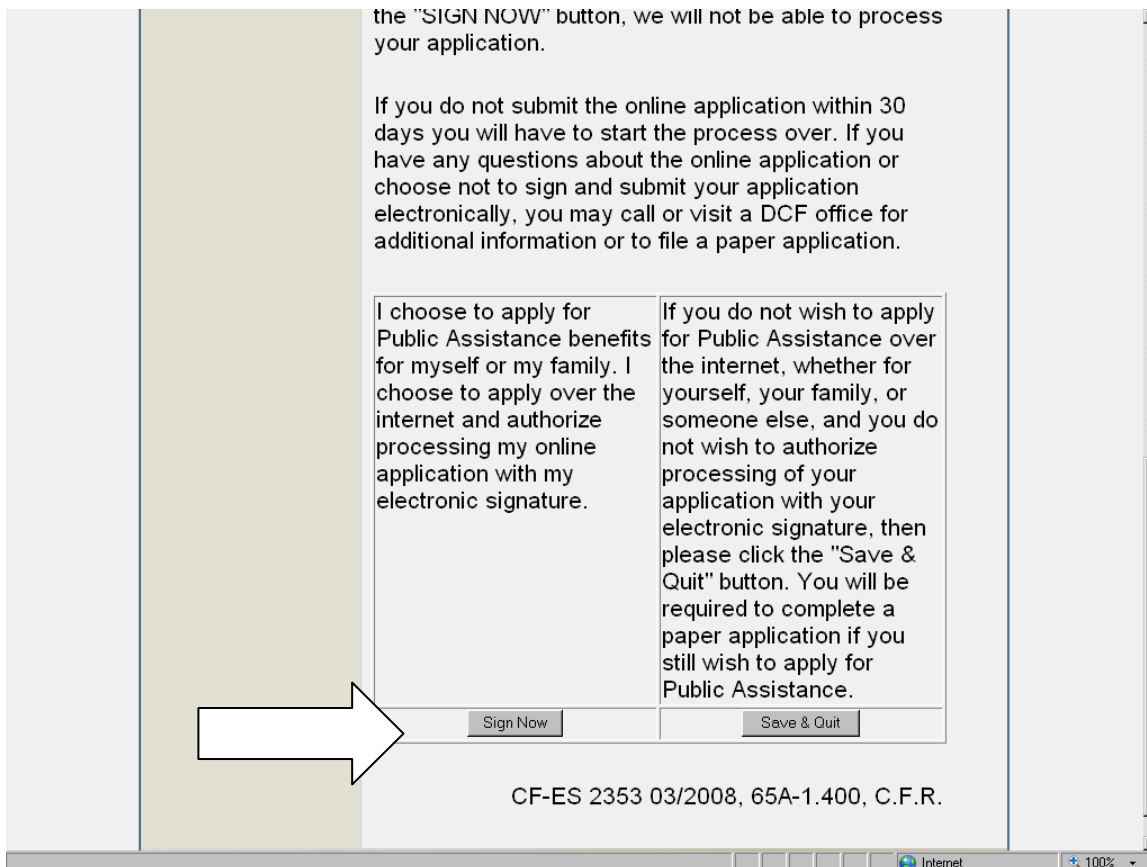
- Once all data has been reviewed and is correct, click on the continue button at the bottom of the summary page.
- Read the Statement of Understanding page carefully, including reviewing your **Rights and Responsibilities** and **Management and Protection of Personal Health Information (HIPPA)**, which can be accessed by clicking on them. Once reviewed, click on continue at the bottom of the page.

8. The next page is the Statement of Understanding. This page should be read as it explains what DCF will do with the information submitted on the application and what your rights and responsibilities are regarding your application. Once reviewed, click on the box that states you have read and understand the information.



9. Once you have clicked on the box indicating that you have reviewed and understand the information, click on continue.

10. The **Electronic Signature** page will come up next. It is on this page that you will electronically sign your application. Once signed, the application will be sent to the Department of Children and Families ACCESS office processing applications for your county. **If you choose not to e-sign your application, you have not yet applied for assistance.** You will need to click on the **sign now** button if you wish to apply using your web application.



11. Once the application has been submitted with an electronic signature, you will be contacted by phone or mail with instructions on whether an interview is required and what verifications are needed to process the application.

If you have questions about your application, you can call our customer call center at **1-866-762-2237**.

You can also check your application status through **My Account** on-line at <https://myaccessaccount.dcf.state.fl.us/Login.aspx> . You will need to have first completed your registration for My Account before you can use this system to verify your case status. Instructions for using My Account can be found beginning on page 128.

Partner Forms

The following pages contain a series of forms that Community Partners may find useful. These forms are:

- **Customer Information Handout English/Spanish –**

This handout is designed to provide customers with some basic information on what to expect following submission of an application from your site. It explains time standards, lists potential verifications the customer may need to submit, and explains the basic process DCF will need to complete to process their application.

- **Community Partner Supply Request Form-**

This form can be used to fax or mail in a request to your assigned liaison for additional community partner supplies. You can also request ACCESS brochures and support materials by contacting your DCF liaison by phone or email.

- **Community Partner Staff Change Report Form-**

This form can be used to report to the DCF liaison that you have had staffing changes at your site. If you have staff with access to the ACCESS Partner View System, it is important to notify the liaison immediately when that staff member leaves so that their ID can be deleted from this system. This form can also be used to notify the liaison when you wish to change your site's primary contact person.

- **Community Partner Survey-**

This form is used by the partner to let the ACCESS program know how we are doing supporting you as a Community Partner. Your liaison may ask for a survey from you on an annual basis.



Automated Community Connection to Economic Self-Sufficiency Information – What Happens After I Submit My Application?

The purpose of this handout is to explain the process and the expected time standards for processing Food Stamp, Medicaid, and TCA (Cash Assistance) applications.

When you apply, the next step is to complete a short interview with a DCF Intake worker.

You will receive either a phone call from an Intake worker to discuss your application, or a notice will be mailed giving you instructions on what is needed to complete the Intake interview. Certain Medicaid applications (except Nursing Home Medicaid or Disability determinations) do not require this interview.

If verifications are needed to complete your application, you will receive a notice that lists these items. The notice will instruct you where to send this information and provide a due date for this submission.

What will I need to turn in?

Verifications Needed –

- Verification of last 4 weeks gross **income** for each person applying (wages, child support, SSI/SSD, VA, unemployment, workman's compensation, contributions from others, etc).
- Verification of **identity** for the person applying, and all members applying for Medicaid (except for those Medicaid applicants already receiving SSI or Medicare).
- Verification of **citizenship** for everyone applying for Medicaid (except those members already receiving SSI or Medicare).
- Verification of **pregnancy** and due date for pregnancy Medicaid.
- Verification of **cooperation with Child Support** for families with a child living with only one parent.
- For Cash Assistance, you need verification that each adult has registered with the local Workforce program and completed orientation.
- For Disability Medicaid applications, you will be provided a handout on the required medical documentation needed.
- For Nursing Home Medicaid applications, you will need to provide certain forms completed by your physician. Your worker will tell you how to do this and give you the forms.
- There may be other items needed as determined by the worker. You will receive a letter showing all items needed once you complete your application.

How long will it take?

Food Assistance Program (formerly Food Stamps)-

Expedited Food Assistance benefits are processed within 7 days as long as ID has been verified for the head of household.

Regular Food Assistance applications are processed within 30 days.

Cash Assistance-

Cash assistance applications are processed within 45 days.

The initial month's benefits are prorated from date of approval, but no more than 30 days from the date of application.

Medicaid –

Medicaid applications are processed within 45 days.

Medicaid applications which require a Disability determination are processed within 90 days.



ACCESS Online
www.myflorida.com/accessflorida



ACCESS Call Center

1-866-762-2237



Información acerca de Conexión Automatizada para Autosuficiencia Económica de la Comunidad (ACCESS) – Información - ¿Que Pasa Después de Someter mi Solicitud?

Este folleto le explicara los pasos tomados y el tiempo que le toma a su trabajador para procesar su solicitud para cupones de alimentos (Food Stamps), para Seguro médico (Medicaid), y/o para ayuda temporera de dinero (TCA).

Después de solicitar ayuda, el primer paso es de y. Usted recibirá una llamada telefónica de un trabajador para discutir su aplicación, o se le enviará una carta dando instrucciones de que se necesita para completar la entrevista. Ciertas aplicaciones para Seguro médico (excepto para determinar incapacidad o para albergue de ancianos) no necesitan la entrevista.

Pruebas Necesarias –

Comprobación de sueldo/pago o dinero (ganancias, mantenimiento de niño, SSI/SSD, beneficios/pensión de veteranos, desempleo, compensación de obrero, contribuciones de otros, etc.) recibido por las últimas 4 semanas para cada miembro de la casa para el cual se hace solicitud de ayuda. Comprobación de la Identidad para la cabeza de familia, y todos miembros que solicitan Seguro médico (menos esos solicitantes de Seguro médico ya recibiendo SSI o el cuidado Médico). Comprobación de la Ciudadanía para todos miembros de la casa que solicitan Seguro médico (menos esos miembros ya recibiendo SSI o el cuidado Médico). Comprobación del Embarazo y la fecha de vencimiento para el embarazo relación Seguro médico. Comprobación de la cooperación Abierta con Apoyo de Niño para las familias que contienen a niños secundarios con un padre ausente del hogar. Para ayuda financiera, usted necesita comprobar de que cada adulto se ha registrado con el programa para trabajo (Workforce) y de que ha completado la orientación.

Para solicitud de seguro medico (Medicaid), usted recibirá un folleto con las documentación medica necesaria.

Para solicitud de seguro medico para Albergue de Ancianos (Nursing Home Medicaid), usted necesitara proveer el formulario completado por su medico indicando Nivel de Cuidado. Este formulario se puede obtener a través del albergue para ancianos o través de nuestras oficinas.

Es posible que el trabajador asignado para procesar su solicitud necesite más información. Usted recibirá una carta o lista indicando la información o documentos necesitados.

Estándares de Tiempo para Procesar

Estampillas para Alimentos (Food Stamps)-

Casos de emergencia se procesan dentro de 7 días, tan pronto la identidad del cabeza de familia haya sido verificada y **completar una corta entrevista con su trabajador de DCF.**

Solicitudes regulares se procesan dentro de 30 días.

Asistencia Financiera (Cash Assistance)-

Solicitudes para asistencia financiera se procesan dentro de 45 días. Los beneficios iniciales del mes de solicitud se prorratean desde la fecha de aprobación, pero no más de 30 días de la fecha de solicitud.

Seguro Medico (Medicaid) –

Solicitudes para seguro medico (Medicaid) se procesan dentro de 45 días.

Solicitudes para seguro medico requiriendo determinación de discapacidad se procesan dentro de 90 días.



ACCESS
Online

www.myflorida.com/accessflorida



ACCESS
Centro de Llamadas

1-866-762-2237

FLORIDA COMMUNITY PARTNERSHIP SUPPLY REQUISITION

Agency Name: _____ Address: _____ City, State, Zip: _____ Contact Person: _____ Telephone Number: _____ Special Instructions: _____ Date: _____	Submit your order to: Email: _____ Fax: _____ Mail: _____
---	--

ITEM #	ITEM TYPE	ORDER #	ITEM NAME (Description)	QTY X PKG/BOX	TOTAL # PKG/BOX ORDERED	TOTAL # FORMS ORDERED	TOTAL # POSTERS ORDERED	TOTAL # ITEMS ORDERED
1	Client Brochure	F3CF99006	Access to Florida's Public Assistance Programs is Now Just a Click Away!, CF/PI 165-116, English	100	0	0		
2	Client Brochure	F3CF99007	¡El Acceso a Los Programas de Asistencia Pública de la Florida es en un Click Ahora!, CF/PI 165-117, Spanish	100	0	0		
3	Client Brochure	F3CF99008	Aksè a Pwogram Asistans Piblik Nan Florid Venn Pi Fasil!, CF/PI 165-118, Creole	100	0	0		
4	Partner Brochure	F3CF99009	Community Access Partnership Network, CF/PI 165-119, English only	100	0	0		
5	Instruction Card	F3CF99011	Now You Can Apply for Public Assistance Benefits <i>On-Line!...But How?</i> , CF/PI 165-122, English	100	0	0		
6	Instruction Card	F3CF99012	Now You Can Apply for Public Assistance Benefits <i>On-Line!...But How?</i> , CF/PI 165-123Spanish	100	0	0		
7	Instruction Card	F3CF99013	Now You Can Apply for Public Assistance Benefits <i>On-Line!...But How?</i> , CF/PI 165-124Creole	100	0	0		
8	Logo Card	NONE	Logo Card, English	500	0	0		
9	Logo Card	NONE	Logo Card, Spanish	500	0	0		
10	Poster	NONE	Static Cling ACCESS Sign for windows and front door	1	0	0		
11	Poster	NONE	Access Sign 1 21 X 14 Printed 1/0 black on 100# Coated Text (as requested)	1	0		0	



Request to add or remove an authorized person on the Partner View System or to report changes in the site's primary contact person

Liaison:	Fax Number:
Date:	Partner Site:
Requester's Name and Title:	
Add:	Effective:
Remove:	Effective:
Comments:	

Notify your DCF ACCESS Liaison if you have had changes in staff that is assisting with ACCESS customers. This change can be reported by faxing in this form, calling your liaison, or by sending your liaison an email.

If you are an Assisted Site with Partner View Access, we need to be made aware of these changes right away so that the former employee can be removed as a user in the Partner View System. **To add a user to the Partner View system, required security forms and certificates of completion for required training will have to be submitted to the DCF ACCESS liaison.**

You can also fax in this form if you would like to report a change your site's primary contact person.

Use of this form is optional. Staff changes can also be reported to the ACCESS liaison by phone or email.



Community Network Participant Survey

Organization's Name (optional): _____

Contact number or e-mail address (optional): _____

Please answer the following questions by circling your response. The comment's section can be used to explain your ratings or to provide additional feedback Thank you.

5=very satisfied 4=somewhat satisfied 3= satisfied 2= somewhat dissatisfied 1= very dissatisfied

1. How would you rate the overall Access process? 5 4 3 2 1

2. How well does the training provided by DCF meet
your staff's needs? 5 4 3 2 1

3. How well do the Access materials provided (e.g.
brochures, etc) meet your clients' needs? 5 4 3 2 1

4. How would you rate the support that you receive
from DCF staff when you need assistance or have
concerns? 5 4 3 2 1

5. How well is the web application working 5 4 3 2 1

6. How would you rate the telephone support that
you receive from web application help desk? 5 4 3 2 1

7. How can we improve the process?/Comments:

Please mail your survey to: (local Community Partner Liaison info)

ACCESS Program Training for Community Partners

When your site signs up to become an ACCESS Community Partner, you can request to have training arranged to introduce you to the ACCESS system and the DCF benefit programs. As a partner site, you are not expected to understand all of the ACCESS eligibility policies, but will be provided with information that will help you better direct a customer when they ask questions at your site.

The trainings listed on this page and the next page are self-paced, on-line trainings that can be taken to provide basic information for the partner staff.

- **Civil Rights Training-** Required to be taken annually by staff at partner sites who receive funding from DCF or by Assisted Service sites with Partner View access.
- **Security Training-** Must be completed annually by Assisted Service sites with Partner View access
- **HIPPA Training-** Taken by staff at all partner sites that do not complete their own internal HIPPA training. Assisted Service sites with Partner View access and funded partners must additionally complete this annually.

On-line Training

Training on a variety of topics as well as system guides is available on-line. The training website is located at

<http://www.dcf.state.fl.us/admin/training.shtml>

Below is a list of trainings that your staff may need to take. Organizations that do not operate under HIPPA guidelines should ensure staff complete the HIPPA training and print certificates of completion. If your site wishes to have access to the ACCESS Customer Look-Up System, there is a required Security Awareness training that must be completed. Instructions for using the Look-Up system are also available through this training link. Monetary partners need to have each user complete Civil Rights training and submit the certificates of completion to your local DCF Community Partner Liaison.

Security Awareness Training

This course is intended for all non-Department staff that access Department of Children and Families (DCF) computer systems. This may include APD employees and contracted providers, as well as users of any DCF confidential computer generated media. All DCF employees and contractors working directly with the Department are required to complete the "Intranet" version to ensure the tracking of course completion. This course provides a brief overview of the Department's rules and guidelines concerning computer security.

Approximate time to complete the course: 23 minutes

ACCESS Program Overview (Breaking News)

This presentation provides an overview of the public assistance programs that the Department administers.

System Guide Provider View System Guide Community Partner View System Guide

My ACCESS Account Training (My Account - Customer)

This course has been developed to help Customers and Staff in using the My Account System. There are four trainings:

1. **My ACCESS Account - Introduction and Benefit Information**
Approximate time to complete 9 minutes
2. **MY ACCESS Account - Completing a Review**
Approximate time to complete 8 minutes
3. **My ACCESS Account - Requesting Additional Benefits**
Approximate time to complete 7 minutes
4. **My ACCESS Account - Reporting a Change**
Approximate time to complete 12 minutes

ACCESS On-line Application Training

This course has been developed as a tool to help ACCESS Community Partners assist applicants applying for benefits using the on-line application.

Approximate time to complete the course: 22 minutes.


ACCESS Civil Rights Training

This course has been developed to inform ACCESS Community Partners of their rights and responsibilities related to Civil Rights. This course is mandatory for all ACCESS Community Partners who receive funding from the Department. At the end of the course, partners may print and sign their certificate of completion.

Approximate time to complete the course: 37 minutes.

HIPAA Information and Action

This course informs DCF employees, community partners, and other business associates of their responsibilities related to the implementation of the Health Insurance Portability and Accountability Act (HIPAA) legislation. It is mandatory for all Department employees, and business associates who use Protected Health Information. If your agency/organization is already HIPAA compliant and your staff has completed an in-house training at your site, you may not need to take this course. If you have questions or need special accommodations to complete this training please contact your Community Partner Liaison.

-
- Some of the training modules on this page require Adobe Flash Player. If you need the Flash Player it may be downloaded here: 

Community Partner Resource Guide

ACCESS Web Application Guide



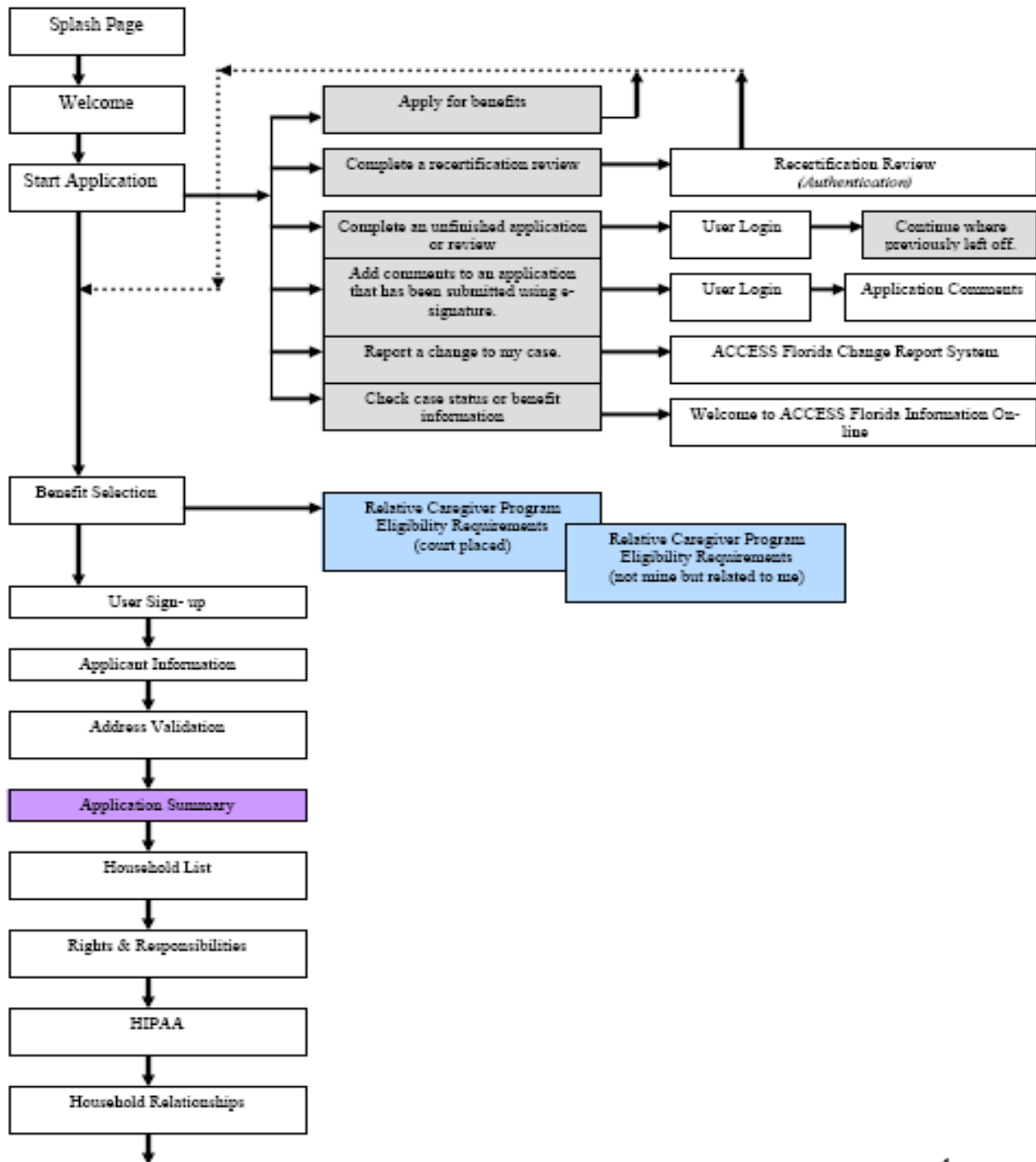
ACCESS Florida Web Application Guide

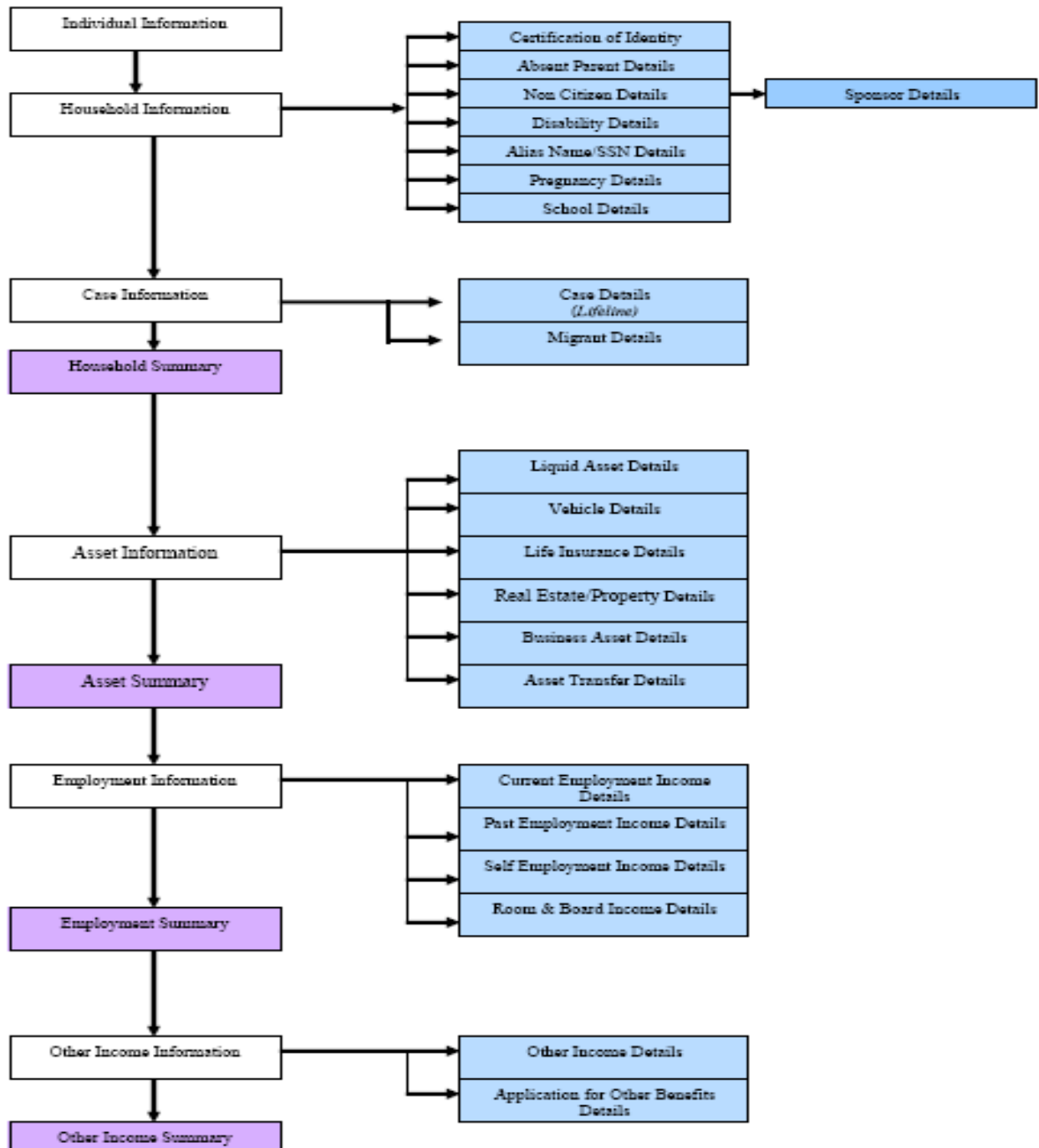
March 5, 2008

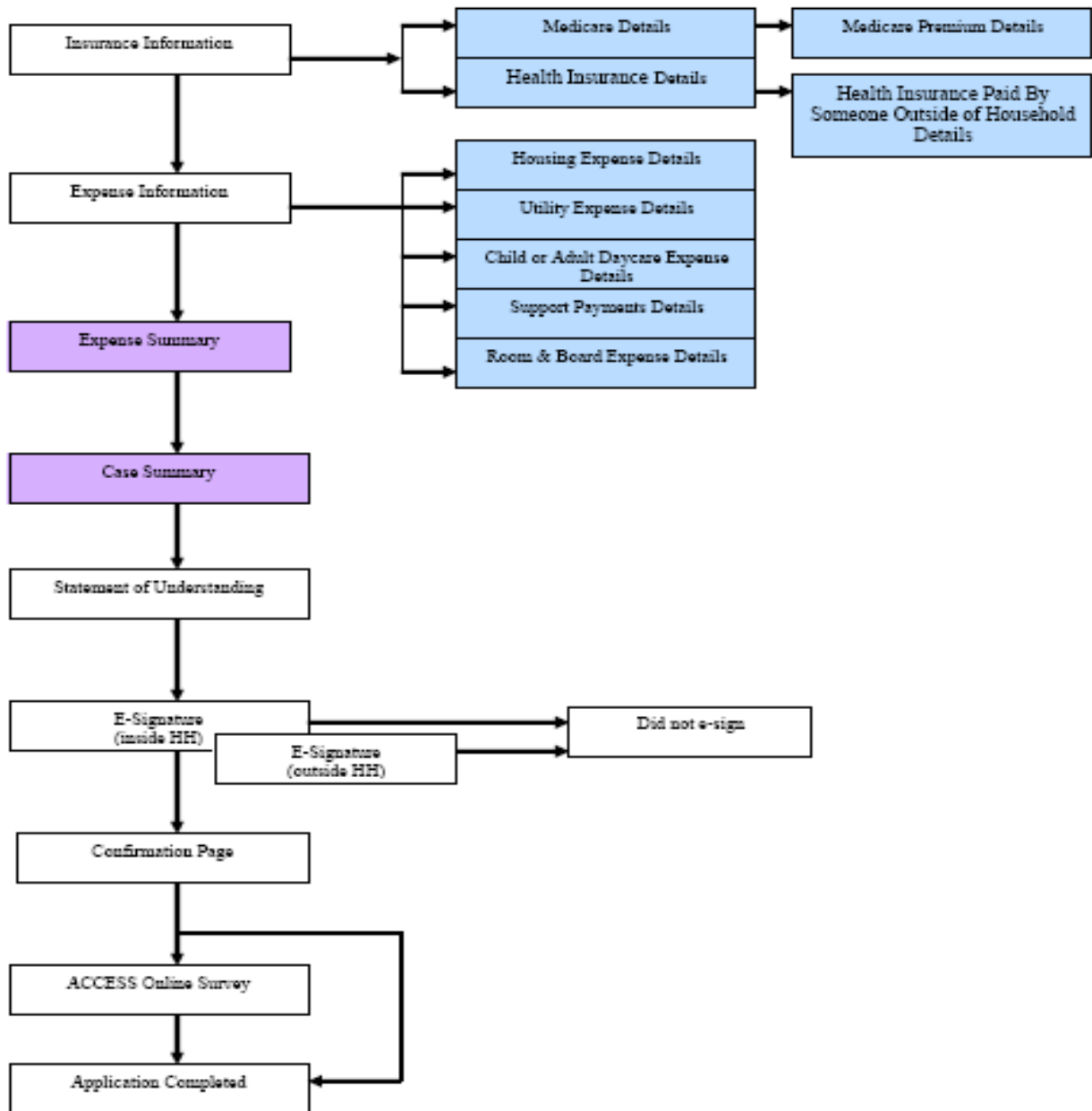
ACCESS Web Application training is available on-line at

<http://www.dcf.state.fl.us/admin/training.shtml>

ACCESS Web Application Process Flow







Access Florida Splash Page

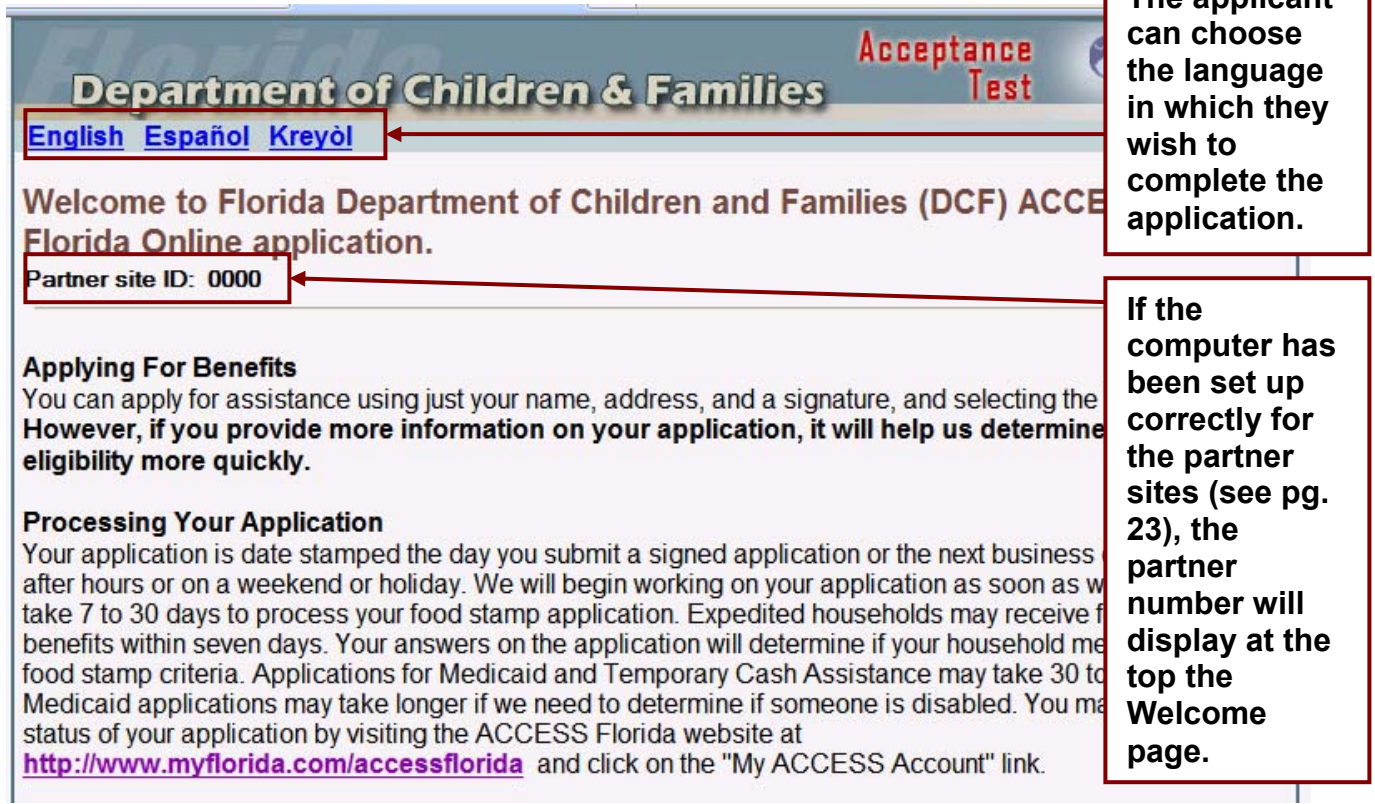


The customer can choose from one of the following

- Pre-screening
- Apply for benefits
- Set up and access My Account
 - Report a change, check case status, recertify benefits, apply for additional assistance, request a new Gold Medicaid card and more.
- Locate a DCF ACCESS office or Community Partner site
- Access to the Community Partner Customer Look-up system

There is also a link to the ACCESS Homepage that contains program information, benefit overviews, and links to other services.

Welcome Page



Department of Children & Families Acceptance Test

[English](#) [Español](#) [Kreyòl](#)

Welcome to Florida Department of Children and Families (DCF) ACCESS Florida Online application.

Partner site ID: 0000

Applying For Benefits
 You can apply for assistance using just your name, address, and a signature, and selecting the program you wish to apply for. However, if you provide more information on your application, it will help us determine your eligibility more quickly.

Processing Your Application
 Your application is date stamped the day you submit a signed application or the next business day after hours or on a weekend or holiday. We will begin working on your application as soon as we receive it. Expedited households may receive food stamp benefits within seven days. Your answers on the application will determine if your household meets expedited food stamp criteria. Applications for Medicaid and Temporary Cash Assistance may take 30 to 60 days to process. Medicaid applications may take longer if we need to determine if someone is disabled. You may check the status of your application by visiting the ACCESS Florida website at <http://www.myflorida.com/accessflorida> and click on the "My ACCESS Account" link.

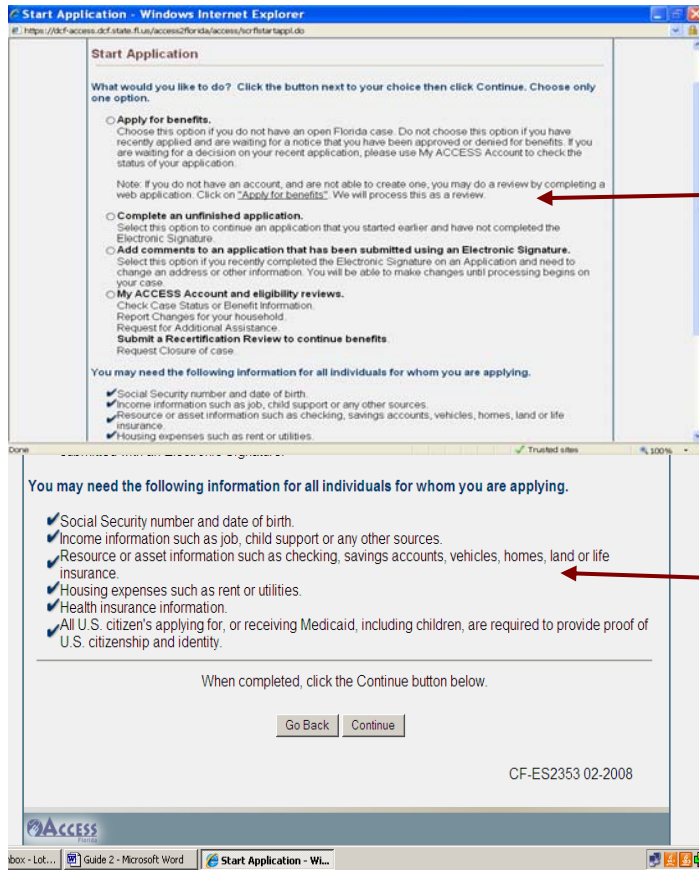
The applicant can choose the language in which they wish to complete the application.

If the computer has been set up correctly for the partner sites (see pg. 23), the partner number will display at the top the Welcome page.

The Welcome screen informs the customer of the following:

- application processing time standards for each program.
- answers provided during the application process determine if the household meets expedited food stamp criteria
- how to check on the status of an application electronically
- information regarding non-citizens and SSNs.

Start Application



The customer chooses which process they wish to complete.

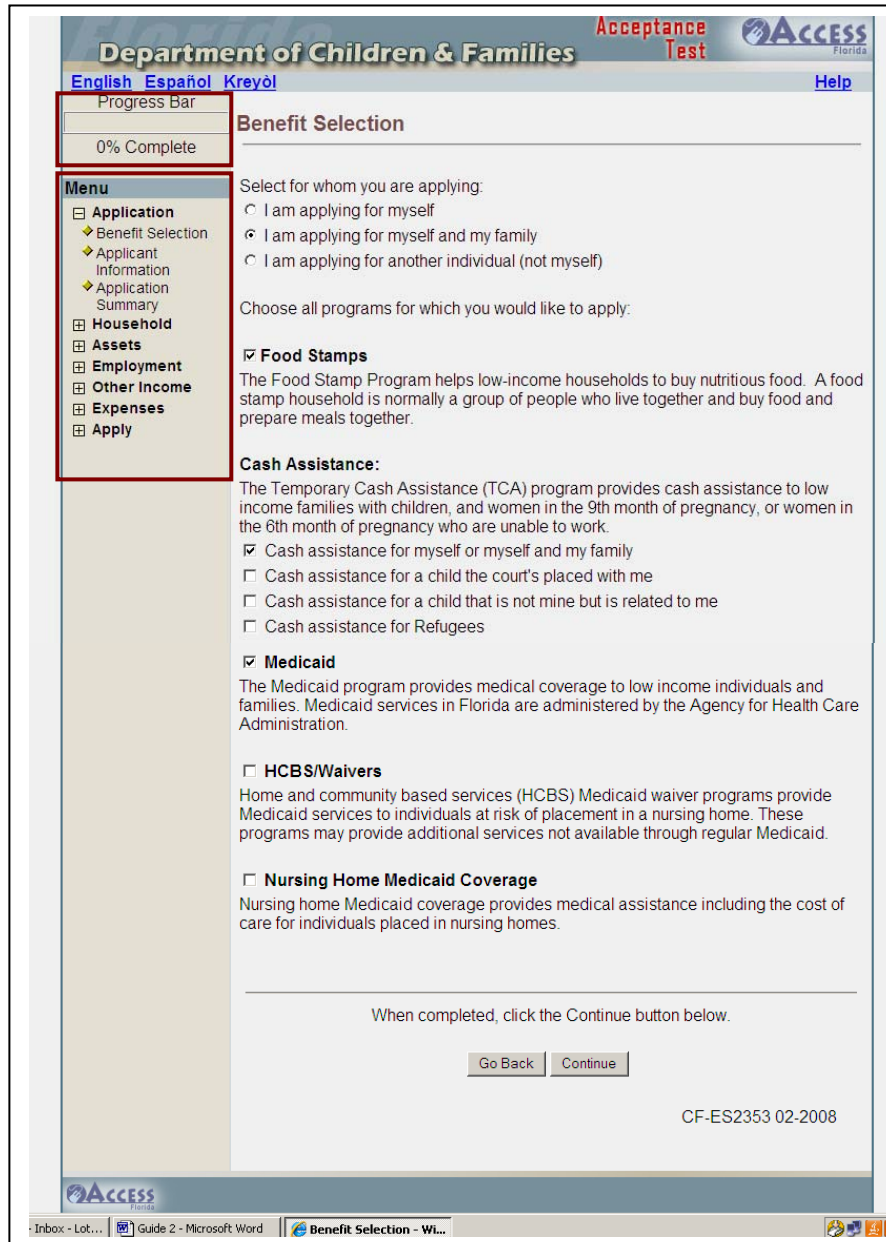
NOTE: Completion of a recertification review, application for additional assistance and reporting a change are done through My ACCESS Account.

Information on the bottom half of the page gives the customer information they will need to complete the web application.

The customer has the following options:

- Click on “Apply for benefits” and the “Continue” button to begin the application process.
- Click on “Complete an unfinished application or recertification review” and the “Continue” button to complete an application or review that has already been started. (The customer must have the application number and password.)
- Click on “Add comments to an application that has been submitted using an Electronic-Signature” to add comments to an application which has been submitted, but has not had processing started by the caseworker. (The customer must have the application number and password.)
- “My ACCESS Account” will allow the customer to check the status of their case and to view benefit information, as well as:
 - “Complete a Recertification Review” done through the My ACCESS Account displays a pre-populated application to update.
 - “Report a change to my case” allows the customers to update and change information we have in their case.
 - “Apply for Additional Benefits” allows the customer to request additional benefits to those they are already receiving.

Benefit Selection



Department of Children & Families Acceptance Test

English Español Kreyòl Help

Progress Bar
0% Complete

Benefit Selection

Select for whom you are applying:

I am applying for myself
 I am applying for myself and my family
 I am applying for another individual (not myself)

Choose all programs for which you would like to apply:

Food Stamps
 The Food Stamp Program helps low-income households to buy nutritious food. A food stamp household is normally a group of people who live together and buy food and prepare meals together.

Cash Assistance:
 The Temporary Cash Assistance (TCA) program provides cash assistance to low income families with children, and women in the 9th month of pregnancy, or women in the 6th month of pregnancy who are unable to work.

Cash assistance for myself or myself and my family
 Cash assistance for a child the court's placed with me
 Cash assistance for a child that is not mine but is related to me
 Cash assistance for Refugees

Medicaid
 The Medicaid program provides medical coverage to low income individuals and families. Medicaid services in Florida are administered by the Agency for Health Care Administration.

HCBS/Waivers
 Home and community based services (HCBS) Medicaid waiver programs provide Medicaid services to individuals at risk of placement in a nursing home. These programs may provide additional services not available through regular Medicaid.

Nursing Home Medicaid Coverage
 Nursing home Medicaid coverage provides medical assistance including the cost of care for individuals placed in nursing homes.

When completed, click the Continue button below.

Go Back Continue

CF-ES2353 02-2008

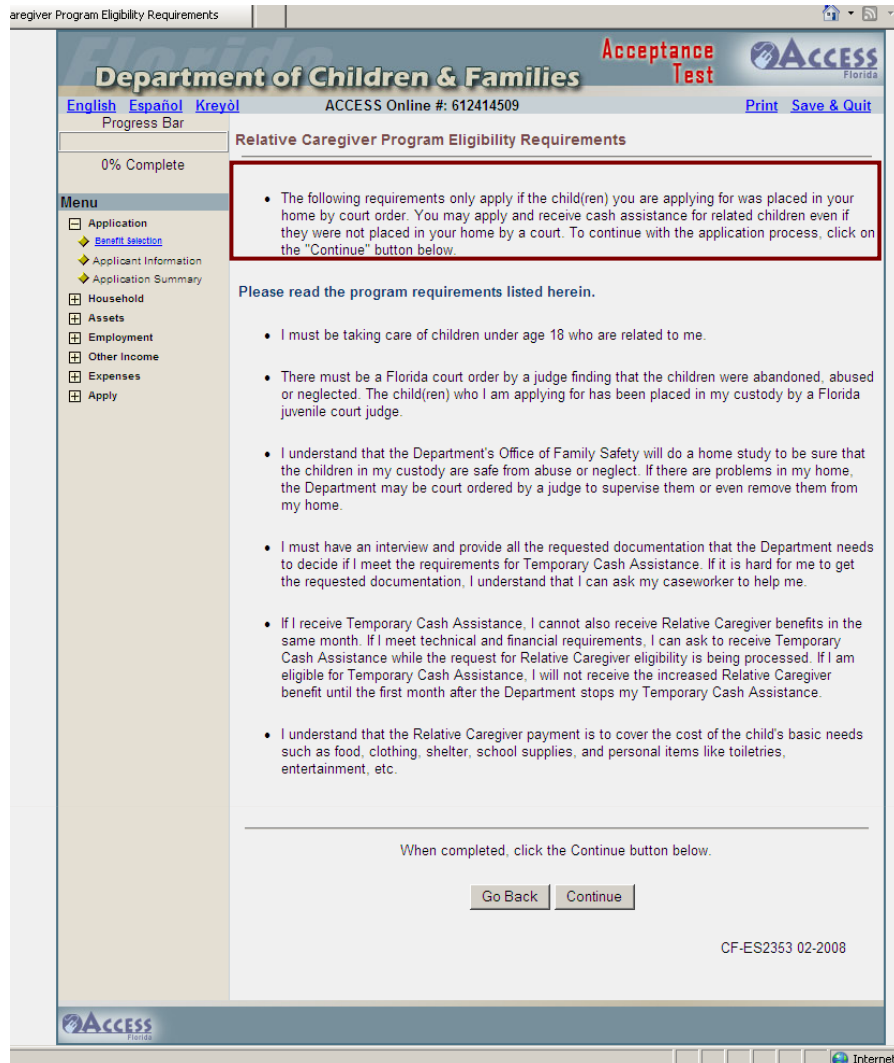
Progress Bar –
 This is a new feature that tells the customer how far along they are in the application process

Navigation Menu –
 This is a new feature that shows the customer which screens are completed during the application process. It also allows them to navigate back to a specific screen

The applicant must select whom they wish to apply for and which benefits they wish to receive.

- Food Assistance
- Cash Assistance
- Medicaid
- HCBS / Waivers (Home and Community Based Services)

Relative Caregiver Eligibility Requirements



aregiver Program Eligibility Requirements

Department of Children & Families

Acceptance Test

ACCESS Florida

English Español Kreyól

ACCESS Online #: 612414509

Print Save & Quit

Progress Bar

0% Complete

Relative Caregiver Program Eligibility Requirements

Menu

- Application
 - Benefit Selection
 - Applicant Information
 - Application Summary
- Household
- Assets
- Employment
- Other Income
- Expenses
- Apply

The following requirements only apply if the child(ren) you are applying for was placed in your home by court order. You may apply and receive cash assistance for related children even if they were not placed in your home by a court. To continue with the application process, click on the "Continue" button below.

Please read the program requirements listed herein.

- I must be taking care of children under age 18 who are related to me.
- There must be a Florida court order by a judge finding that the children were abandoned, abused or neglected. The child(ren) who I am applying for has been placed in my custody by a Florida juvenile court judge.
- I understand that the Department's Office of Family Safety will do a home study to be sure that the children in my custody are safe from abuse or neglect. If there are problems in my home, the Department may be court ordered by a judge to supervise them or even remove them from my home.
- I must have an interview and provide all the requested documentation that the Department needs to decide if I meet the requirements for Temporary Cash Assistance. If it is hard for me to get the requested documentation, I understand that I can ask my caseworker to help me.
- If I receive Temporary Cash Assistance, I cannot also receive Relative Caregiver benefits in the same month. If I meet technical and financial requirements, I can ask to receive Temporary Cash Assistance while the request for Relative Caregiver eligibility is being processed. If I am eligible for Temporary Cash Assistance, I will not receive the increased Relative Caregiver benefit until the first month after the Department stops my Temporary Cash Assistance.
- I understand that the Relative Caregiver payment is to cover the cost of the child's basic needs such as food, clothing, shelter, school supplies, and personal items like toiletries, entertainment, etc.

When completed, click the Continue button below.

Go Back Continue

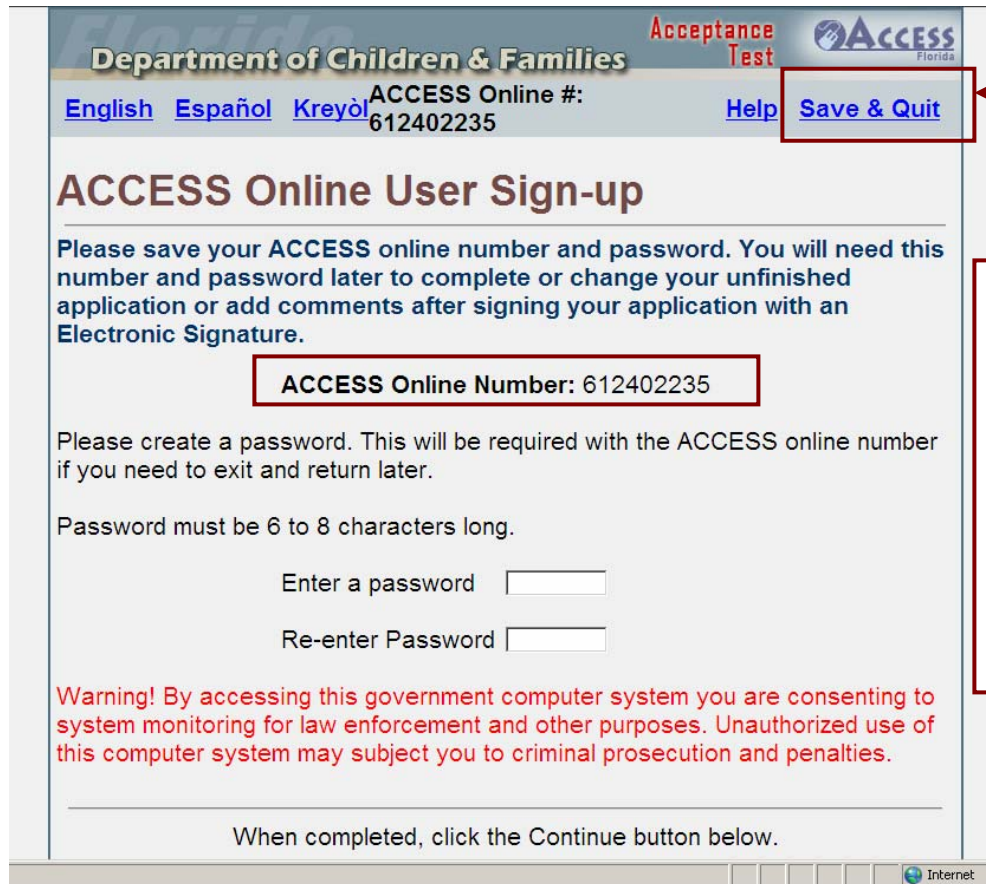
CF-ES2353 02-2008

This box displays to inform the caretaker relative of the option of Relative Caregiver assistance when the child has not been placed through the court.

This screen is displayed when one of the following situations is indicated under Cash Assistance:

- Cash assistance for a child the court's placed with me
- Cash assistance for a child that is not mine but is related to me.

Access Online User Sign-Up

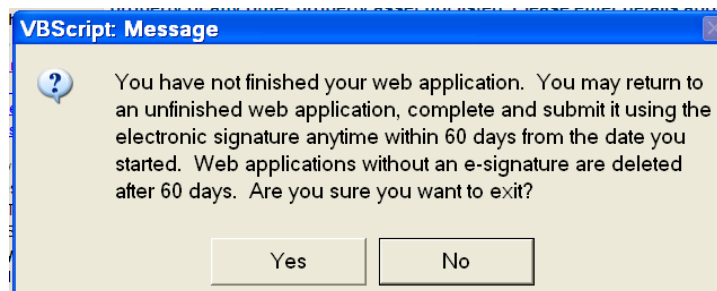


Once the customer has reached this screen, they have the ability to “SAVE & QUIT” the application, and return at a later time. **They must have their Application Number and Password to return.**

It is very important that the customer remember their password.

- The customer should write down the application number. They are provided with a receipt with the number if they submit the application with an e-signature.
- Explain that this will allow them to stop at any point and complete the application later.

The following message displays when the “SAVE & QUIT” option is selected:



Application Information

Department of Children & Families Acceptance Test

[English](#) [Español](#) [Kreyòl](#) ACCESS Online #: 612402235 [Help](#) [Save & Quit](#)

Progress Bar
 3% Complete

Applicant Information
 Enter the following contact information for the head of the household.

Enter your legal name (do not use nicknames). If you are applying for someone else, do not enter your name, enter the name of the person who is the head of their household.

First name: Middle Initial: Last name: Suffix:

Enter the address where the people you are applying for live, do not enter a Post Office Box. The persons you are applying for must be a Florida resident to receive assistance from Florida.

Address line 1: Address line 2:

City: State: Zip:

If the people you are applying for receive mail at a different address from their living address, enter that address here. Yes No

Address line 1: Address line 2:

City: State: Zip:

What language would you prefer for notices? English Spanish Creole

Home phone: Workphone:

Cell phone: Email address:

When completed, click the Continue button below.

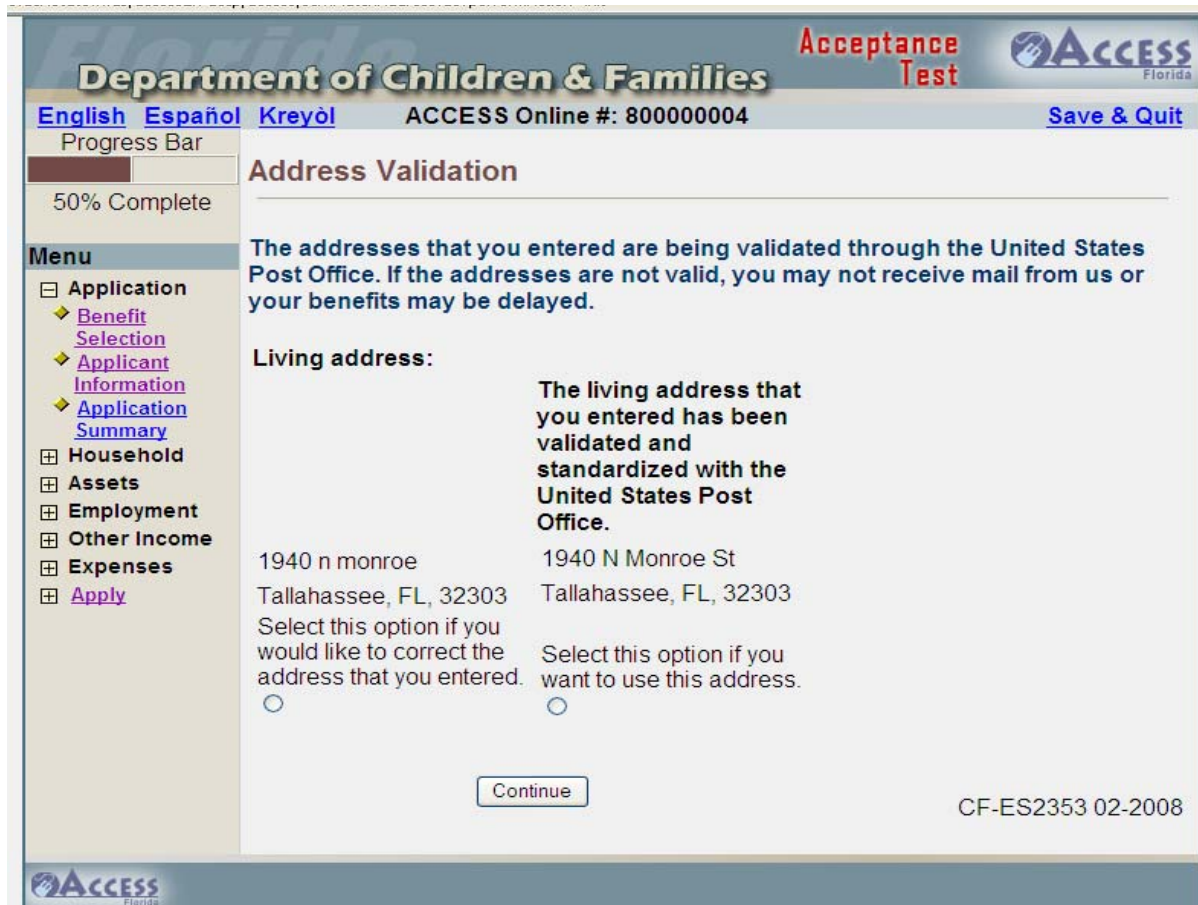
CF-ES2353 02-2008


The customer can indicate the language they would prefer for all notices

This screen captures information about the head of household.

If the customer answers “YES” to receiving mail at a different address, the additional address mailing fields must be completed.

Address Validation



Department of Children & Families Acceptance Test 

English Español Kreyòl ACCESS Online #: 800000004 Save & Quit

Progress Bar
50% Complete

Menu

- Application
 - Benefit Selection
 - Applicant Information
 - Application Summary
- Household
- Assets
- Employment
- Other Income
- Expenses
- Apply

Address Validation

The addresses that you entered are being validated through the United States Post Office. If the addresses are not valid, you may not receive mail from us or your benefits may be delayed.

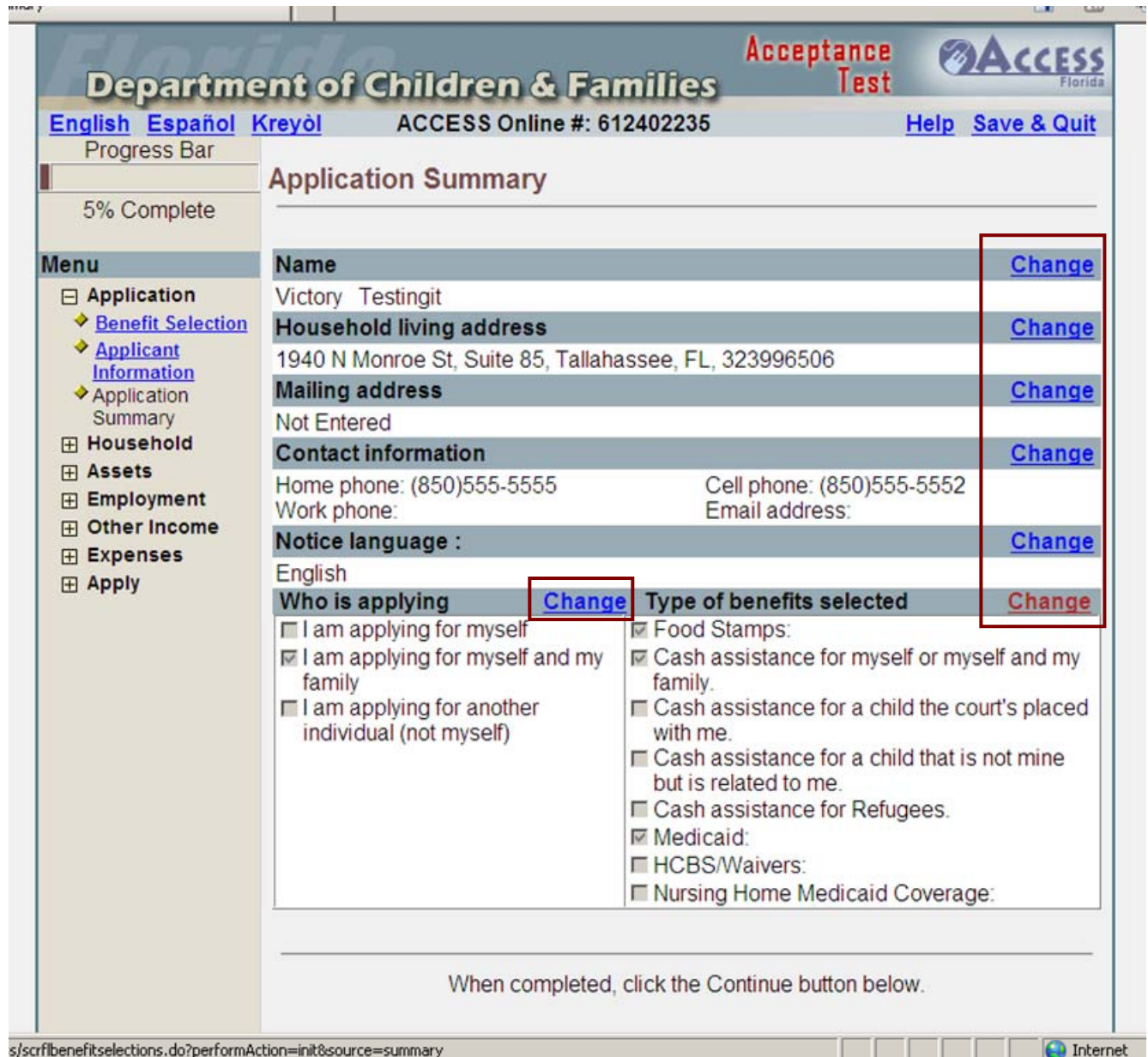
Living address:

<p>1940 n monroe Tallahassee, FL, 32303</p> <p>Select this option if you would like to correct the address that you entered.</p> <p><input type="radio"/></p>	<p>The living address that you entered has been validated and standardized with the United States Post Office.</p> <p>1940 N Monroe St Tallahassee, FL, 32303</p> <p>Select this option if you want to use this address.</p> <p><input type="radio"/></p>
---	--

CF-ES2353 02-2008

The address that is entered will be validated for accuracy.
If the address does not validate, the customer is asked to make corrections or confirm address.

Application Summary



Department of Children & Families Acceptance Test

English Español Kreyòl ACCESS Online #: 612402235 Help Save & Quit

Progress Bar
5% Complete

Menu

- Application
 - Benefit Selection
 - Applicant Information
 - Application Summary
- Household
- Assets
- Employment
- Other Income
- Expenses
- Apply

Application Summary

Name	Victory Testingit	Change
Household living address	1940 N Monroe St, Suite 85, Tallahassee, FL, 323996506	Change
Mailing address	Not Entered	Change
Contact information	Home phone: (850)555-5555 Cell phone: (850)555-5552 Work phone: Email address:	Change
Notice language :	English	Change
Who is applying	<input type="checkbox"/> I am applying for myself <input checked="" type="checkbox"/> I am applying for myself and my family <input type="checkbox"/> I am applying for another individual (not myself)	Change
Type of benefits selected	<input checked="" type="checkbox"/> Food Stamps: <input checked="" type="checkbox"/> Cash assistance for myself or myself and my family. <input type="checkbox"/> Cash assistance for a child the court's placed with me. <input type="checkbox"/> Cash assistance for a child that is not mine but is related to me. <input type="checkbox"/> Cash assistance for Refugees. <input checked="" type="checkbox"/> Medicaid: <input type="checkbox"/> HCBS/Waivers: <input type="checkbox"/> Nursing Home Medicaid Coverage:	Change

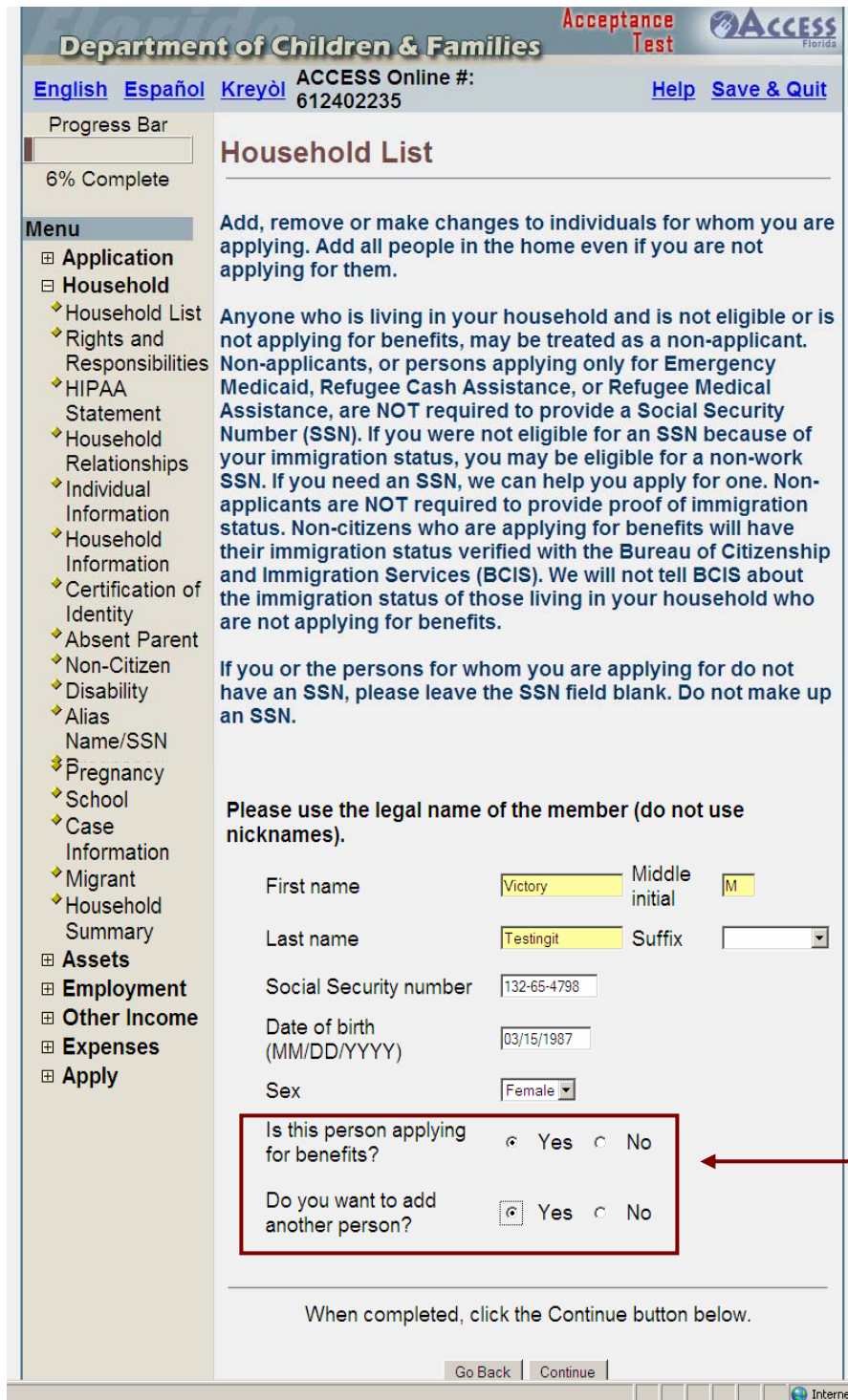
When completed, click the Continue button below.

s/scriflbenefitselections.do?performAction=init&source=summary

A new feature of the web application is the addition of summary screens at the end of each section. This allows the customer to review their entries up to this point and return to specific screens to make any changes or corrections.

- The Application Summary screen allows the customer to see the information entered to this point. The customer may click on [Change](#), to update entries made in the Application section.

Household List



Department of Children & Families Acceptance Test ACCESS Florida

English Español Kreyòl ACCESS Online #: 612402235 Help Save & Quit

Progress Bar
6% Complete

Menu

- ▣ Application
- ▣ Household
 - ◆ Household List
 - ◆ Rights and Responsibilities
 - ◆ HIPAA Statement
 - ◆ Household Relationships
 - ◆ Individual Information
 - ◆ Household Information
 - ◆ Certification of Identity
 - ◆ Absent Parent
 - ◆ Non-Citizen
 - ◆ Disability
 - ◆ Alias Name/SSN
 - ◆ Pregnancy
 - ◆ School
 - ◆ Case Information
 - ◆ Migrant
 - ◆ Household Summary
- ▣ Assets
- ▣ Employment
- ▣ Other Income
- ▣ Expenses
- ▣ Apply

Household List

Add, remove or make changes to individuals for whom you are applying. Add all people in the home even if you are not applying for them.

Anyone who is living in your household and is not eligible or is not applying for benefits, may be treated as a non-applicant. Non-applicants, or persons applying only for Emergency Medicaid, Refugee Cash Assistance, or Refugee Medical Assistance, are NOT required to provide a Social Security Number (SSN). If you were not eligible for an SSN because of your immigration status, you may be eligible for a non-work SSN. If you need an SSN, we can help you apply for one. Non-applicants are NOT required to provide proof of immigration status. Non-citizens who are applying for benefits will have their immigration status verified with the Bureau of Citizenship and Immigration Services (BCIS). We will not tell BCIS about the immigration status of those living in your household who are not applying for benefits.

If you or the persons for whom you are applying for do not have an SSN, please leave the SSN field blank. Do not make up an SSN.

Please use the legal name of the member (do not use nicknames).

First name: Middle initial:

Last name: Suffix:

Social Security number:

Date of birth (MM/DD/YYYY):

Sex:

Is this person applying for benefits? Yes No

Do you want to add another person? Yes No

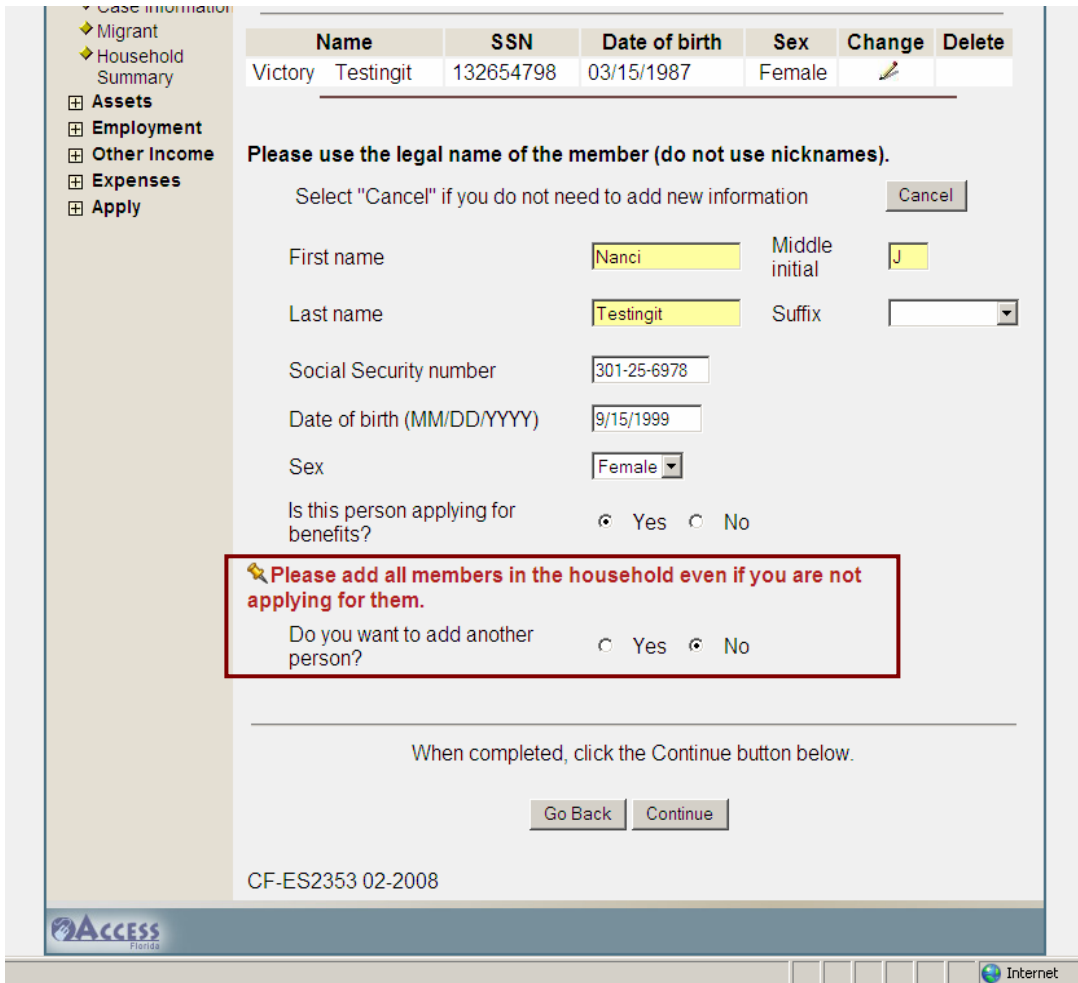
When completed, click the Continue button below.

Go Back Continue

A new screen must be completed for each person in the household for whom benefits are being requested.

This screen is used to capture information about the household members.

When the customer clicks “NO”, the message “Please add all members in the household even if you are not applying for them” is displayed. The customer can then click “CONTINUE” to move to the next screen



Name	SSN	Date of birth	Sex	Change	Delete
Victory Testingit	132654798	03/15/1987	Female		

Please use the legal name of the member (do not use nicknames).

Select "Cancel" if you do not need to add new information

First name Middle initial

Last name Suffix

Social Security number

Date of birth (MM/DD/YYYY)

Sex

Is this person applying for benefits? Yes No

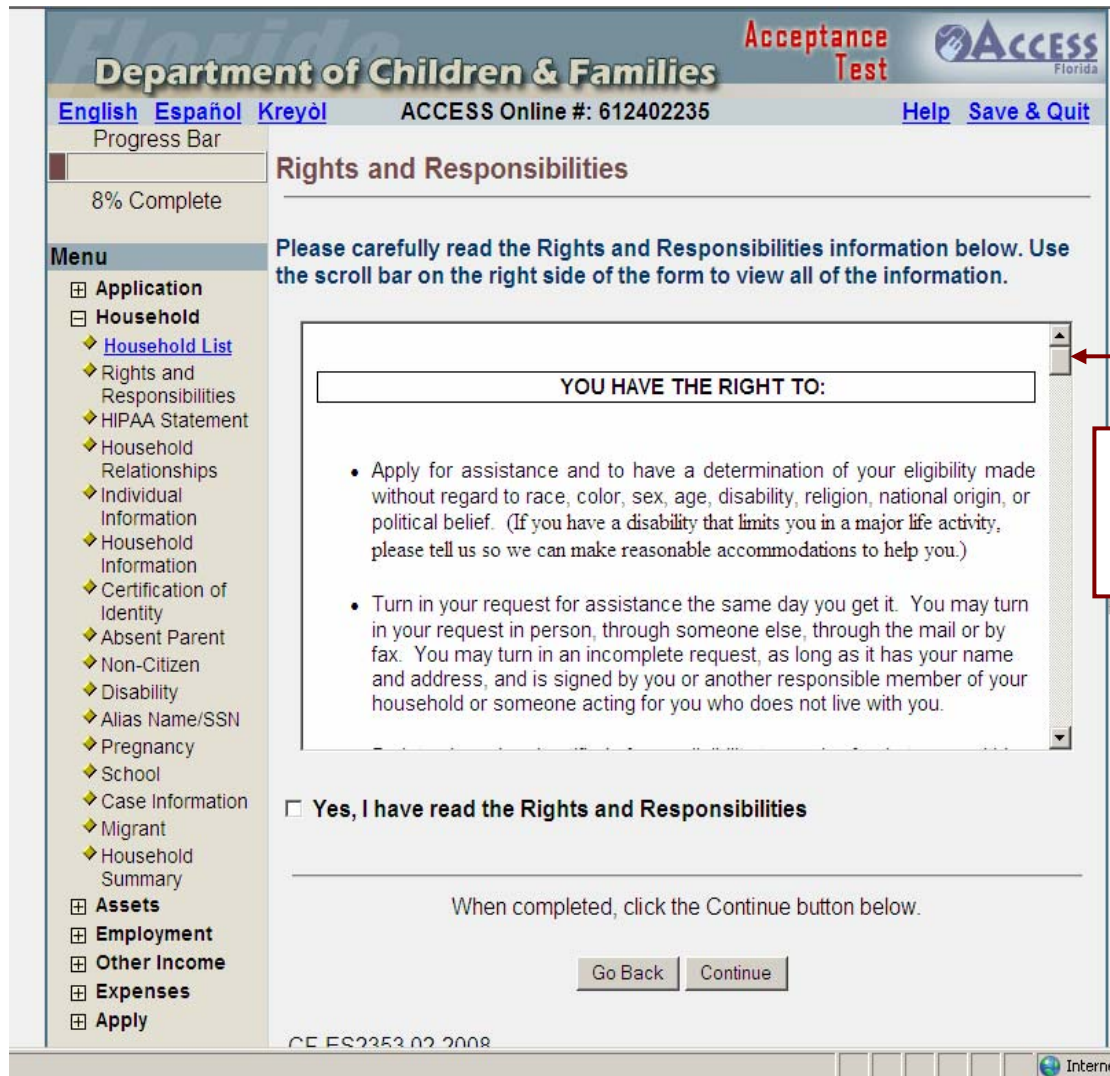
Please add all members in the household even if you are not applying for them.


Do you want to add another person? Yes No

When completed, click the Continue button below.

CF-ES2353 02-2008

Rights and Responsibilities



Department of Children & Families Acceptance Test 

English Español Kreyòl ACCESS Online #: 612402235 Help Save & Quit

Progress Bar
8% Complete

Menu

- Application
- Household
 - Household List
 - Rights and Responsibilities
 - HIPAA Statement
 - Household Relationships
 - Individual Information
 - Household Information
 - Certification of Identity
 - Absent Parent
 - Non-Citizen
 - Disability
 - Alias Name/SSN
 - Pregnancy
 - School
 - Case Information
 - Migrant
 - Household Summary
- Assets
- Employment
- Other Income
- Expenses
- Apply

Rights and Responsibilities

Please carefully read the **Rights and Responsibilities** information below. Use the scroll bar on the right side of the form to view all of the information.

YOU HAVE THE RIGHT TO:

- Apply for assistance and to have a determination of your eligibility made without regard to race, color, sex, age, disability, religion, national origin, or political belief. (If you have a disability that limits you in a major life activity, please tell us so we can make reasonable accommodations to help you.)
- Turn in your request for assistance the same day you get it. You may turn in your request in person, through someone else, through the mail or by fax. You may turn in an incomplete request, as long as it has your name and address, and is signed by you or another responsible member of your household or someone acting for you who does not live with you.

Yes, I have read the Rights and Responsibilities

When completed, click the Continue button below.

Go Back Continue

CE ES2353.02.2008

Internet Explorer

Be sure to tell the customer about the scroll bar

The customer must click “**yes**” they read the Rights and Responsibilities.

Certification of Identity



Department of Children & Families Acceptance Test 

[English](#) [Español](#) [Kreyòl](#) ACCESS Online #: 612412142 [Help](#) [Save & Quit](#)

Progress Bar
41% Complete

Menu

- ⊕ **Application**
- ⊖ **Household**
 - ◆ [Household List](#)
 - ◆ [Rights and Responsibilities](#)
 - ◆ [HIPAA Statement](#)
 - ◆ [Household Relationships](#)
 - ◆ [Individual Information](#)
 - ◆ [Household Information](#)
 - ◆ Certification of Identity
 - ◆ Absent Parent
 - ◆ Non-Citizen
 - ◆ [Disability](#)
 - ◆ Alias Name/SSN
 - ◆ Pregnancy
 - ◆ School
 - ◆ [Case Information](#)
 - ◆ Migrant
 - ◆ Household Summary
- ⊕ **Assets**
- ⊕ **Employment**
- ⊕ **Other Income**
- ⊕ **Expenses**
- ⊕ [Apply](#)

Certification of Identity

Statement of proof of identity for child or children under age 16.

Please review the information for the child or children listed below and click on the "Certify Now" button if you are able to confirm their identity. We must have this information to approve them for Medicaid.

However, if you do not wish to confirm identity by clicking on the "Certify Now" button, you may turn in another type of verification such as a student ID card, or state issued ID card.

Legal name: Missi Hill **Date of birth:** 1/1/2004

I certify that I am the parent, guardian, or representative of the children listed above and also certify under penalty of perjury that the children listed above are who I claim them to be.

When completed, click the Continue button below.

CF-ES2353 02-2008

Automated Community Connection to Economic Self-Sufficiency (ACCESS) Florida - Footer

The screen is displayed when the application contains children under age 16. It allows the applicant to certify to the identity of those children

Case Information

Progress Bar

35% Complete

Menu

- ⊞ Application
- ⊞ Household
 - ◆ [Household List](#)
 - ◆ [Rights and Responsibilities](#)
 - ◆ [HIPAA Statement](#)
 - ◆ [Household Relationships](#)
 - ◆ [Individual Information](#)
 - ◆ [Household Information](#)
 - ◆ [Certification of Identity](#)
 - ◆ [Absent Parent](#)
 - ◆ Non-Citizen
 - ◆ Disability
 - ◆ [Alias Name/SSN](#)
 - ◆ Pregnancy
 - ◆ [School](#)
 - ◆ Case Information
 - ◆ Migrant
 - ◆ Household Summary
- ⊞ Assets
- ⊞ Employment
- ⊞ Other Income
- ⊞ Expenses
- ⊞ [Apply](#)

Case Information

In the last 30 days has anyone for whom you are applying received cash, food or medical assistance from another state or source? Yes No

Would you like to register to vote? Yes No
If "Yes", an application will be sent to you.

Is anyone in your household a migrant or seasonal farm-worker? Yes No

Discounted Phone Service

Do you want to get a discount of \$13.50 or more per month on your phone bill?


If you or someone you are applying for have phone service and are approved for benefits, a referral will be made to the Public Service Commission (PSC) based on information you voluntarily provide. Please call the PSC at (800) 342-3552 if you have questions on how this information will be used.

Are you interested in a reduced phone rate (Lifeline Assistance)? Yes No

If Yes, Do you currently have phone service? Yes No

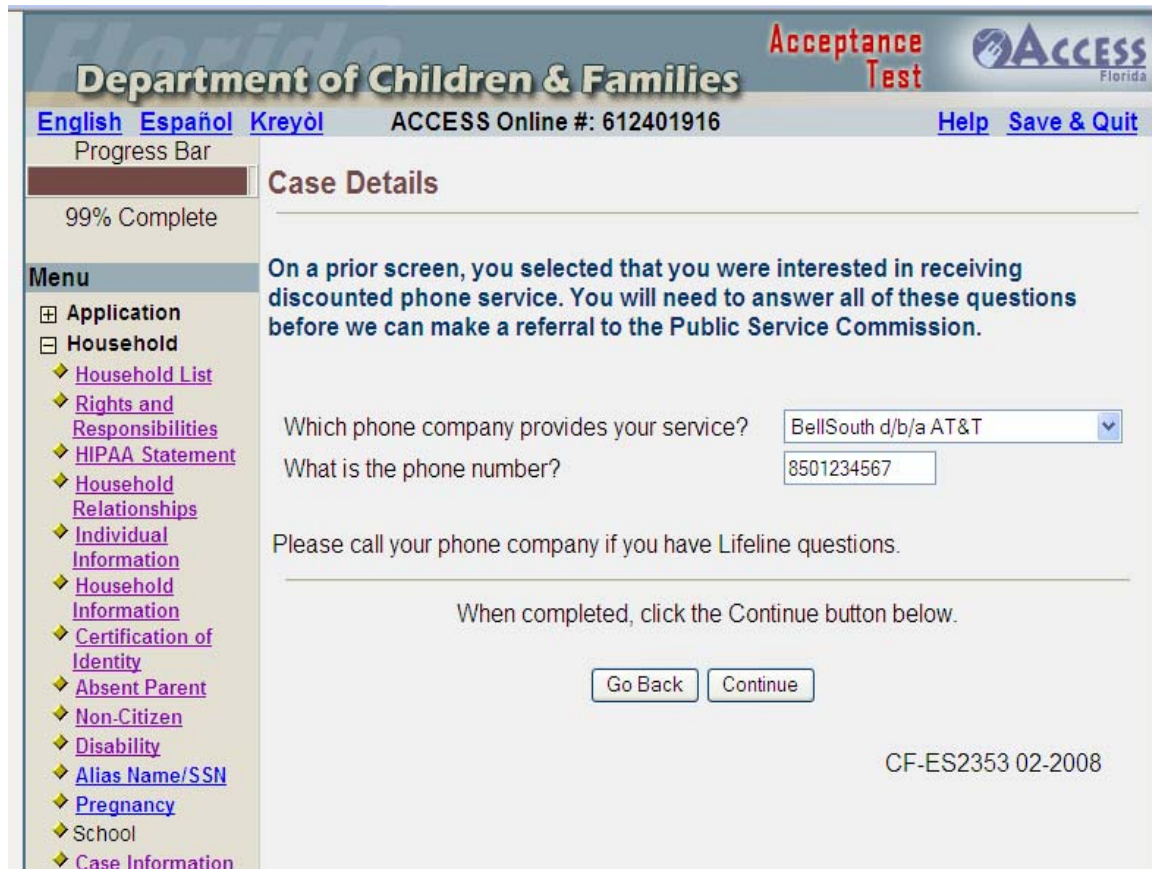
If you currently have phone service, whose name is listed on the phone bill?
 Victory No One


When completed, click the Continue button below.



Additional information regarding the household is captured on this screen.

Case Details



Department of Children & Families Acceptance Test 

English Español Kreyòl ACCESS Online #: 612401916 Help Save & Quit

Progress Bar

99% Complete

Menu

- Application
- Household
 - Household List
 - Rights and Responsibilities
 - HIPAA Statement
 - Household Relationships
 - Individual Information
 - Household Information
 - Certification of Identity
 - Absent Parent
 - Non-Citizen
 - Disability
 - Alias Name/SSN
 - Pregnancy
 - School
 - Case Information

Case Details

On a prior screen, you selected that you were interested in receiving discounted phone service. You will need to answer all of these questions before we can make a referral to the Public Service Commission.

Which phone company provides your service?

What is the phone number?

Please call your phone company if you have Lifeline questions.

When completed, click the Continue button below.

CF-ES2353 02-2008

This screen captures additional information when the applicant states on the prior screen that they are interested in the discounted phone service (lifeline).

Household Summary

Department of Children & Families Acceptance Test ACCESS Florida

English Español Kreyol ACCESS Online #: 612402235 Help Save & Quit

Progress Bar: 41% Complete

Menu: Application, Household, Household List, Rights and Responsibilities, HIPAA Statement, Household Relationships, Individual Information, Certification of Identity, Absent Parent, Non-Citizen, Disability, Alias Name/SSN, Pregnancy, School, Case Information, Migrant, Household Summary, Assets, Employment, Other Income, Expenses, Apply

Household List [Change](#)

Name	SSN	Date of birth	Sex
Victory Testigit	132654798	3/15/1967	Female
Nanci Testigit	301256978	9/15/1999	Female

Household Relationships [Change](#)

Name & Name	Relationship	Buys and eats food with you?
Nanci Testigit is Victory Testigit's	Daughter	Yes
Victory Testigit is Nanci Testigit's	Mother	Yes

Individual Information [Change](#)

Name	Marital status	Living arrangement
Victory Testigit	Divorced	Home/Apartment/Trailer
Nanci Testigit	Single - Never Married	Home/Apartment/Trailer

Household Information [Change](#)

Name	Florida Resident	Us Military	Emancipated Minor	Foster Child	Immunization
Victory Testigit	Yes	No	N/A	N/A	N/A
Nanci Testigit	Yes	No	No	No	N/A

Is anyone in the home fleeing the law due to a felony or probation or parole violation? No one

Has anyone in your home been convicted of a drug trafficking felony? No one

Has anyone in your home ever been convicted of receiving Food Stamps, Temporary Cash Assistance or Medicaid in more than one state at the same time? No one

Certification of Identity [Change](#)

Name	Certified
Nanci Testigit	Identity Certified

Absent Parent [Change](#)

Absent parent's name	Child	Reason for absence	Employed	Medical insurance
Walter Testigit	Nanci	Divorced		

Non Citizen Details [Change](#)

Not entered

Disability Details [Change](#)

Not entered

Alias Name/SSN Details [Change](#)

Name	Alias Name	Alias SSN
Victory Testigit	Victory Atsea	

Pregnancy Information [Change](#)

Not entered

School Details [Change](#)

Name	School type	Graduation date
Nanci Testigit	Elementary	

Case Information [Change](#)

Register Vote	Interested in Lifeline Assistance	Migrant or Seasonal Farm-Worker
No	Yes	No

In the last 30 days has anyone for whom you are applying received cash, food or medical assistance from another state or source? No

Lifeline Information [Change](#)

Currently Have Phone service	SSN	Phone Service Provider	Phone Number	Name on the Phone Bill
Yes	132654798	Embarq	(850)555-5555	Testigit Victory

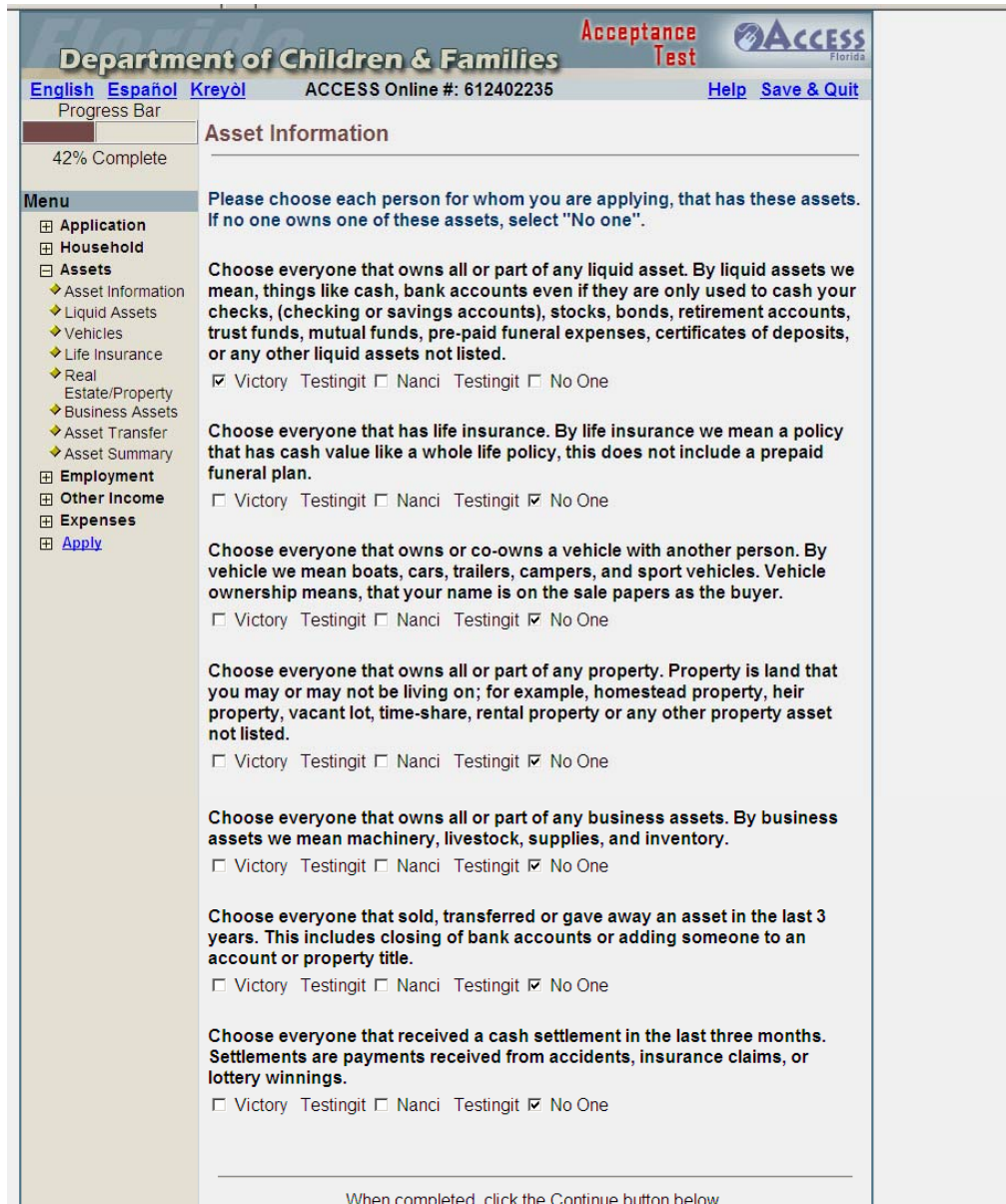
Migrant Information

Income Terminated	New Income Source	Paid Date	Amount Paid
Not entered	Not entered	Not entered	Not entered

The customer may correct any information that was entered incorrectly by clicking on the **Change** button. This will return them to the detail screen to correct previous entries.

The Household Summary screen allows the customer to see the information entered to this point.

Asset Information



Department of Children & Families Acceptance Test ACCESS Florida

English Español Kreyol ACCESS Online #: 612402235 Help Save & Quit

Progress Bar
42% Complete

Menu

- [-] Application
- [-] Household
- [-] Assets
 - [-] Asset Information
 - [-] Liquid Assets
 - [-] Vehicles
 - [-] Life Insurance
 - [-] Real Estate/Property
 - [-] Business Assets
 - [-] Asset Transfer
 - [-] Asset Summary
- [-] Employment
- [-] Other Income
- [-] Expenses
- [-] Apply

Asset Information

Please choose each person for whom you are applying, that has these assets. If no one owns one of these assets, select "No one".

Choose everyone that owns all or part of any liquid asset. By liquid assets we mean, things like cash, bank accounts even if they are only used to cash your checks, (checking or savings accounts), stocks, bonds, retirement accounts, trust funds, mutual funds, pre-paid funeral expenses, certificates of deposits, or any other liquid assets not listed.

Victory Testingit Nanci Testingit No One

Choose everyone that has life insurance. By life insurance we mean a policy that has cash value like a whole life policy, this does not include a prepaid funeral plan.

Victory Testingit Nanci Testingit No One

Choose everyone that owns or co-owns a vehicle with another person. By vehicle we mean boats, cars, trailers, campers, and sport vehicles. Vehicle ownership means, that your name is on the sale papers as the buyer.

Victory Testingit Nanci Testingit No One

Choose everyone that owns all or part of any property. Property is land that you may or may not be living on; for example, homestead property, heir property, vacant lot, time-share, rental property or any other property asset not listed.

Victory Testingit Nanci Testingit No One

Choose everyone that owns all or part of any business assets. By business assets we mean machinery, livestock, supplies, and inventory.

Victory Testingit Nanci Testingit No One

Choose everyone that sold, transferred or gave away an asset in the last 3 years. This includes closing of bank accounts or adding someone to an account or property title.

Victory Testingit Nanci Testingit No One

Choose everyone that received a cash settlement in the last three months. Settlements are payments received from accidents, insurance claims, or lottery winnings.

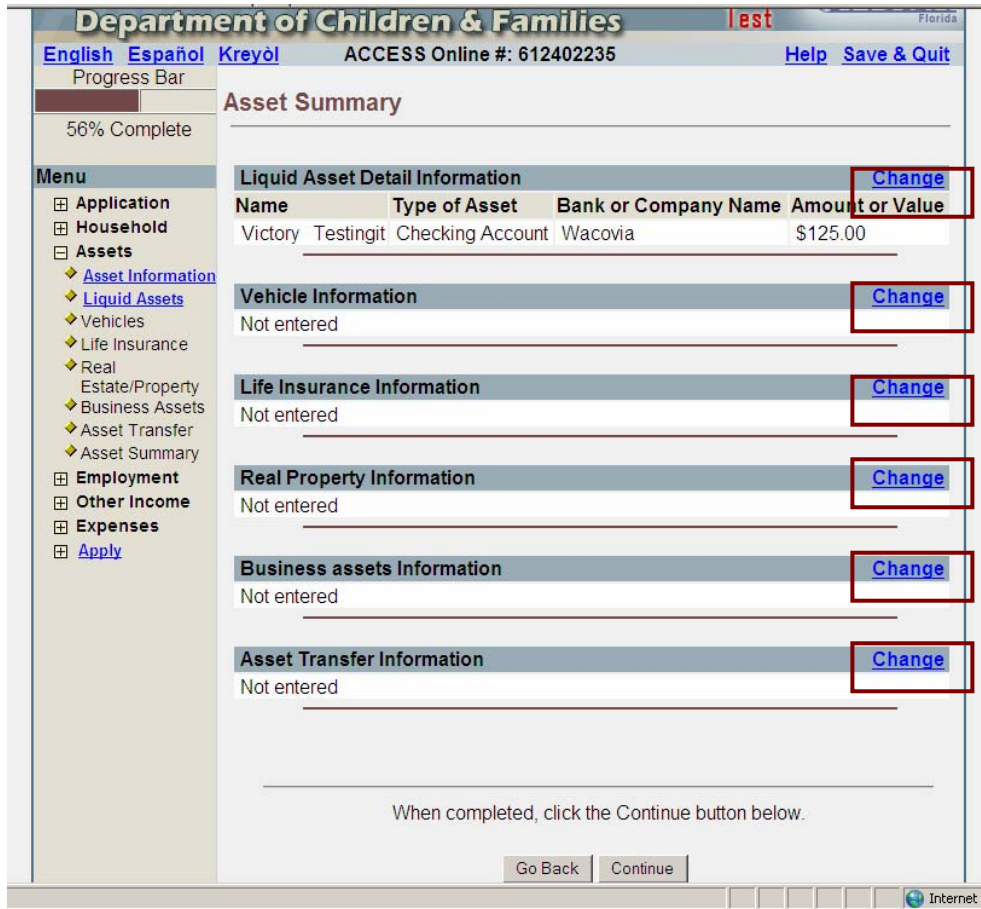
Victory Testingit Nanci Testingit No One

When completed, click the Continue button below.

Based on the entries made on the Asset Information screen, the following detail screens will be displayed:

- Liquid Asset Details
- Vehicle Information
- Life Insurance Information
- Real Estate Property Detail
- Business Asset Information
- Asset Transfer Information

Asset Summary



Department of Children & Families | est | Florida

English Español Kreyòl | ACCESS Online #: 612402235 | Help Save & Quit

Progress Bar
56% Complete

Menu

- Application
- Household
- Assets
 - Asset Information
 - Liquid Assets
 - Vehicles
 - Life Insurance
 - Real Estate/Property
 - Business Assets
 - Asset Transfer
 - Asset Summary
- Employment
- Other Income
- Expenses
- Apply

Asset Summary

Liquid Asset Detail Information [Change](#)

Name	Type of Asset	Bank or Company Name	Amount or Value
Victory Testingit	Checking Account	Wacovia	\$125.00

Vehicle Information [Change](#)
Not entered

Life Insurance Information [Change](#)
Not entered

Real Property Information [Change](#)
Not entered

Business assets Information [Change](#)
Not entered

Asset Transfer Information [Change](#)
Not entered

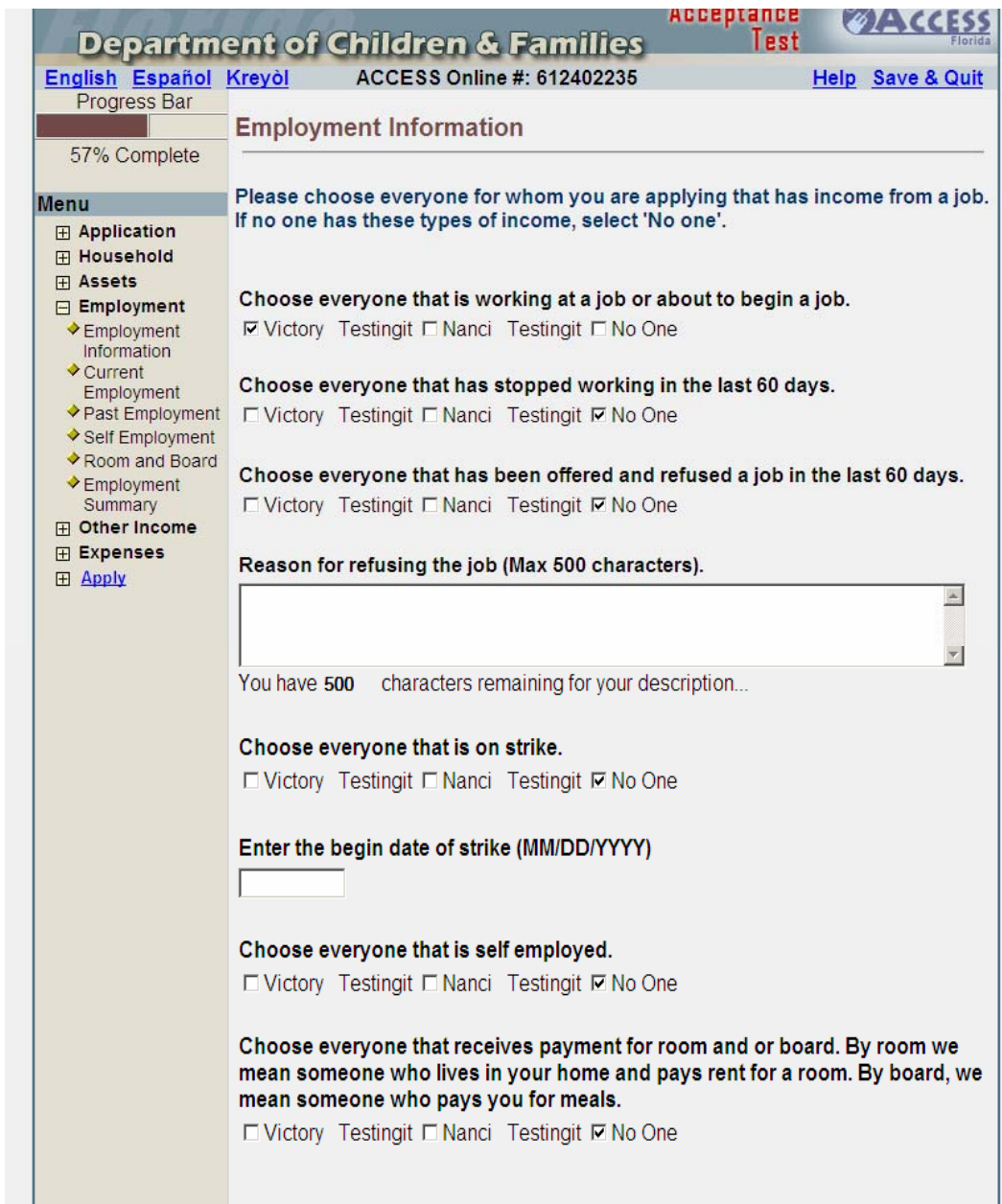
When completed, click the Continue button below.

Go Back Continue

Internet

The Asset Summary screen allows the customer to see the asset information entered. The customer may change information by clicking on [Change](#), which returns customer to the appropriate screen.

Employment Information



Department of Children & Families Acceptance Test

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Progress Bar
57% Complete

Menu

- Application
- Household
- Assets
- Employment**
 - Employment Information
 - Current Employment
 - Past Employment
 - Self Employment
 - Room and Board
 - Employment Summary
- Other Income
- Expenses
- Apply

Employment Information

Please choose everyone for whom you are applying that has income from a job. If no one has these types of income, select 'No one'.

Choose everyone that is working at a job or about to begin a job.
 Victory Testingit Nanci Testingit No One

Choose everyone that has stopped working in the last 60 days.
 Victory Testingit Nanci Testingit No One

Choose everyone that has been offered and refused a job in the last 60 days.
 Victory Testingit Nanci Testingit No One

Reason for refusing the job (Max 500 characters).

You have 500 characters remaining for your description...

Choose everyone that is on strike.
 Victory Testingit Nanci Testingit No One

Enter the begin date of strike (MM/DD/YYYY)

Choose everyone that is self employed.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives payment for room and or board. By room we mean someone who lives in your home and pays rent for a room. By board, we mean someone who pays you for meals.
 Victory Testingit Nanci Testingit No One

Based on the entries made on the Household Employment screen, the following detail screens will be displayed:

- Current Employment Income Details
- Past Employment Income Details
- Self Employment Income Details
- Room and Board Income Details

Employment Summary

Department of Children & Families
TEST
Florida

English Español Kreyòl
ACCESS Online #: 612401916
Help Save & Quit

Progress Bar

99% Complete

Menu

- Application
- Household
- Assets
- Employment
 - Employment Information
 - Current Employment
 - Past Employment
 - Self Employment
 - Room and Board
 - Employment Summary
- Other Income
- Expenses
- Apply

Employment Summary

Current Employment Income Details [Change](#)

Name	Employer	Income	Schedule
victory testing	test	\$45.00	Bi-weekly

Past Employment Income Details [Change](#)

Name	Employer	Income	Schedule
victory testing	f	\$44.00	Bi-weekly

Self Employment Income Details [Change](#)

Not entered

Room and Board Income Details [Change](#)

Name	Payer	Room	Room and board
test test	test test	\$45.00	\$66.00
	test test	\$10.00	\$10.00

Strike Date [Change](#)

Not entered

Reason for refusing the job [Change](#)

N/A

When completed, click the Continue button below.

The Employment Summary screen allows the customer to see employment information entered. The customer may change information by clicking on **Change**, which returns customer to the appropriate screen.

Other Income Information

Department of Children & Families | Test

English Español Kreyòl | ACCESS Online #: 612402235 | Help Save & Quit

Progress Bar: 68% Complete

Menu

- Application
- Household
- Assets
- Employment
- Other Income
 - Other Income Information
 - Other Income
 - Application for Other Benefits
 - Other Income Summary
- Expenses
- Apply

Other Income Information

Please choose everyone, for whom you are applying, that receives these types of income. If no one receives any of these types of income, select 'No one'.

Choose everyone that receives Social Security Income (SSA).
 Victory Testingit Nanci Testingit No One

Choose everyone that receives Supplemental Security Income (SSI).
 Victory Testingit Nanci Testingit No One

Choose everyone that receives Worker's Compensation or Disability/Sick Benefits (Not SSA or SSI).
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from another Agency, Assistance from Another State or Money for Another Person (not child support).
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Alimony or Child Support.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Unemployment Compensation.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Dividends, Interest Income, Qualified Trust or Estate/Trust Fund.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Alimony or Child Support.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Unemployment Compensation.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Dividends, Interest Income, Qualified Trust or Estate/Trust Fund.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Public Retirement, Railroad Retirement, Civil Service Annuity, Union Funds or Pensions.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Reparation Payment or Black Lung Benefits.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from a Training Allowance or Educational Stipends.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives Veteran's Benefits or Military Allotments.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from Home Care for the Elderly.
 Victory Testingit Nanci Testingit No One

Choose everyone that receives income from any other source.
 Victory Testingit Nanci Testingit No One

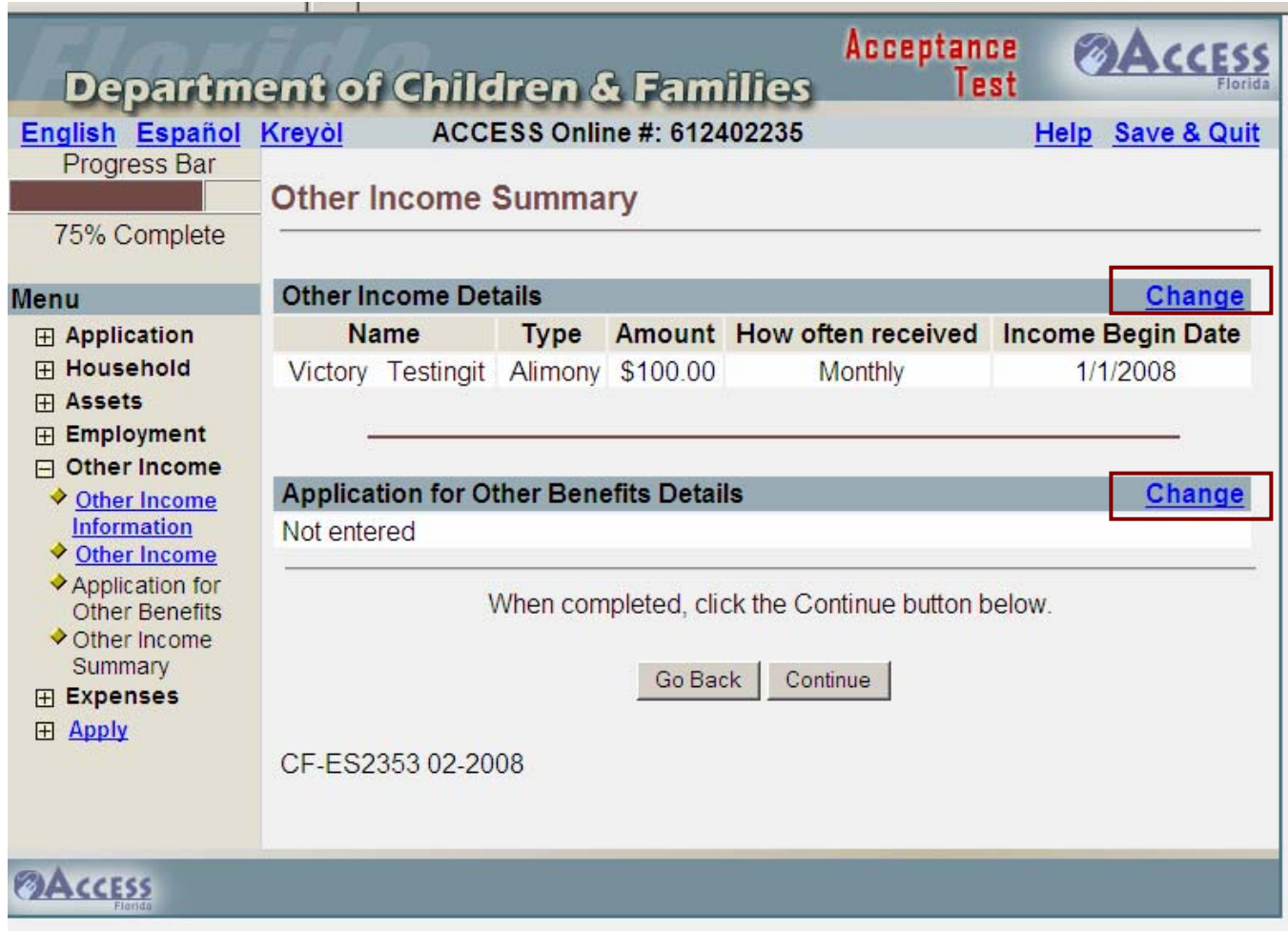
Choose everyone that has applied for any of these benefits and has not yet been approved.
 Victory Testingit Nanci Testingit No One

When completed, click the Continue button below.

Based on the entries made on the Other Income Information screen, the following detail screens will be displayed:

- Other Income Details
- Application for Other Benefits Details

Other Income Summary



Department of Children & Families Acceptance Test

English Español Kreyòl ACCESS Online #: 612402235 Help Save & Quit

Progress Bar
75% Complete

Menu

- ☐ Application
- ☐ Household
- ☐ Assets
- ☐ Employment
- ☐ Other Income
 - ◆ Other Income Information
 - ◆ Other Income
 - ◆ Application for Other Benefits
 - ◆ Other Income Summary
- ☐ Expenses
- ☐ Apply

Other Income Summary

Other Income Details Change

Name	Type	Amount	How often received	Income Begin Date
Victory Testingit	Alimony	\$100.00	Monthly	1/1/2008

Application for Other Benefits Details Change


Not entered

When completed, click the Continue button below.


CF-ES2353 02-2008

The Other Income Summary screen allows the customer to see the non-employment income information entered. The customer may change information by clicking on “Change” which returns customer to the appropriate screen.

Expense Information



Acceptance Test



English Español Kreyòl
ACCESS Online #: 612402235
Help Save & Quit

Progress Bar

86% Complete

Menu

- Application
- Household
- Assets
- Employment
- Other Income
- Expenses
 - Insurance Information
 - Medicare
 - Health Insurance
 - Expense Information
 - Housing
 - Utility
 - Child/Adult Daycare
 - Support Payments
 - Room and Board
 - Expense Summary
- Apply

Expense Information

Please tell us about the household expenses of the individuals for whom you are applying. Complete each question for each expense that is paid even if someone outside the household pays all or part of the expense. If no one pays any of these expenses, select "No one".

Choose everyone that pays housing costs even if someone outside of the household pays all or part of the expense, including Section 8 or HUD. By housing costs we mean rent, mortgage, room rent, condominium fees, property taxes, homeowner's insurance, etc.

Victory Testingt Nanci Testingt No One

Choose everyone that pays utility costs even if someone outside of the household pays all or part of the expense, including Section 8 or HUD. By utility costs we mean electricity, phone, coal/wood, fuel oil, gas, trash removal, or water and sewer.

Victory Testingt Nanci Testingt No One

Choose everyone that pays Child or Adult Daycare Expenses. By daycare expenses, we mean expenses paid for someone in the household so another person in the household can go to work.

Victory Testingt Nanci Testingt No One

Choose everyone that pays a room and board expense. This means that you are paying money to rent a room and meals are included.

Victory Testingt Nanci Testingt No One

Choose everyone who pays heating or cooling costs.

Victory Testingt Nanci Testingt No One

Choose everyone who is homeless. If anyone that is homeless is responsible for shelter or mission costs, enter the amounts as a housing expense.

Victory Testingt Nanci Testingt No One

Choose everyone that pays Support Payments. Support payments are child support or daycare expenses paid by someone in the household for someone who lives outside of the household.

Victory Testingt Nanci Testingt No One

Choose anyone that you are applying for that has any unpaid medical bills from the past three months?

Victory Testingt Nanci Testingt No One

Did anyone that you are applying for receive Low Income Housing Energy Assistance (LIHEAP) in the past 12 months?

Yes No

When completed, click the Continue button below.

Based on the entries made on Expense Information screen, the following screens will be displayed:

- Housing Expense Details
- Utility Expense Details
- Child or Adult Daycare Expense Details
- Support Payments Details
- Room & Board Expense Details

Expense Summary

98% Complete

Menu

- ▣ Application
- ▣ Household
- ▣ Assets
- ▣ Employment
- ▣ Other Income
- ▣ Expenses
 - ◆ Insurance Information
 - ◆ Medicare
 - ◆ Health Insurance
 - ◆ Expense Information
 - ◆ Housing
 - ◆ Utility
 - ◆ Child/Adult Daycare
 - ◆ Support Payments
 - ◆ Room and Board
 - ◆ Expense Summary
- ▣ Apply

Expense Summary

[Change](#)

Name	Type	Expense amount	Other payor
Walter Testingit	Basic Medical	\$75.00	Yes

[Change](#)

Medicare Details

Not entered

[Change](#)

Medicare Premium Details

Not entered

[Change](#)

Name	Expense type	Expense amount	Other payor
Victory Testingit	Rent	\$175.00	

[Change](#)

Name	Expense type	Expense amount	Other payor
Victory Testingit	Electricity	\$75.00	
	Telephone	\$45.00	

[Change](#)

Child or Adult Daycare Expense Details

Not entered

[Change](#)

Support Payment Details

Not entered

[Change](#)

Room and Board Expense Details

Not entered

The Expense Summary screen allows the customer to see the expense information entered. The customer may change information by clicking on “[Change](#)” which returns customer to the appropriate screen.

February 2011

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Case Summary

Department of Children & Families

Acceptance Test

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ACCESS Online #: 612402235
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Progress Bar

99% Complete

Menu

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- [Apply](#)

Case Summary

Application Summary

Name: [Change](#)

Victory Testingit

Household living address: [Change](#)

1940 N Monroe St, Suite 85, Tallahassee, FL, 32399-6506

Mailing address: [Change](#)

Not entered

Contact information: [Change](#)

Home phone: (850)555-5555 Cell phone: (850)555-5552
 Work phone: Email address:

Notice language : [Change](#)

English

Who is applying: [Change](#)

I am applying for myself

I am applying for myself and my family

I am applying for another individual (not myself)

Type of benefits selected: [Change](#)

Food Stamps

Cash assistance for myself or myself and my family

Cash assistance for a child the court's placed with me

Cash assistance for a child that is not mine but is related to me

Cash assistance for Refugees

Medicaid

HCBS/Waivers

Nursing Home Medicaid Coverage

Application Summary

A summary of all information entered will be displayed. The customer may make changes to any entry at this point. The customer must scroll down to see all entries.

Household Summary

Household List Change				
Name	SSN	Date of birth	Sex	
Victory Testingit	132654798	3/15/1987	Female	
Nanci Testingit	301256978	9/15/1999	Female	

Household Relationships Change				
Name & Name	Relationship	Buys and eats food with you?		
Nanci Testingit is Victory Testingit's	Daughter	Yes		
Victory Testingit is Nanci Testingit's	Mother	Yes		

Individual Information Change		
Name	Marital status	Living arrangement
Victory Testingit	Divorced	Home/Apartment/Trailer
Nanci Testingit	Single - Never Married	Home/Apartment/Trailer

Household Information Change					
Name	Florida Resident	Us Military	Emancipated Minor	Foster Child	Immunization
Victory Testingit	Yes	No	N/A	N/A	N/A
Nanci Testingit	Yes	No	No	No	N/A

Is anyone in the home fleeing the law due to a felony or probation or parole violation? No one

Has anyone in your home been convicted of a drug trafficking felony? No one

Has anyone in your home ever been convicted of receiving Food Stamps, Temporary Cash Assistance or Medicaid in more than one state at the same time? No one

Certification of Identity Change	
Name	Certified
Nanci Testingit	Identity Certified

Absent Parent Details Change				
Absent parent's name	Child	Reason for absence	Employed	Medical Insurance
Walter Testingit	Nanci	Divorced		

Non Citizen Details Change
Not entered

Disability Details Change
Not entered

Alias Name/SSN Details Change		
Name	Alias Name	Alias SSN
Victory Testingit	Victory Atsea	

Pregnancy Details Change
Not entered

School Details Change		
Name	School type	Graduation date
Nanci Testingit	Elementary	

Case Information Change		
Register Vote	Interested in Lifeline Assistance	Migrant or Seasonal Farm-Worker
No	Yes	No

In the last 30 days has anyone for whom you are applying received cash, food or medical assistance from another state or source? No

Case Details Change				
Currently Have Phone service	SSN	Phone Service Provider	Phone Number	Name on the Phone Bill
Yes	132654798	Embarq	(850)555-5555	Testingit Victory

Migrant Details			
Income Terminated	New Income Source	Paid Date	Amount Paid
Not entered	Not entered	Not entered	Not entered

Household Summary



Asset Summary

Liquid Asset Details [Change](#)

Name	Type of Asset	Bank or Company Name	Amount or Value
Victory Testingit	Checking Account	Wacovia	\$125.00

Vehicle Details [Change](#)
Not entered

Life Insurance Details [Change](#)
Not entered

Real Estate/Property Details [Change](#)
Not entered

Business Asset Details [Change](#)
Not entered

Asset Transfer Details [Change](#)
Not entered

Employment Summary

Current Employment Income Details [Change](#)

Name	Employer	Income	Schedule
Victory Testingit	CVS Pharmacy	\$225.00	Monthly

Past Employment Income Details [Change](#)
Not entered

Self Employment Income Details [Change](#)
Not entered

Room and Board Income Details [Change](#)
Not entered

Strike Date [Change](#)
Not entered

Reason for refusing the job [Change](#)
N/A

Other Income Summary

Other Income Details [Change](#)

Name	Type	Amount	How often received	Income Begin Date
Victory Testingit	Alimony	\$100.00	Monthly	1/1/2008

Application for Other Benefits Details [Change](#)
Not entered

Asset Summary

Employment Summary

Other Income Summary

Expense Summary

Health Insurance Details [Change](#)

Name	Type	Expense amount	Other payor
Walter Testingit	Basic Medical	\$75.00	Yes

Medicare Details [Change](#)
Not entered

Medicare Premium Details
Not entered

Housing Expense Details [Change](#)

Name	Expense type	Expense amount	Other payor
Victory Testingit	Rent	\$175.00	

Utility Expense Details [Change](#)

Name	Expense type	Expense amount	Other payor
Victory Testingit	Electricity	\$75.00	
	Telephone	\$45.00	

Child or Adult Daycare Expense Details [Change](#)
Not entered

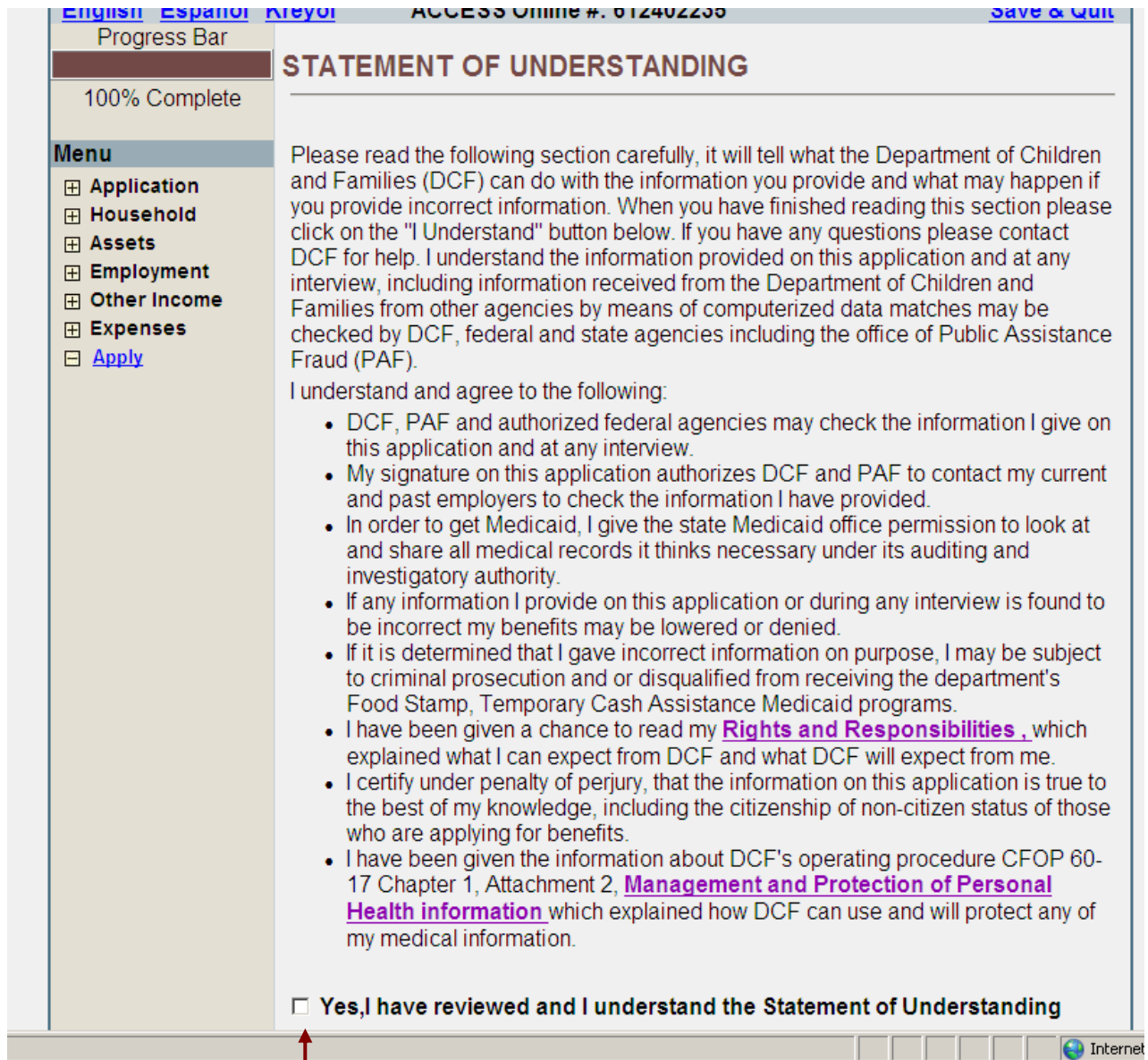
Support Payment Details [Change](#)
Not entered

Room and Board Expense Details [Change](#)

Expense Summary



Statement of Understanding



English | Español | Kreyol | ACCESS Online #: 612402255 | Save & Quit

Progress Bar
100% Complete

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STATEMENT OF UNDERSTANDING

Please read the following section carefully, it will tell what the Department of Children and Families (DCF) can do with the information you provide and what may happen if you provide incorrect information. When you have finished reading this section please click on the "I Understand" button below. If you have any questions please contact DCF for help. I understand the information provided on this application and at any interview, including information received from the Department of Children and Families from other agencies by means of computerized data matches may be checked by DCF, federal and state agencies including the office of Public Assistance Fraud (PAF).

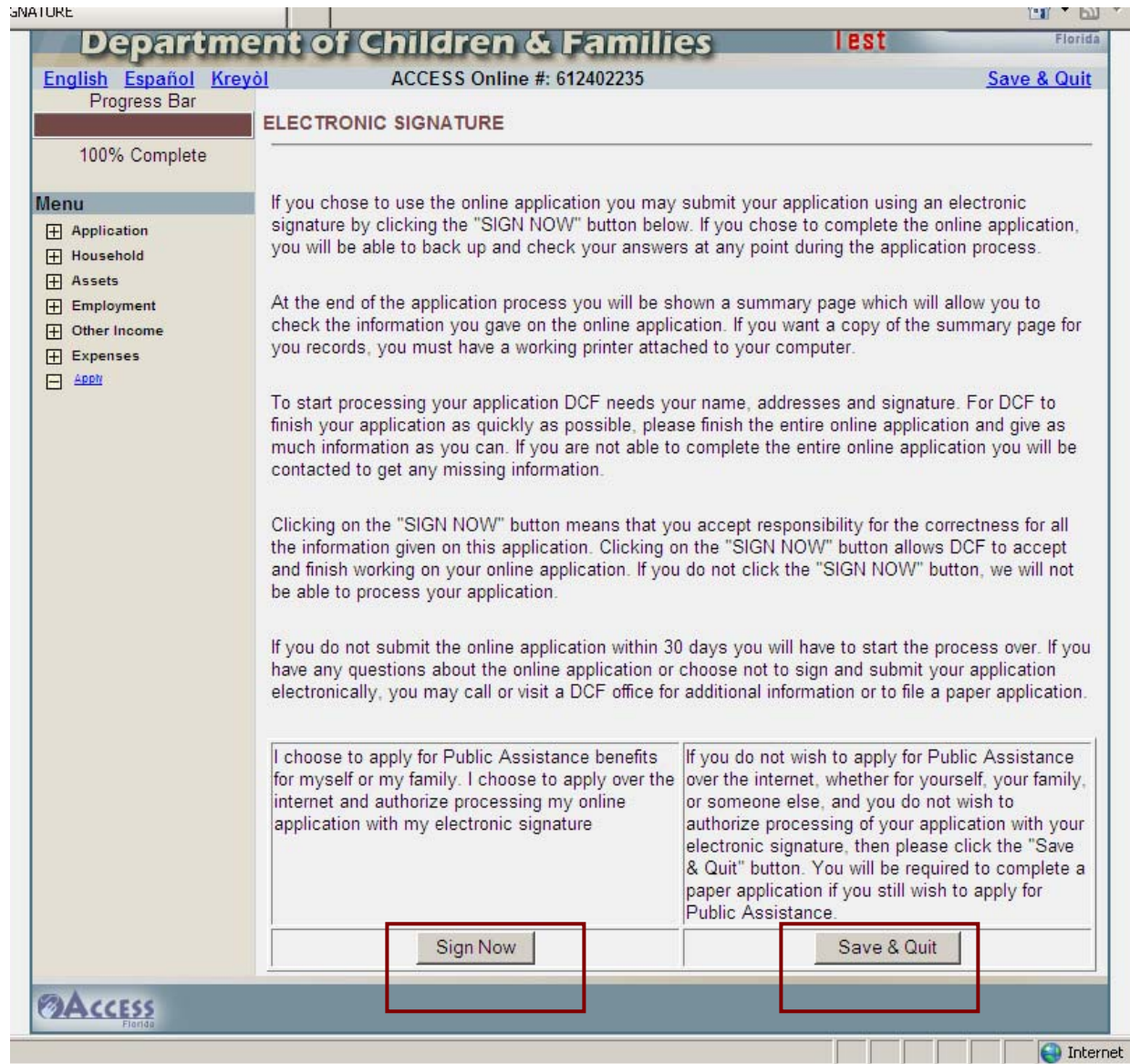
I understand and agree to the following:

- DCF, PAF and authorized federal agencies may check the information I give on this application and at any interview.
- My signature on this application authorizes DCF and PAF to contact my current and past employers to check the information I have provided.
- In order to get Medicaid, I give the state Medicaid office permission to look at and share all medical records it thinks necessary under its auditing and investigatory authority.
- If any information I provide on this application or during any interview is found to be incorrect my benefits may be lowered or denied.
- If it is determined that I gave incorrect information on purpose, I may be subject to criminal prosecution and or disqualified from receiving the department's Food Stamp, Temporary Cash Assistance Medicaid programs.
- I have been given a chance to read my **Rights and Responsibilities**, which explained what I can expect from DCF and what DCF will expect from me.
- I certify under penalty of perjury, that the information on this application is true to the best of my knowledge, including the citizenship of non-citizen status of those who are applying for benefits.
- I have been given the information about DCF's operating procedure CFOP 60-17 Chapter 1, Attachment 2, **Management and Protection of Personal Health information** which explained how DCF can use and will protect any of my medical information.

Yes, I have reviewed and I understand the Statement of Understanding

The customer must check the box stating they have reviewed and understand the Statement of Understanding.

Electronic Signature (applicant in household)



Department of Children & Families | est Florida

English Español Kreyòl | ACCESS Online #: 612402235 | Save & Quit

Progress Bar
100% Complete

Menu

- ⊕ Application
- ⊕ Household
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ELECTRONIC SIGNATURE

If you chose to use the online application you may submit your application using an electronic signature by clicking the "SIGN NOW" button below. If you chose to complete the online application, you will be able to back up and check your answers at any point during the application process.

At the end of the application process you will be shown a summary page which will allow you to check the information you gave on the online application. If you want a copy of the summary page for your records, you must have a working printer attached to your computer.

To start processing your application DCF needs your name, addresses and signature. For DCF to finish your application as quickly as possible, please finish the entire online application and give as much information as you can. If you are not able to complete the entire online application you will be contacted to get any missing information.

Clicking on the "SIGN NOW" button means that you accept responsibility for the correctness for all the information given on this application. Clicking on the "SIGN NOW" button allows DCF to accept and finish working on your online application. If you do not click the "SIGN NOW" button, we will not be able to process your application.

If you do not submit the online application within 30 days you will have to start the process over. If you have any questions about the online application or choose not to sign and submit your application electronically, you may call or visit a DCF office for additional information or to file a paper application.

<p>I choose to apply for Public Assistance benefits for myself or my family. I choose to apply over the internet and authorize processing my online application with my electronic signature</p>	<p>If you do not wish to apply for Public Assistance over the internet, whether for yourself, your family, or someone else, and you do not wish to authorize processing of your application with your electronic signature, then please click the "Save & Quit" button. You will be required to complete a paper application if you still wish to apply for Public Assistance.</p>
<input type="button" value="Sign Now"/>	<input type="button" value="Save & Quit"/>

ACCESS Florida | Internet

The customer may apply for benefits by clicking “SIGN NOW” or not submit an application by clicking “SAVE & QUIT”.

If “SIGN NOW” is selected, a Confirmation Page will be received, and the application will be received electronically at the assigned DCF ACCESS processing center.

If the customer selects “SAVE & QUIT”, the application has not been submitted to DCF and no action will be taken until the customer submits a signed application.

Confirmation Page

ACCESS Online #: 612402235 Print

CONFIRMATION PAGE

Your electronic application for assistance, dated 02/15/2008 has been received.

Your application number is 612402235.

You may print this page for your receipt.

Would you like to receive an email Confirmation? Yes No

By selecting Yes, a confirmation email will be sent to email address entered. E-mail:

If you not previously entered an email address you may enter one here. If you want to make a change to the address previously entered, change here.

If you are completing this application for assistance between the hours of 8AM and 4:00PM (Monday through Friday excluding holidays) and you are available to speak to a Department representative, please include a phone number where we can reach you if necessary.

Please select where you are completing your application

Home
 Department of Children and Families
 Community Partner
 Other location

Would you be willing to complete a survey? Yes No

Your application is dated the day you submit your application using the electronic signature or the next business day if submitted after hours or on a weekend or holiday. However please allow us 15 to 30 days to process your application. Some applications for Medicaid may take longer if we need to determine if someone is disabled.

We have determined that you are not eligible for an expedited interview: You do not appear to meet expedited food stamp criteria because of the answers you gave on this application.

Please read the following information concerning what happens next.

- If you are at a local Customer Service Center, you may have a brief interview with Department of Children and Families staff, or
- If you are not at a local Department of Children and Families Service (DCF) Center, you may be contacted by DCF for additional information.
- If we need additional information or an interview with you, we will contact you within 5 to 10 days after receiving your application.

After your application is processed by DCF you will receive a notice of decision regarding requested benefits.

If you would like to check the status of your application you may go to <http://essdw.dcf.state.fl.us/webaru-acc/>. Please allow five days after you file an application.

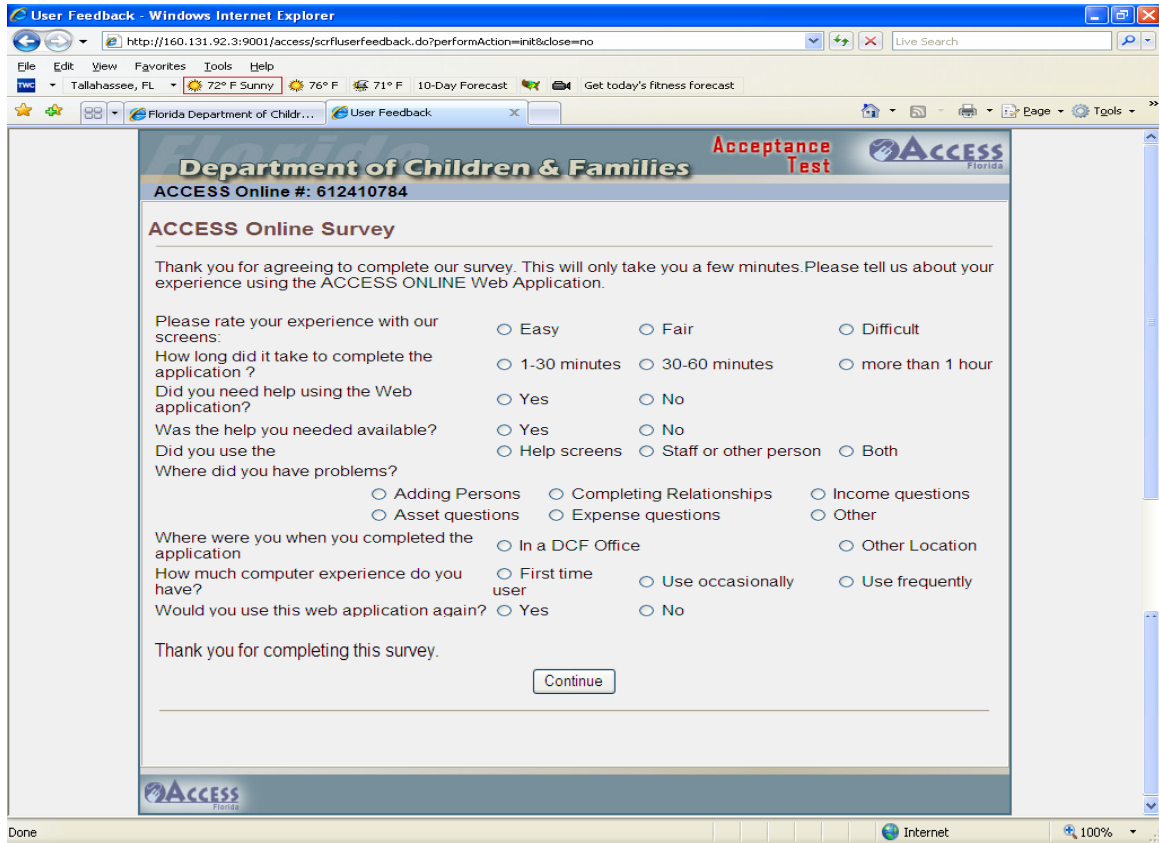
If you need to add comments to this application before it is processed, go back to the beginning of the application and select, "Add Comments to an Application that Has been Submitted With an E-signature". If the case is already being processed, you will receive a message when you enter the application number and will not be allowed to enter the comments.

Normal business hours are 8:00 A.M until 5:00 P. M. local time, Monday through Friday.

The e-mail confirmation serves as a receipt for the customer to let them know their application has been received.

This section informs the customer if they are potentially eligible for expedited services and what to expect next in the process.

ACCESS Online Survey



The screenshot shows a web browser window titled "User Feedback - Windows Internet Explorer". The address bar shows the URL: <http://160.131.92.3:9001/access/scrifluserfeedback.do?performAction=init&close=no>. The browser's status bar at the bottom indicates "Done" and "Internet" with a 100% zoom level.

The survey content is displayed on a page with the following elements:

- Header:** "Department of Children & Families" and "ACCESS Florida" logo. A red "Acceptance Test" banner is visible.
- Text:** "ACCESS Online Survey" and "ACCESS Online #: 612410784".
- Introduction:** "Thank you for agreeing to complete our survey. This will only take you a few minutes. Please tell us about your experience using the ACCESS ONLINE Web Application."
- Questions:**
 - "Please rate your experience with our screens:" with radio buttons for Easy, Fair, and Difficult.
 - "How long did it take to complete the application?" with radio buttons for 1-30 minutes, 30-60 minutes, and more than 1 hour.
 - "Did you need help using the Web application?" with radio buttons for Yes and No.
 - "Was the help you needed available?" with radio buttons for Yes and No.
 - "Did you use the" with radio buttons for Help screens, Staff or other person, and Both.
 - "Where did you have problems?" with radio buttons for Adding Persons, Asset questions, Completing Relationships, Expense questions, Income questions, and Other.
 - "Where were you when you completed the application" with radio buttons for In a DCF Office and Other Location.
 - "How much computer experience do you have?" with radio buttons for First time user, Use occasionally, and Use frequently.
 - "Would you use this web application again?" with radio buttons for Yes and No.
- Conclusion:** "Thank you for completing this survey." followed by a "Continue" button.
- Footer:** "ACCESS Florida" logo.

Application Complete



The screenshot shows a web application interface for the Department of Children & Families. At the top, there is a header with the department name and the ACCESS Florida logo. Below the header, there are language options: English, Español, and Kreyòl. The main section is titled "Application Comments" and contains a text area with the instruction "Please enter comments about your application in the space provided." The text area contains the text: "I have just been notified that I will begin working full time March 15, 2008." At the bottom of the form, there are two buttons: "Save" and "Exit".

Department of Children & Families Acceptance Test 

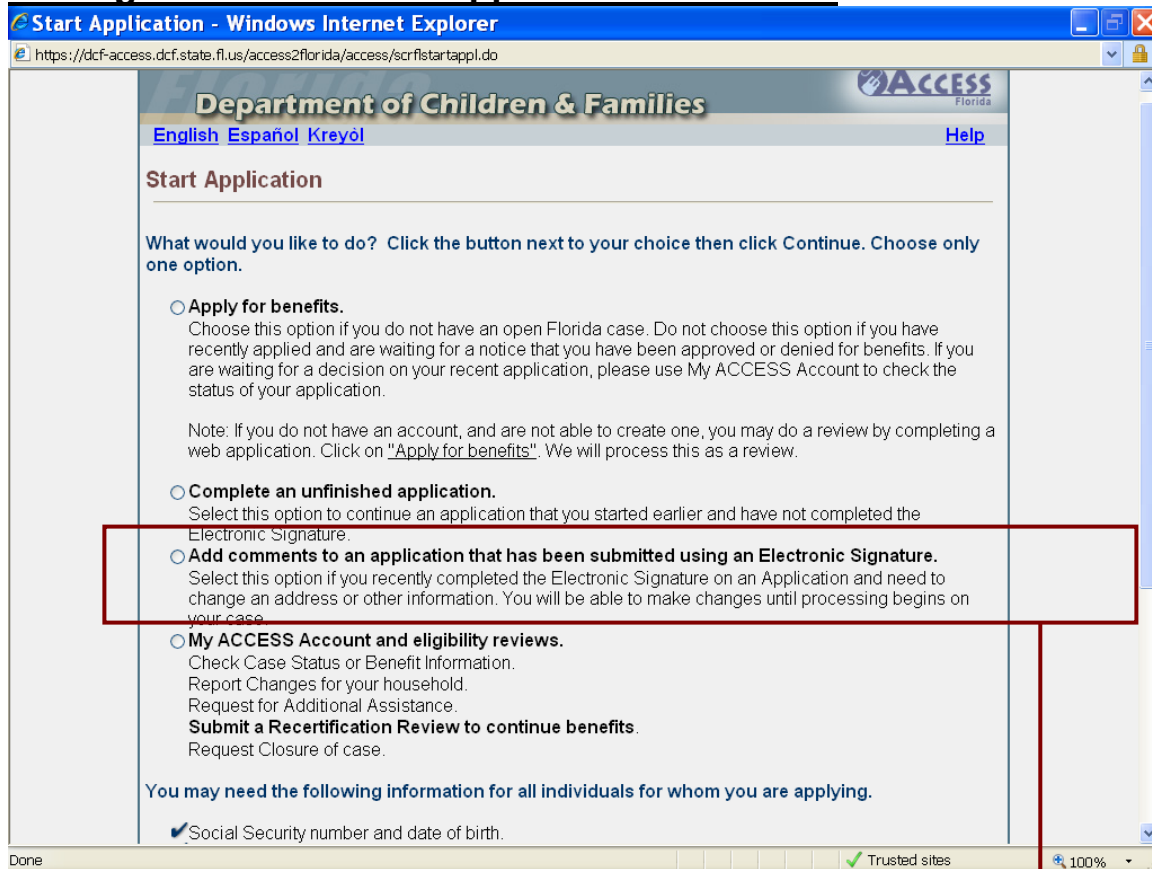
[English](#) [Español](#) [Kreyòl](#)

Application Comments

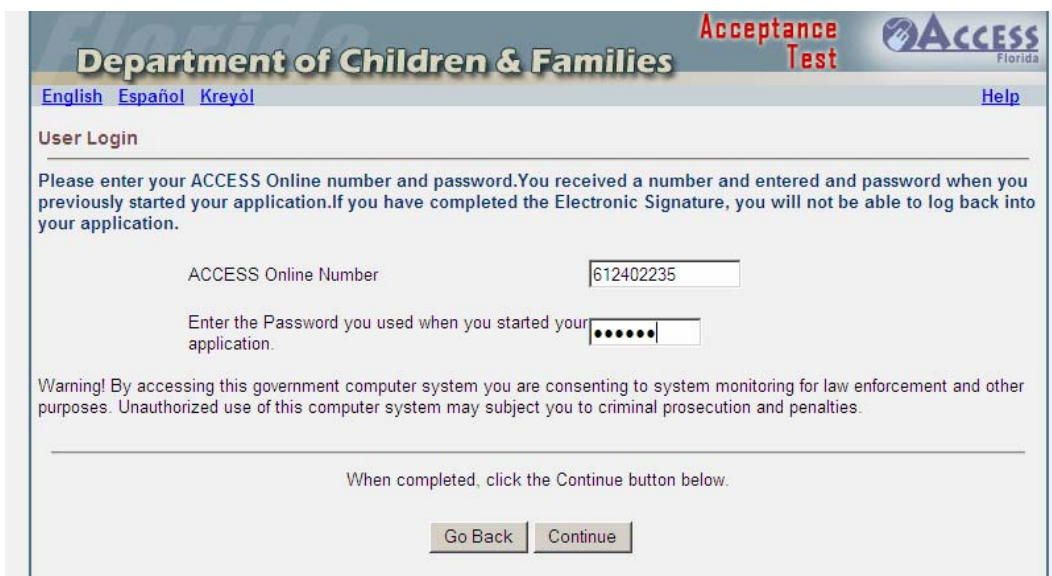
Please enter comments about your application in the space provided.

I have just been notified that I will begin working full time March 15, 2008.

Adding Comments after Application Submitted

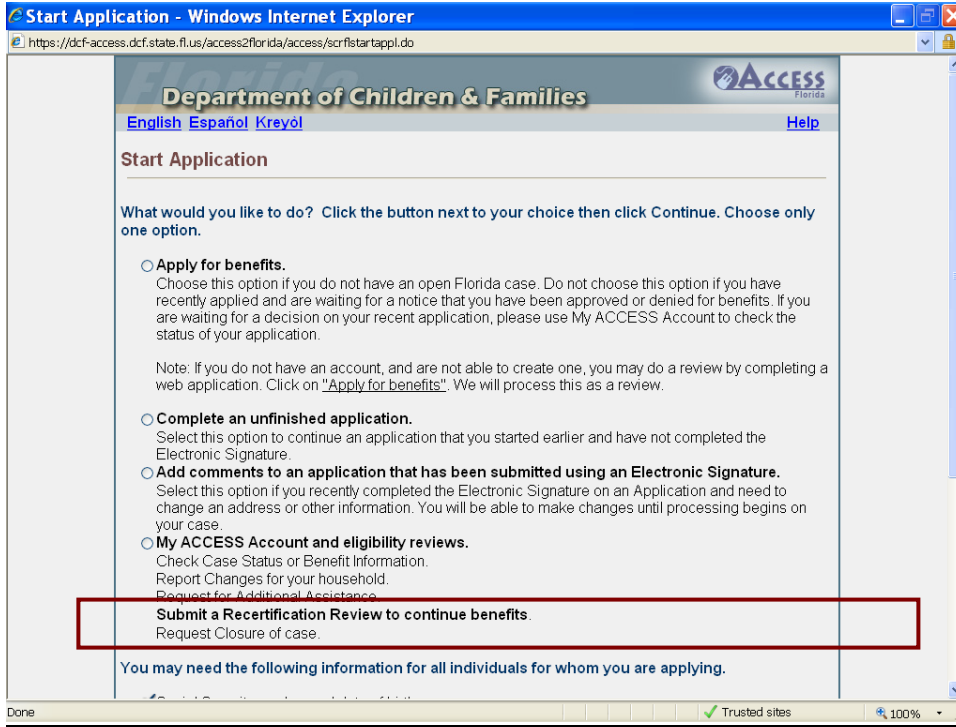


A customer may add comments to the application after it has been submitted. The customer must access the system and select “Add comments to an application that has been submitted using an Electronic Signature”



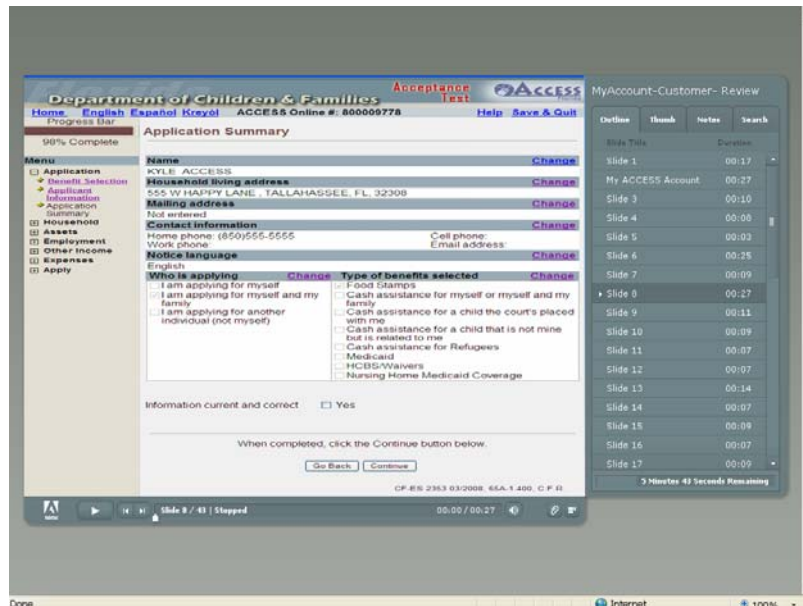
The customer must use the ACCESS Online Number and password to access the case.

Recertification Review



When a customer needs to recertify their benefits, they now do so through their My ACCESS Account. Once they log into their account, they will select **Submit a Recertification Review to Continue Benefits.**

A pre-populated application will be displayed with the information already known about the customer and their family. The customer will review the information on each page, make changes as necessary or check the information is correct and then press continue.



Checking Case Status on My Account

My ACCESS Account replaces the Department of Children and Families ACCESS Florida information website known as the Automated Response Unit (ARU). New features have been added to personalize your My ACCESS Account experience.

My ACCESS Account provides you with a secure gateway to your public assistance “account” information. You can register your own user ID and manage your own password and account through a secure site. My ACCESS Account allows you to view your case information and interact with the Department of Children and Families through the Web at your convenience twenty-four hours a day seven days a week.

My ACCESS Account can be accessed by going to www.myflorida.com/accessflorida .



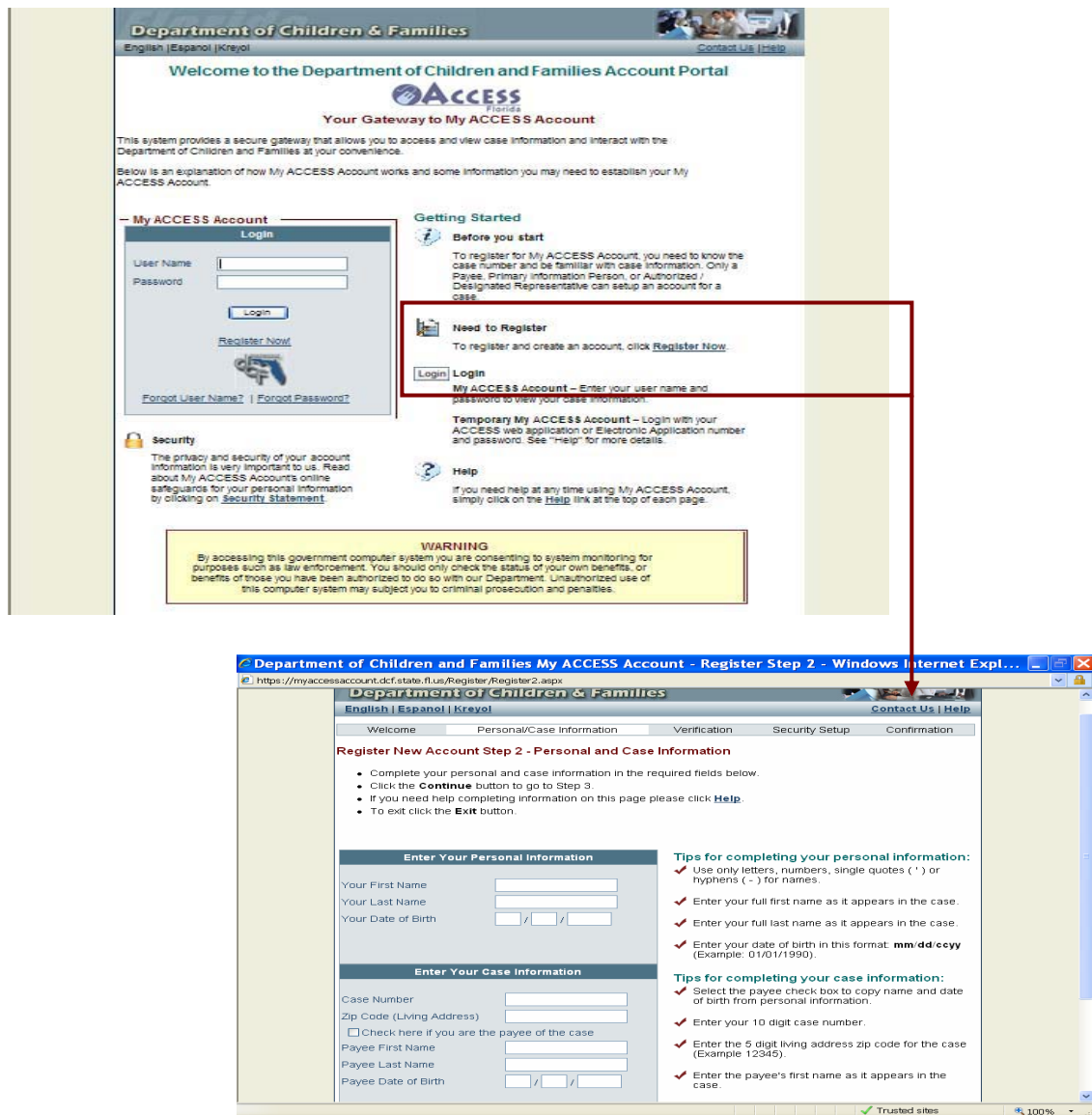
My ACCESS Account allows the customer to:

- View current benefits
- View the date benefits will be available
- Print a Temporary Medicaid card and request a **replacement Gold Medicaid card**
- See when your next review is due
- See when an appointment is scheduled
- View benefit account history
- View a list of verification needed
- View documents received by DCF
- Complete a **recertification review** on current benefits
- Report a change**
- Apply for **additional assistance**

My Account (cont.)

The information displayed in your account is stored nightly. Changes made during the day are available for you to view the following day. The date of the information is displayed at the top of the account status screens for your reference.

To register as a My ACCESS Account user, go to <https://myaccessaccount.dcf.state.fl.us/Login.aspx> and click on Register Now.



Once you have completed the registration, you will be able to access your account information .by logging in under your created user name and password.

To view either the My Account set up training or to view the My Account Guide, go to <http://www.dcf.state.fl.us/admin/training.shtml>

An **Abbreviated Desk Guide to My Account** can be found beginning on page 128. It contains information about **recovering a lost password** (pg. 144) or **lost user ID** (pg 146).

My ACCESS Partner View System

If you have been authorized as an Assisted Service partner to look up information on the Partner View System, you will have access to review basic customer information to assist a customer with their access application processing. You must have a signed and dated release from the customer giving you permission to review their case information through the Partner View system. These releases should have time limited validity periods (no longer than 90 days from the date signed), and the Community Partner can only view the customer's information for limited reasons during that validity period.

As part of having access to the Partner View system, these Assisted Service partners will also actively assist the customers with setting up their My ACCESS Account (see page 80 of the guide). This system helps customers follow their case information independently on-line.

My ACCESS Partner View is found by going to www.myflorida.com/accessflorida and clicking on the link under the Community Partner box.



On-line Training for using the Partner View system and a system guide can be viewed by going to <http://www.dcf.state.fl.us/admin/training.shtml>.

Release Form for the Partner View System

Below is an example of the information that should be included in your site's Partner View system release form. It is important that the customer understands that they are giving you permission to review a limited amount of their case information through this system. The release needs to specifically state the **person's name** at your agency that they are giving their permission to access their Partner View information. **This release cannot be combined with other releases for information in addition to the customer signing to authorize Partner View system usage on their behalf.**

Customer's Name _____ ACCESS Case# _____

I, _____, understand that by my signature I am authorizing the Department of Children and Families (DCF) to release limited case information to _____ in their role as a DCF Community Partner and shall be used solely to fulfill their obligation in assisting me with the application filed with DCF on _____. Information to be released is limited to

- Verifying my eligibility information (approved, denied, enrolled or pending)
- Reason for closure or denial
- Assisting me with information on scheduled interview dates and time
- Assisting me with understanding what information is needed to complete my case and the dates the information is due
- Assisting me with printing a temporary Medicaid card for eligible members in my household
- Assisting me with opening an account through My ACCESS Account

No additional information shall be provided to the Community Partner without my specific written consent. This authorization expires no more than ninety (90) days from the date signed.

Dated: _____ day of _____, 20__

Signed: _____

Printed Name: _____

Date of Birth: _____

Community Partner Staff Signature: _____

Reporting a Change

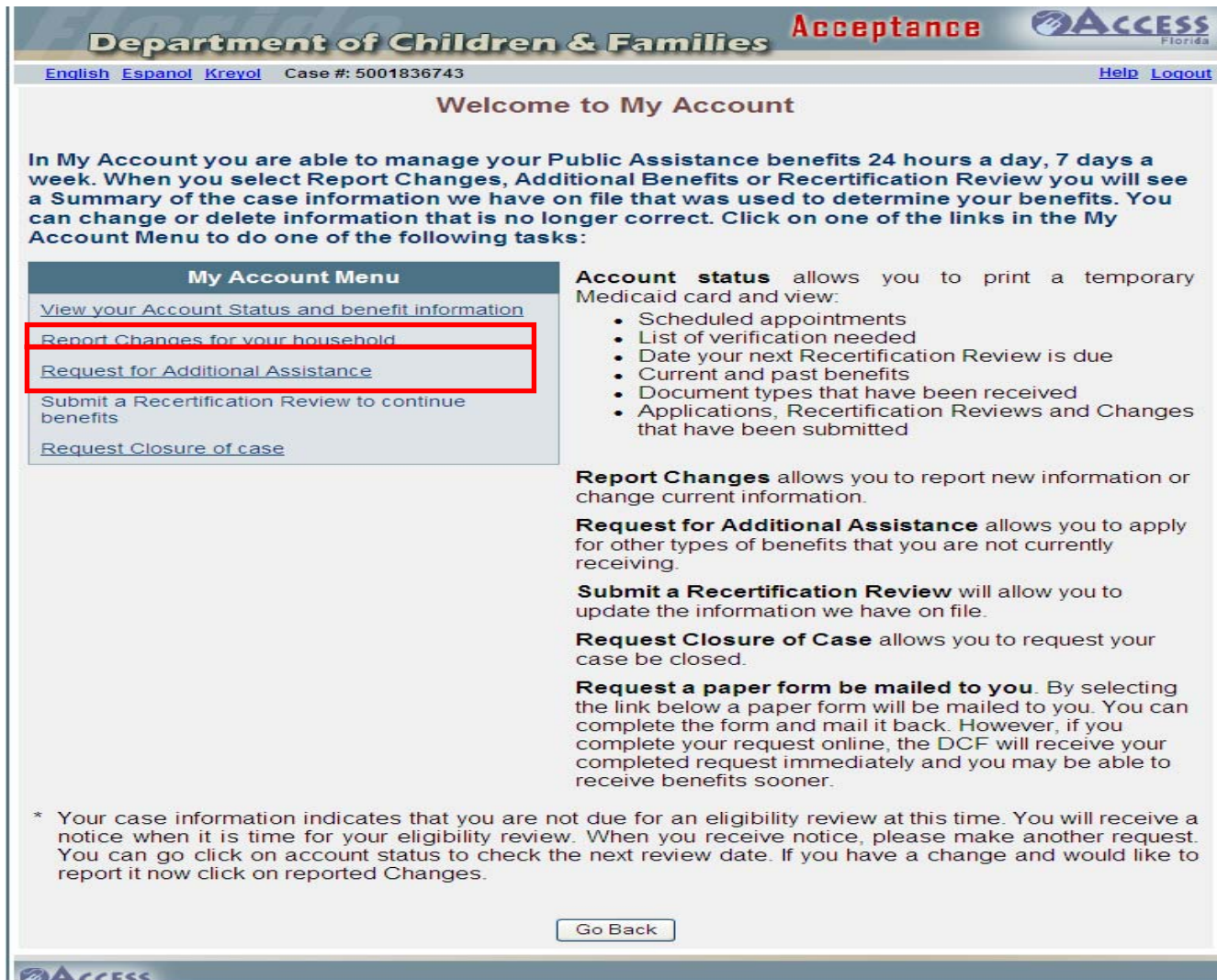
There are many changes to a customer's situation that need to be reported to the Department of Children and Families. Some of these include:

- Change of address for the household
- Change of home, work, or cell phone number
- Changes in who lives in the home (for example someone moved in or out of the house or a member of the household had a baby)
- Changes in rental, mortgage, or changes in utility expenses
- Change of income for any household member
 - Change in employment (new job, change in job, or loss of job)
 - Change in self-employment
 - Change in other income (such as unemployment compensation, child support, or social security)
- Other change not listed above (such as homeowner's insurance, taxes, day care expenses or child support payments)

Changes can be reported two ways. They can be reported by calling the Customer Call Center at **1-866-762-2237**. A change can also be reported on-line through a customer's My ACCESS Account. The link can be found at www.myflorida.com/accessflorida.



Change Reporting System in My ACCESS Account



The screenshot shows the 'My Account' page for the Department of Children & Families, Acceptance. The page title is 'Welcome to My Account'. Below the title, there is a paragraph explaining that users can manage their Public Assistance benefits 24 hours a day, 7 days a week. It lists three main actions: Report Changes, Additional Benefits, and Recertification Review. A 'My Account Menu' is provided on the left, with 'Report Changes for your household' and 'Request for Additional Assistance' highlighted with red boxes. The 'Account status' section on the right allows users to print a temporary Medicaid card and view a list of items including scheduled appointments, verification needed, next recertification review date, current and past benefits, and submitted applications. Below this, there are sections for 'Report Changes', 'Request for Additional Assistance', 'Submit a Recertification Review', and 'Request Closure of Case'. A note at the bottom states that if a case is not due for an eligibility review, users should check their account status for the next review date. A 'Go Back' button is located at the bottom of the page.

Failure to report changes timely may cause a case to be overpaid in benefits or to receive fewer benefits than they may be entitled to.

The change reporting system on-line cannot be used to apply for new or additional benefits. The reported changes will only affect existing benefits.

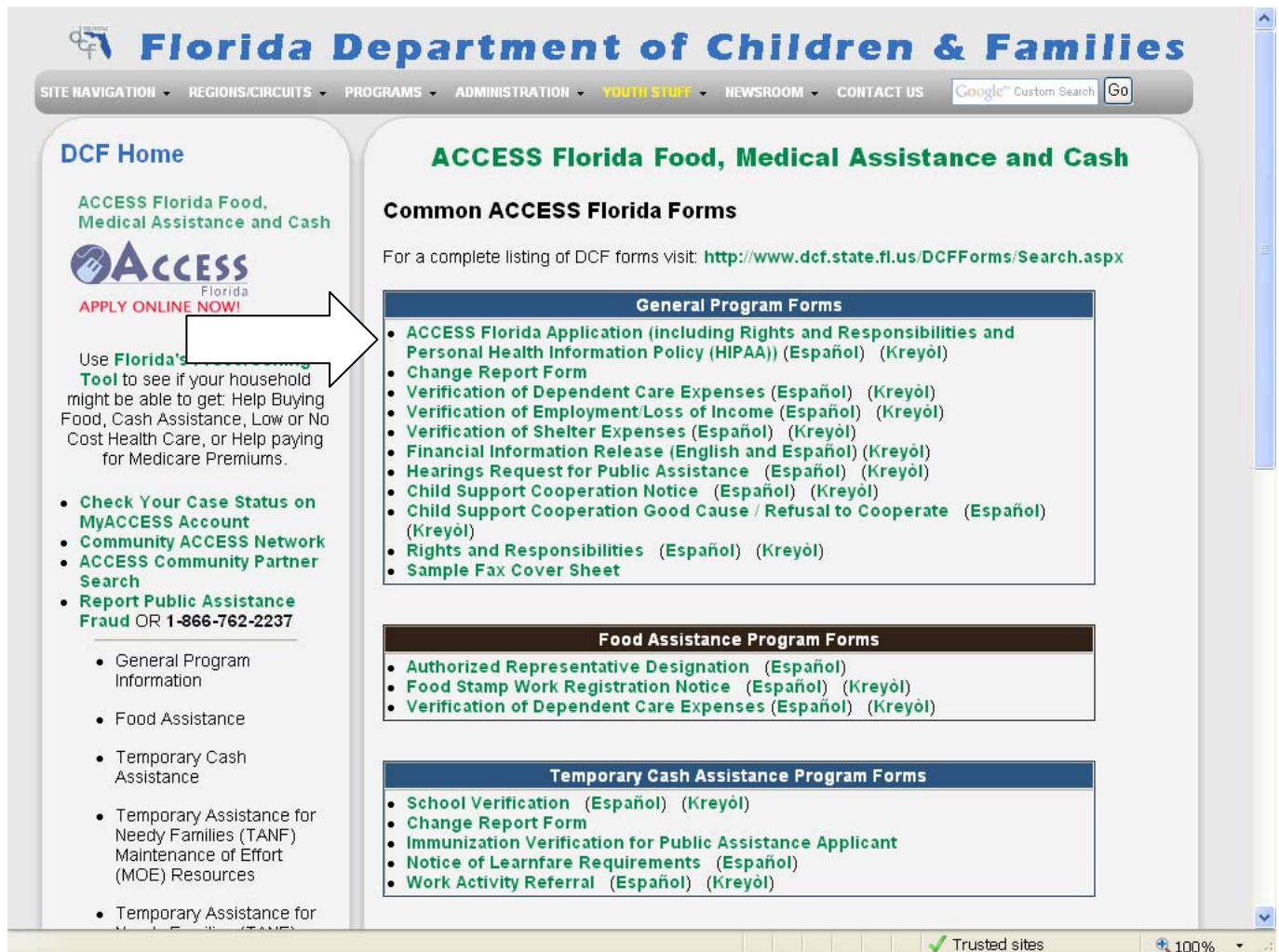
To apply for additional benefits, click on the Request for Additional Assistance link located in the customer's My ACCESS Account.

How to Print a Paper Application for Assistance

Go to the ACCESS Florida Home Page at

<http://www.dcf.state.fl.us/programs/access/agencyforms.shtml>

The ACCESS paper application for assistance is located under General Program Forms and is available in a choice of three languages.



Florida Department of Children & Families

SITE NAVIGATION | REGIONS/CIRCUITS | PROGRAMS | ADMINISTRATION | **YOUTH STUFF** | NEWSROOM | CONTACT US | Google Custom Search | Go

DCF Home

ACCESS Florida Food, Medical Assistance and Cash

ACCESS Florida
APPLY ONLINE NOW!

Use Florida's **Tool** to see if your household might be able to get: Help Buying Food, Cash Assistance, Low or No Cost Health Care, or Help paying for Medicare Premiums.

- Check Your Case Status on MyACCESS Account
- Community ACCESS Network
- ACCESS Community Partner Search
- Report Public Assistance Fraud OR 1-866-762-2237

• General Program Information

• Food Assistance

• Temporary Cash Assistance

• Temporary Assistance for Needy Families (TANF) Maintenance of Effort (MOE) Resources

• Temporary Assistance for Needy Families (TANF)

ACCESS Florida Food, Medical Assistance and Cash

Common ACCESS Florida Forms

For a complete listing of DCF forms visit: <http://www.dcf.state.fl.us/DCFForms/Search.aspx>

General Program Forms

- ACCESS Florida Application (including Rights and Responsibilities and Personal Health Information Policy (HIPAA)) (Español) (Kreyòl)
- Change Report Form
- Verification of Dependent Care Expenses (Español) (Kreyòl)
- Verification of Employment/Loss of Income (Español) (Kreyòl)
- Verification of Shelter Expenses (Español) (Kreyòl)
- Financial Information Release (English and Español) (Kreyòl)
- Hearings Request for Public Assistance (Español) (Kreyòl)
- Child Support Cooperation Notice (Español) (Kreyòl)
- Child Support Cooperation Good Cause / Refusal to Cooperate (Español) (Kreyòl)
- Rights and Responsibilities (Español) (Kreyòl)
- Sample Fax Cover Sheet

Food Assistance Program Forms

- Authorized Representative Designation (Español)
- Food Stamp Work Registration Notice (Español) (Kreyòl)
- Verification of Dependent Care Expenses (Español) (Kreyòl)

Temporary Cash Assistance Program Forms

- School Verification (Español) (Kreyòl)
- Change Report Form
- Immunization Verification for Public Assistance Applicant
- Notice of Learnfare Requirements (Español)
- Work Activity Referral (Español) (Kreyòl)

Trusted sites | 100%

Click on the selected language, and print the application.

To find the address and fax number of your local county office, go to <http://www.dcf.state.fl.us/programs/access/servicecenters.shtml#svcctrs> .

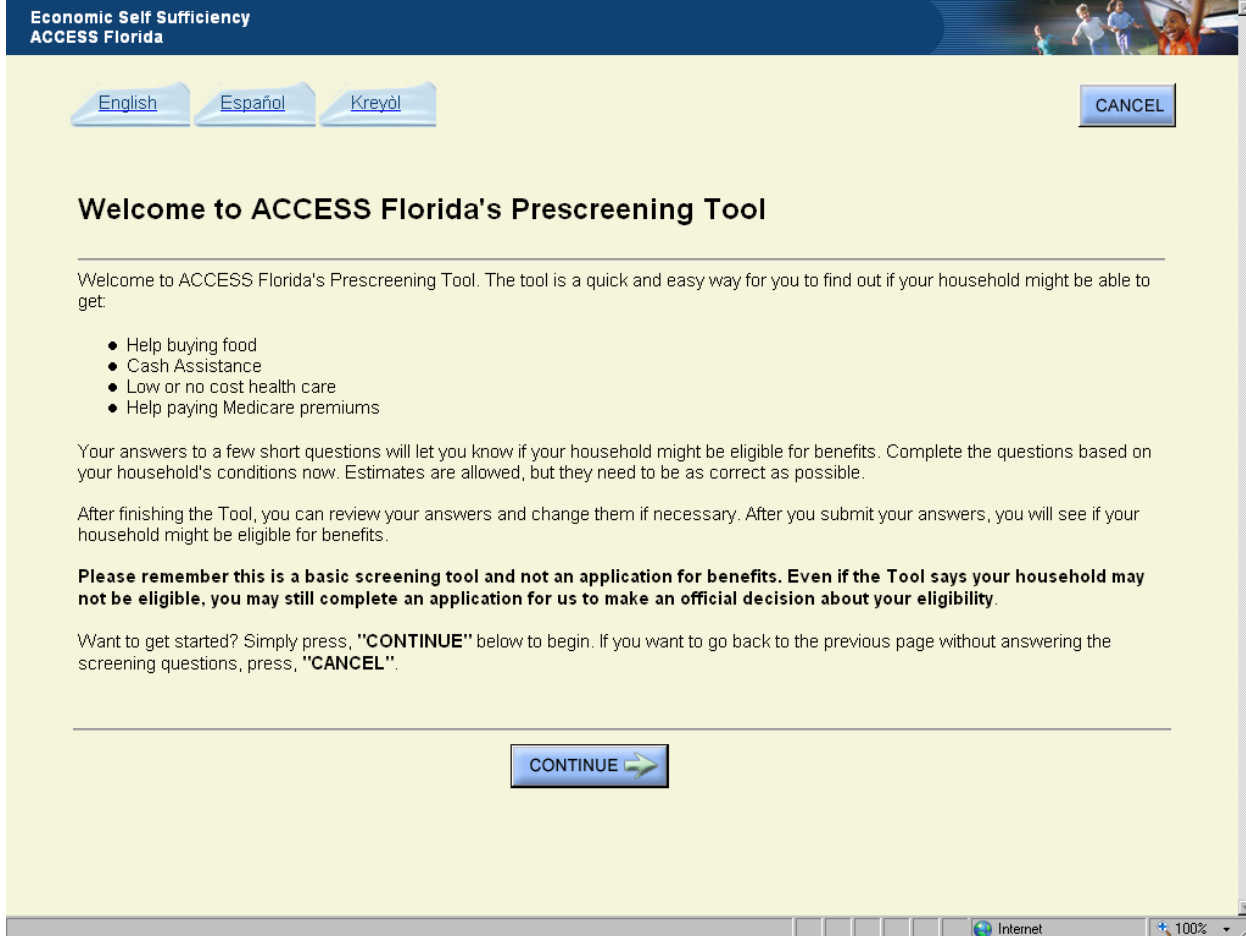
Prescreening Tool On-line

If a customer would like to explore the benefits they may be eligible for prior to completing an on-line application, they may do so by using the prescreening tool available on the ACCESS webpage. After entering some basic information about their situation, the system will provide an estimation of assistance programs that may be available to them. It is not meant to provide the customer with a final evaluation of benefits they will receive. Even if the system responds that the individual does not appear eligible for a desired program, they may complete a web application and have ACCESS staff make a determination of their family's eligibility.



The prescreening tool is available at www.myflorida.com/accessflorida .

Prescreening Tool Main Page



The screenshot shows the main page of the ACCESS Florida's Prescreening Tool. At the top, there is a blue header with the text "Economic Self Sufficiency ACCESS Florida" and a small image of a family. Below the header, there are three language selection buttons: "English", "Español", and "Kreyòl", along with a "CANCEL" button. The main content area has a light yellow background and features the following text:

Welcome to ACCESS Florida's Prescreening Tool

Welcome to ACCESS Florida's Prescreening Tool. The tool is a quick and easy way for you to find out if your household might be able to get:

- Help buying food
- Cash Assistance
- Low or no cost health care
- Help paying Medicare premiums

Your answers to a few short questions will let you know if your household might be eligible for benefits. Complete the questions based on your household's conditions now. Estimates are allowed, but they need to be as correct as possible.

After finishing the Tool, you can review your answers and change them if necessary. After you submit your answers, you will see if your household might be eligible for benefits.

Please remember this is a basic screening tool and not an application for benefits. Even if the Tool says your household may not be eligible, you may still complete an application for us to make an official decision about your eligibility.

Want to get started? Simply press, "CONTINUE" below to begin. If you want to go back to the previous page without answering the screening questions, press, "CANCEL".

At the bottom of the page, there is a "CONTINUE" button with a right-pointing arrow. The browser's address bar shows "Internet" and the zoom level is set to "100%".

Once the family's basic information is submitted, the screening tool will let them know which benefits they may want to apply for. It is the customer's choice if they want to apply for these benefits or others not indicated on the screening tool's results page.

Common Benefit and Application Questions and Answers

FAP(Food Assistance Program) also known as SNAP/ Food Stamps – Questions & Answers

1. What happens after I apply for FAP Benefits?

For most, a brief interview in person or by phone is required before FAP benefits can be approved. If you have applied over the internet, a letter will be sent asking you to call in for an interview and asking for information needed to complete your eligibility. After the interview, if additional information is needed another letter will be sent listing the information needed and when it is due. **For information about some of the verification required, go to the link: <http://www.dcf.state.fl.us/programs/access/docs/fafactsheet.pdf>**

2. Are there other requirements once I provide the information?

If there are children under 18 in the home and one or both parents are not in the home, you must cooperate with the child support enforcement office to help locate the parent(s). For more information about child support enforcement, visit the Department of Revenue website at <http://dor.myflorida.com/dor/>.

3. How will I know if I am eligible for FAP Benefits, and how much I will receive?

A letter will be sent informing you of the approval or denial. The letter will explain the amount of benefits you will receive each month if you are eligible. If the FAP application is denied, the letter will give the reason for the denial. You can check your benefit information by logging in to **My ACCESS Account**. To set up My ACCESS Account, go to www.myflorida.com/accessflorida.

4. When will I receive my FAP Benefits?

If you meet the criteria for expedited FAP benefits (faster processing due to little or no income) you should have benefits within seven calendar days from your date of application. FAP benefits will be received by the 30th day from your date of application, if you do not qualify for expedited benefits. The agency has 30 days to approve or deny your application for FAP.

5. If eligible for FAP benefits, how do I receive them?

If this is the first time you are applying for cash or food assistance, you will receive your EBT card in the mail with instructions on how to use it once your case is approved.

If you have received benefits in the past and still have your EBT card, you can still use that card as long as your case number stays the same.

If you are reapplying for benefits and no longer have your EBT card, please call the EBT Customer Service anytime at **1-888-356-3281** to get a replacement card. Another EBT card will not automatically be mailed to you once your case is approved.

For more information about the EBT card, go to the EBT section located on page 115 in this guide.

6. How long can I receive FAP benefits?

Most people can receive FAP benefits for six months before having to reapply. There are some exceptions: Someone who is elderly (60 or older) or disabled, has no earned income, and has a stable living situation may receive FAP benefits for 12 months before having to reapply.

7. What should I do if I move, start or stop a job or have some other change in my situation?

Any change can be reported by calling 1-866-762-2237 or on the internet at <http://www.myflorida.com/accessflorida> and logging into your my ACCESS account.

8. When you get a job will your FAP benefits be cancelled?

The total income for everyone in your FAP household is compared to the income guidelines for the number of people in your household. When earned income is received there are deductions that are taken off before the income is compared to the income guidelines. FAP benefits are not automatically closed because you get a job. If your household is under simplified reporting and the change in income does not exceed the gross income standard for your family, the income will not affect your FAP benefits until you recertify.

9. Why does my neighbor, who has more income than me, receive more FAP benefits?

FAP eligibility is based on the whole household situation. The amount of benefits is based on the number of people in the household, household income, and expenses such as rent, utilities, and child care.

10. If I have a car or money in the bank am I ineligible for the FAP program?

Assets are no longer considered when determining eligibility, except for households that contain certain disqualified individuals.

11. How can I apply for and use FAP benefits if I am temporarily or permanently disabled and need help?

You can designate someone you trust as an authorized representative to apply for you and/or receive the benefits for you. The name of the person you want as an authorized representative can be entered on the application or you can write a statement giving the name of the person. Send the statement to the local service center or call 1-866-762-2237 to ask for a form to complete.

Temporary Cash Assistance Questions & Answers

1. What happens after I apply for Cash Assistance?

You must have a brief interview in person or by phone before Cash Assistance can be approved. If you have applied over the internet, a letter will be sent asking you to call in for an interview and asking for information needed to complete your eligibility. After the interview, if additional information is needed another letter will be sent listing the information needed and when it is due. **For information about some of the verification required, log onto:** <http://www.dcf.state.fl.us/programs/access/docs/tcafactsheet.pdf>

2. Are there other requirements once I provide the information?

There must be children under 18 years old (or under 19 years old if still full-time in high school), living in the home with a parent or relative not further removed than children of 1st cousins, to qualify for cash assistance. If one or both parents are not in the home the caretaker of the children must cooperate with the child support enforcement office to help locate the parent(s). Unless you meet an exemption from the work program, you will be required to register and comply with work requirements. Children under five years old must be up to date on immunizations and school aged children must be attending school to be eligible for cash assistance.

3. How will I know if I am eligible for Cash Assistance and how much I will receive?

A letter will be sent informing you of the approval or denial. The letter will explain the amount of benefits you will receive each month if you are eligible. If the Cash Assistance application is denied, the letter will give the reason for the denial.

4. If eligible for Cash Assistance how do I receive the benefits?

An electronic benefit transaction (EBT) card will come in the mail with instructions to call the 1-800 # on the back to select a personal identification number (PIN). Once the PIN # is selected, the card can be used at ATMs that display the QUEST, STAR, or PRESTO logos. You may also request that the cash benefit be direct deposited into your bank account.

5. How long can I receive Temporary Cash Assistance?

Cash assistance under the TCA program is limited to a lifetime cumulative total of 48 months as an adult (child only cases have no time limit).

6. What should I do if I move, start or stop a job or have some other change in my situation?

Any change can be reported by calling 1-866-762-2237 or on the internet at <http://www.myflorida.com/accessflorida> through the customer's My ACCESS Account.

7. When you get a job will your Temporary Cash Assistance get cancelled?

The total income for everyone in your cash assistance household is compared to the income guidelines for the number of people in your household. When earned income is received there are deductions that are taken off before the income is compared to the income guidelines. Your cash assistance may be reduced or closed depending on how high the total income is for the household. Cash assistance is not automatically closed because you get a job. You may qualify for 12 additional months of Medicaid if your earnings caused you to be ineligible for cash assistance.

8. How can I apply for and use Temporary Cash Assistance if I am temporarily or permanently disabled and need help?

You can designate someone you trust as an authorized representative to apply for you and/or receive the benefits for you. The name of the person you want as an authorized representative can be entered on the application or you can write a statement giving the name of the person. Send the statement to the local service center or call 1-866-762-2237 to ask for a form to complete.

9. If I have a car am I ineligible for Temporary Cash Assistance?

No, some vehicles are excluded or count for less than their total value depending on how much is owed and whether or not they meet an exemption. The asset limit for cash assistance is \$2,000. Items such as cars, bank accounts, and property (not including homestead) count in your total asset value. An ACCESS worker will evaluate your total assets and let you know if they affect your eligibility.

Other Application and Follow-up Questions and Answers

1. How can I get help with submitting my application?

Answer: Many partner sites have agreed to serve as Assisted Site partners. They will have staff available to assist with the submission of your web application. You can also go to your local Department of Children and Families ACCESS office or store front facility, and there will be someone available to offer you assistance and answer questions. You can also call the Customer Call Center if submitting from home at **1-866-762-2237** during normal business hours.

2. How do I find out where to turn in my paperwork for an application?

Answer: If you were sent a pending notice following the submission of an application, the notice should indicate a mailing address or fax number to submit documentation to. If you have lost the notice, you can also get the office address and fax number on-line at www.myflorida.com/accessflorida. There are several places with a link to locate a DCF service center (see page 12 in this guide).

You can also call the customer call center at 1-866-762-2237 and ask a customer representative to give you the address information.

3. How can I check to find out if my application was received?

Answer: You will receive a receipt on-line following the submission of your e-signed web application. This lets you know the application was successfully submitted. You can also check your application status on-line by going to www.myflorida.com/accessflorida and checking his case through the My ACCESS Account. Finally, you can also check that an application was received by calling the automated response unit at 1-866-762-2237.

4. How can I find out why my application was denied or approved for a certain amount?

Answer: You can review all actions taken on your case through your My ACCESS Account (see page 126 in this guide). You will also receive a written notice of the case action that will explain the eligibility factors your benefits were based on. If you cannot get into your my ACCESS Account, you may call the Customer Call Center at 1-866-762-2237, and a representative can explain your benefit amount to you.

5. How can I find out if I am potentially eligible for benefits before I submit an application on-line?

Answer: There is a prescreening tool that is available on-line at www.myflorida.com/accessflorida (see page 87 of this guide). This tool allows you to answer some basic information and will screen your family for potential benefits you may be eligible for. This is not a determination of eligibility. Even if the tool states you do not appear eligible for any programs, you may still want to apply and let an ACCESS worker review your information and make a final determination of eligibility.

6. How can I obtain a paper application if I am unable to complete an application on-line?

Answer: See page 86 of this guide. Paper applications can be printed in three languages(English, Spanish, and Creole) from the ACCESS web site. You can also request a paper Application from the Customer Call Center at 1-866-762-2237.

7. How can I locate other services I may need in addition to those offered by the ACCESS program (housing assistance, utility assistance, food assistance, etc.)?

Answer: When you are on the ACCESS web page (www.myflorida.com/accessflorida), you can click on the link to ACCESS Florida Homepage. Through this page, you can access links to a variety of other services including daycare, housing assistance, employment services, elderly and disabled programs, as well as many others. You can get directly to the page displaying the list of links available by going to <http://www.dcf.state.fl.us/ess/services.shtml>.

The complete list of links available on our website is shown below.

General

- American Public Human Services Association**
- Department of Children and Families, ACCESS Florida**
- **Domestic Violence**
- **Emergency Financial Assistance for Housing Program**
- **Florida Department of Veteran's Affairs**
- **Florida Housing Finance Corporation**
- **Florida Legal Services**
- **Lifeline Assistance & Link Up Florida**
- **Low-Income Home Energy Assistance Program**
- **Need Housing Assistance**
- **Refugee Assistance**
- **Referral Services**
- **Voter Registration**
- **Welfare Information Network**
- **Workforce Florida, Inc.**

Child Related Services

- **About Child Care**
- **Child Health Checkup**
- **Child Support Information**
- **Children's Medical Services**
- **Florida Healthy Kids**
- **KidCare - Low Cost Health Insurance for Children**
-

Health & Nutrition

- **Agency for Health Care Administration**
- **Department of Health**
- **Florida Discount Drug Card Program**
- **Florida WIC – Good Nutrition for Woman, Infants & Children**
- **Food Assistance Through the Angel Food Ministries Program**
- **Food Resources in Your Area**
- **Maternal and Child Health**
- **Share Foods**
- **Solutions for a Healthier Life**
- **Where can I use my Food Assistance (SNAP) EBT card?**
- **Your Local Health Department**

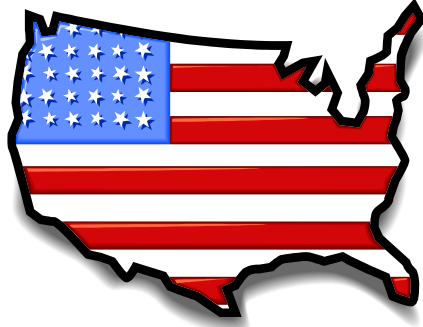
Elderly and Disabled

- **Agency for Persons with Disabilities**
- **Alzheimer's Caregiver Support**
- **Area Agencies on Aging**
- **Brain Injury Association of Florida**
- **Florida Elder Services**
- **Florida Hospices and Palliative Care**
- **Medicare Prescription Drug Plan Assistance**
- **National Association of State Units on Aging(NASUA)**
- **Nursing Home Guide**
- **Prescription Assistance Programs**
- **Social Security Administration**

Federal Government Sites**Administration for Children & Families**

- **Administration on Aging**
- **Centers for Medicare & Medicaid Services**
- **Department of Agriculture**
- **Department of Labor**
- **Department of Veteran's Affairs**
- **Food & Nutrition Services**
- **Health & Human Services**
- **Housing & Urban Development (HUD)**
- **Internal Revenue Service - Information on the Earned Income Tax Credit (EITC)**
- **Medicare**
-

NOTE: Most of these links are to Internet sites that are not maintained by the Department of Children and Families.



What can be Considered Acceptable Documentation of U.S. **Citizenship** and **Identity** for Medicaid?

A. The following documents may be accepted as **proof of citizenship and identity**:

- A U.S. passport (does not have to be currently valid)
- Certificate of Naturalization (DHS form N-550 or N-570)
- Certificate of U.S. Citizenship (DHS form N-560 or N-561) or
- Data from the Driver's And Vehicle Express (DAVE) system.

B. If none of the documents above are available, the following documents which show a U.S. place of birth may be accepted to verify **citizenship only**:

- BVS record (MNOV or DEBP)
- VIS-CPS (SAVE) for Naturalized citizens (need A#)
- Verification of eligibility under the Child Citizenship Act of 2000
- A U.S. birth certificate originally issued prior to age 5
- A final adoption decree, or if pending and no birth certificate can be issued, a statement from the state adoption agency (U.S. born only)
- A Report of Birth Abroad of a U.S. Citizen (forms FS-240, FS 545 or DS 1350)
- A U.S. citizen ID card (DHS form I-197 or I-179)
- A Northern Mariana ID card (I-873)
- An American Indian Card (I-872), with the classification code "KIC"
- Document showing civil service (employment by the U.S. government before 6/1/76 or
- Official military record of service (DD-214 showing a U.S. place of birth).

C. If the above documents are not available, the following documents will verify **citizenship only** if they were established at least 5 years prior to the date of application (unless for a child under age five), and show a U.S. place of birth:

- Extract of hospital record, established at birth, on hospital letterhead (not a souvenir "birth certificate")
- Life or health insurance record
- Early school record or
- Religious record (Baptism) within 3 months of birth.

Acceptable Documentation of U.S. **Citizenship** and **Identity** for Medicaid con't

D. If the above documents are not available the following documents will verify **citizenship only** (if created at least 5 years before the Medicaid application and show a U.S. place of birth):

- An amended U.S. public birth record, after age of 5
- Signed statement from the Physician or midwife in attendance at the birth
- Nursing home institution records that contain biographical information
- Medical records with biographical information
- Federal census records from 1900-1950 showing the applicant's age/U.S. place of birth. The five year rule does not apply to census records (form BC-600 & fee)
- Seneca Indian tribal census record
- Bureau of Indian Affairs tribal census records of Navaho Indians
- Listed on the Roll of Alaskan Natives or
- A written and signed attestation by at least 2 people (one non-relative) who have personal knowledge of the birth or naturalization. The identity and U.S. citizenship of these two people must be verified.

E. The following documents may be accepted as **proof of identity only** (use with documents listed in sections B through D above):

- State Driver's License or State ID with photo or other identifying information
- U.S. American Indian/Alaska Native tribal documents with photo or other identifying information
- Three or more of the following documents (marriage license, divorce decree, high school diploma, property tax records, employer ID cards, or any other document from a similar source (**UNLESS** 4th tier citizenship documentation was used)
- Food stamp, CSE, Corrections, child protection, and DJJ data records
- U.S. military card or draft record
- Federal, State, or local government ID card with photo
- Native American tribal document
- U.S. Coast Guard Merchant Mariner card
- An attestation for certain disabled adults in a residential facility when no other documentation is available.

Special ways to document **identity for children under age 16:**

- School ID card (no photo)
- Nursery or daycare records
- Report card (verify with school)
- Clinic, doctor or hospital records or
- An attestation signed by parent, guardian or caretaker relative. This attestation can be done on either the sample form or the application

Income Charts for Food Assistance, Temporary Cash Assistance, and Medicaid

The income charts are intended to give the customer information about the basic income limits for the ACCESS programs. Even if a customer does not appear to be eligible, they may submit their application for assistance and have their eligibility determined by a case processor with the Department of Children and Families.

No customer should ever be denied the right to apply based on their apparent ineligibility.

Updated Food Assistance Income and Benefit Charts can be found at <http://www.dcf.state.fl.us/programs/access/esspolicymanual.shtml>

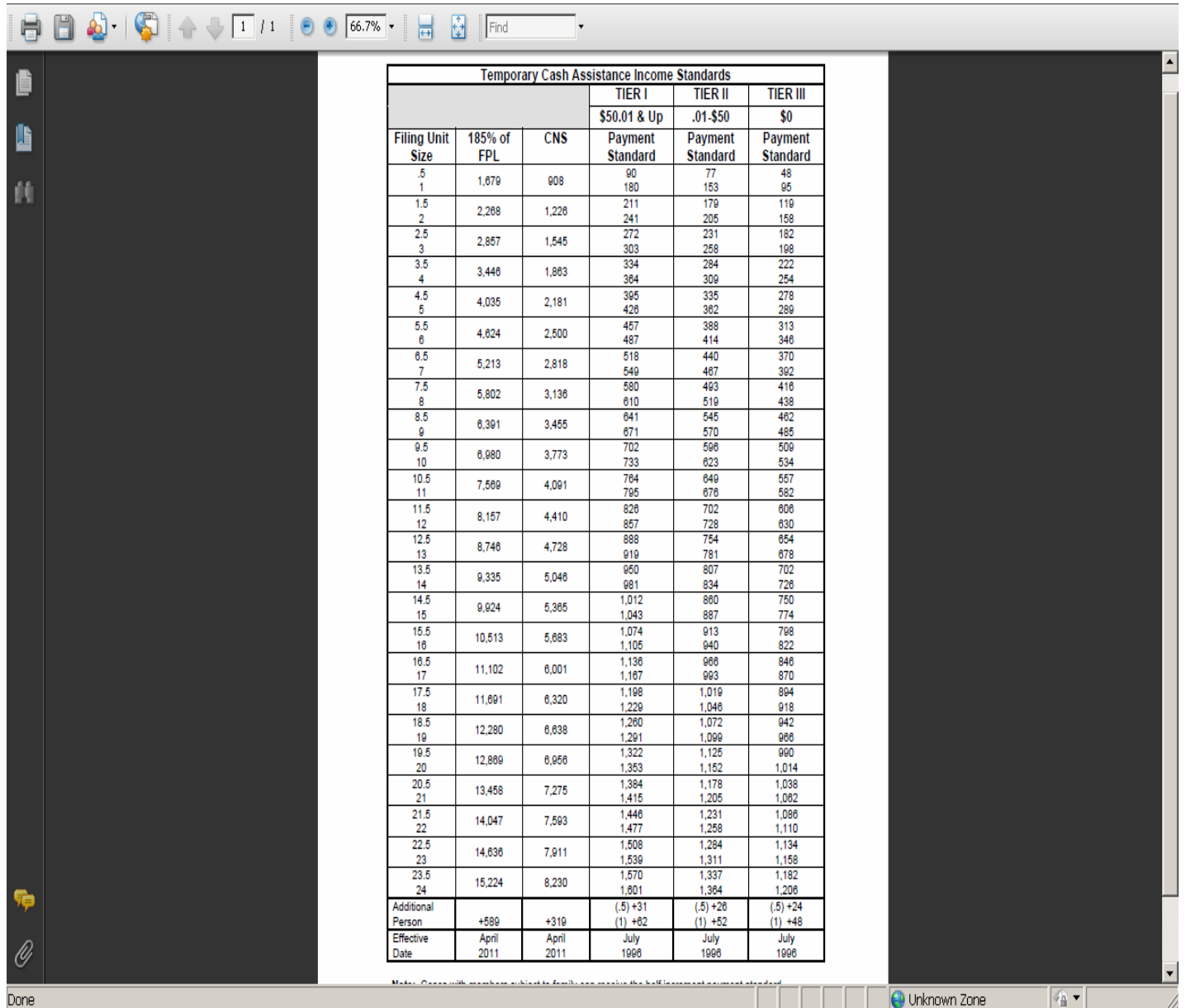
FOOD ASSISTANCE BENEFIT and INCOME LEVEL CHANGES
October 2010

ASSISTANCE GROUP SIZE	165% Need Standards	MAXIMUM BENEFIT	Gross and Net Income Limits			
			MONTHLY 200% GROSS INCOME LIMIT	MONTHLY 130% GROSS INCOME LIMIT	MONTHLY 100% NET INCOME LIMIT	
1	\$1,490	\$200	\$1,805	\$1,174	\$903	
2	\$2,004	\$367	\$2,429	\$1,579	\$1,215	
3	\$2,518	\$526	\$3,052	\$1,984	\$1,526	
4	\$3,032	\$668	\$3,675	\$2,389	\$1,838	
5	\$3,547	\$793	\$4,299	\$2,794	\$2,150	
6	\$4,061	\$952	\$4,922	\$3,200	\$2,461	
7	\$4,575	\$1,052	\$5,545	\$3,605	\$2,773	
8	\$5,089	\$1,202	\$6,169	\$4,010	\$3,085	
9	\$5,604	\$1,352	\$6,792	\$4,416	\$3,397	
10	\$6,119	\$1,502	\$7,415	\$4,822	\$3,709	
EACH ADDITIONAL MEMBER ADD	+\$515	+\$150	+\$624	\$406	\$312	
Food Assistance Deductions						
STANDARD UTILITY ALLOWANCE			\$340			
BASIC UTILITY ALLOWANCE			\$279			
TELEPHONE STANDARD			\$ 35			
STANDARD DEDUCTION			1-3 Members=\$142	4 Members=\$153	5 Members=\$179	6+Members=\$205
HOMELESS INCOME DEDUCTION			\$143			
MAXIMUM DEDUCTION FOR DEPENDENT CARE			No Maximum			
MAXIMUM SHELTER DEDUCTION			No Maximum			
AG'S WITHOUT ELDERLY OR DISABLED MEMBER			\$458			
AG'S WITH AN ELDERLY OR DISABLED MEMBER			UNCAPPED			

Food Assistance income limits and benefit levels are updated each October 1st. This page should be updated each year to ensure that your charts are current. You can also find program information on-line at <http://www.dcf.state.fl.us/programs/access/docs/fafactsheet.pdf>.

Temporary Cash Assistance Payment Standards

Updated Temporary Cash Assistance Income Charts can be found at <http://www.dcf.state.fl.us/programs/access/esspolicymanual.shtml>



Temporary Cash Assistance Income Standards					
Filing Unit Size	185% of FPL	CNS	TIER I	TIER II	TIER III
			\$50.01 & Up	.01-\$50	\$0
			Payment Standard	Payment Standard	Payment Standard
1	1,879	908	90	77	48
1			180	153	95
1.5	2,288	1,228	211	179	119
2			241	205	158
2.5	2,857	1,545	272	231	182
3			303	258	198
3.5	3,448	1,883	334	284	222
4			364	309	254
4.5	4,035	2,181	395	335	278
5			428	362	289
5.5	4,624	2,500	457	388	313
6			487	414	346
6.5	5,213	2,818	518	440	370
7			549	467	392
7.5	5,802	3,136	580	493	416
8			610	519	438
8.5	6,391	3,455	641	545	462
9			671	570	485
9.5	6,980	3,773	702	598	509
10			733	623	534
10.5	7,569	4,091	764	649	557
11			795	676	582
11.5	8,157	4,410	828	702	608
12			857	728	630
12.5	8,746	4,728	888	754	654
13			919	781	678
13.5	9,335	5,046	950	807	702
14			981	834	726
14.5	9,924	5,365	1,012	860	750
15			1,043	887	774
15.5	10,513	5,683	1,074	913	798
16			1,105	940	822
16.5	11,102	6,001	1,136	966	846
17			1,167	993	870
17.5	11,691	6,320	1,198	1,019	894
18			1,229	1,046	918
18.5	12,280	6,638	1,260	1,072	942
19			1,291	1,099	966
19.5	12,869	6,956	1,322	1,125	990
20			1,353	1,152	1,014
20.5	13,458	7,275	1,384	1,178	1,038
21			1,415	1,205	1,062
21.5	14,047	7,593	1,446	1,231	1,088
22			1,477	1,258	1,110
22.5	14,636	7,911	1,508	1,284	1,134
23			1,539	1,311	1,158
23.5	15,224	8,230	1,570	1,337	1,182
24			1,601	1,364	1,206
Additional Person	+589	+319	(5) +31	(5) +26	(5) +24
Date	April 2011	April 2011	July 1998	July 1998	July 1998

The tier level payment amounts are based on the customer's rental/mortgage obligation and the number of eligible individuals in the assistance group. If they have other income sources, that income may affect the amount they receive, if eligible.

Family Related Medicaid Income/Asset Chart

1 / 1 75% Find

Family-Related Medicaid Income & Asset Limit Chart									
Family Size	MEDS for Children & Pregnant Women (PW) - Income Limits				Family Medicaid (1931) & Medically Needy		Asset Limits		
	100% Ages 6-19	133% Ages 1-5	185% PEPW	200% Ages <1	CNS	Income Level	MEDS	Family Medicaid (1931)	Medically Needy
1	908	1,207	1,679	1,815	908	180	NONE	2,000	5,000
2	1,226	1,631	2,268	2,452	1,226	241	NONE	2,000	6,000
3	1,545	2,054	2,857	3,089	1,545	303	NONE	2,000	6,000
4	1,863	2,478	3,446	3,725	1,863	364	NONE	2,000	6,500
5	2,181	2,901	4,035	4,362	2,181	426	NONE	2,000	7,000
6	2,500	3,324	4,624	4,999	2,500	487	NONE	2,000	7,500
7	2,818	3,748	5,213	5,635	2,818	549	NONE	2,000	8,000
8	3,136	4,171	5,802	6,272	3,136	610	NONE	2,000	8,500
9	3,455	4,595	6,391	6,909	3,455	671	NONE	2,000	9,000
10	3,773	5,018	6,980	7,545	3,773	733	NONE	2,000	9,500
11	4,091	5,441	7,569	8,182	4,091	795	NONE	2,000	10,000
12	4,410	5,865	8,157	8,819	4,410	857	NONE	2,000	10,500
13	4,728	6,288	8,746	9,455	4,728	919	NONE	2,000	11,000
14	5,046	6,711	9,335	10,092	5,046	981	NONE	2,000	11,500
15	5,365	7,135	9,924	10,729	5,365	1,043	NONE	2,000	12,000
16	5,683	7,558	10,513	11,365	5,683	1,105	NONE	2,000	12,500
17	6,001	7,982	11,102	12,002	6,001	1,167	NONE	2,000	13,000
18	6,320	8,405	11,691	12,639	6,320	1,229	NONE	2,000	13,500
19	6,638	8,828	12,280	13,275	6,638	1,291	NONE	2,000	14,000
20	6,956	9,252	12,869	13,912	6,956	1,353	NONE	2,000	14,500
21	7,275	9,675	13,458	14,549	7,275	1,415	NONE	2,000	15,000
22	7,593	10,099	14,047	15,185	7,593	1,477	NONE	2,000	15,500
23	7,911	10,522	14,636	15,822	7,911	1,539	NONE	2,000	16,000
24	8,230	10,945	15,224	16,459	8,230	1,601	NONE	2,000	16,500
Additional Person	+319	+424	+589	+637	+319	+62	NONE	SAME	+500
Effective Date	April 2011	April 2011	April 2011	April 2011	April 2011	April 1992			April 1992

Done Unknown Zone

Updated Adult Medicaid Program Income and Asset Charts can be found at

http://eww.dcf.state.fl.us/ess/policy/policy_manual_index.shtml

Eligibility Standards for SSI-Related Programs

April 2011 Coverage Group	Income Limit	Asset Limit
Supplemental Security Income (SSI) Individual*	\$ 674	\$ 2,000
Supplemental Security Income (SSI) Couple*	\$ 1,011	\$ 3,000
ICP/HCBS/Hospice/HCDA Individual	\$ 2,022	\$ 2,000
ICP/HCBS/Hospice/HCDA Couple	\$ 4,044	\$ 3,000
MEDS-AD/ICP-MEDS/Individual (88% FPL)	\$ 795	\$ 5,000
MEDS-AD/ICP-MEDS/Couple	\$ 1,079	\$ 6,000
QMB Individual (100% FPL)	\$ 908	\$ 6,680
QMB Couple	\$ 1,226	\$ 10,020
SLMB Individual (100-120% FPL)	\$ 1,089	\$ 6,680
SLMB Couple	\$ 1,471	\$ 10,020
QI1 Individual (120-135% FPL)	\$ 1,226	\$ 6,680
QI1 Couple	\$ 1,655	\$ 10,020
Working Disabled Individual (200% FPL)	\$ 1,815	\$ 5,000
Working Disabled Couple	\$ 2,452	\$ 6,000
Protected Medicaid	See A-11 and policy in Chapter 2000	

<u>Medicare Part B Premium</u>	\$ 96.40 (receiving prior to January 2010) \$110.50(begin receiving January 2010) \$115.40(begin receiving January 2011)	
<u>Medicare Part A Premium</u>	Number of Qualifying Quarters of Employment	
	Free	40 or more
	\$ 248	30 to 39
	\$ 450	Less than 30
<u>Personal Needs Allowance</u>	\$ 35 ICP/ICP-MEDS/Hospice (Institution) \$ 908 Hospice (Community) 100% FPL \$ 752.40 Assisted Living Waiver Facility Room and Board Charge, plus 20% of the FPL LTC Community Diversion/PACE (\$181 individual, \$362 couple) (resident of assisted living facility)	
<u>Spousal Impoverishment</u>	Minimum Monthly Maintenance Income Allowance (MMMIA)** \$ 1,822 Excess Shelter Standard** \$ 547 Maximum Community Spouse Income Allowance (MMMIA plus excess shelter allowance cannot exceed this figure) \$ 2,739 Community Spouse Asset Allocation Standard \$ 109,560 <u>Home Equity Interest Limit</u> \$506,000	

Program Overviews

Food Assistance Program (FAP)

There is a more detailed overview for the **Food Assistance Program** (formerly Food Stamp program) available on-line at <http://www.dcf.state.fl.us/programs/access/foodstamps.shtml> .

General Information about Food Assistance Program and SUNCAP

The Food Assistance Program helps people with low-income, buy healthy food. A food assistance household is normally a group of people who live together and buy food and cook meals together. If your household passes the Food Assistance Program's eligibility rules, the amount of food assistance benefits you get depends on the number of people in your household and how much money is left after certain expenses are subtracted.

Eligibility Requirements

Individuals must meet all factors of eligibility to get food stamp benefits. Some of the factors of eligibility are:

Identity - Individuals must show proof they are the person they claim to be. Applicants must provide proof of their identity.

Work Rules - Healthy adults, 18 to 50 years of age, who do not have dependent children or are not pregnant, can only get food assistance benefits for 3 months in a 3-year period, if they are not working or participating in a work or workfare program.

Income and Deductions – Most households must pass a gross income limit at 200% of the Federal Poverty Level (FPL). Households with a member disqualified for breaking Food Assistance Program rules, felony drug trafficking, running away from a felony warrant, or not participating in a work program must meet a gross income test at 130% of the FPL. Households with or without a disqualified member must have net income less than 100% of the FPL. Households with people who are, age 60 or older or disabled must only meet the net monthly income limit. Some household expenses may be subtracted from the total monthly income in the food assistance budget. The budget may subtract for shelter expenses, dependent care, medical, child support paid, standard deductions, and earnings.

Residency - Individuals must live in the state of Florida.

Citizenship - Individuals must be a U.S. citizen or have a qualified noncitizen status.

SSN - Individuals must provide a Social Security Number or proof they have applied for one.

Child Support cooperation - Certain individuals must cooperate with the state's child support enforcement agency to prove a child's legal relationship to their parent and to get the court to order child support payments.

Assets - Most food assistance households may have assets such as vehicles, bank accounts, or property and still get help. Households with a disqualified member must meet an asset limit of \$2000 or \$3000 (if the household contains an elderly or disabled member).

Causes of Ineligibility

People who are convicted of drug trafficking, who are running away from a felony warrant, who break Food Assistance Program rules on purpose; who are noncitizens without a qualified status, and some students in colleges or universities are not eligible for food assistance benefits.

Food Assistance Benefit Purchases

Households can use food assistance benefits to buy breads, cereals, fruits, vegetables, meats, fish, poultry, dairy, and plants and seeds to grow food for your household to eat. Households cannot use food assistance benefits to buy nonfood items such as pet foods, soaps, paper products, household supplies, grooming items, alcoholic beverages, tobacco, vitamins, medicines, food to eat in the store, or hot foods.

SUNCAP

The SUNCAP Program is a special Food Assistance Program for individuals who receive Supplemental Security Income (SSI). You may be eligible to receive food assistance benefits through the SUNCAP Program without any additional application, paperwork, or interviews. If you already receive food assistance benefits in the regular Food Assistance Program, you may be automatically put in the SUNCAP Program when you become SSI eligible. If your food assistance benefits will go down, because of SUNCAP, you may choose to continue receiving your food assistance under the regular Food Assistance Program.

Temporary Cash Assistance

There is a more detailed overview of the **Temporary Cash Assistance** (TCA) program available on-line at <http://www.dcf.state.fl.us/programs/access/tca.shtml> .

General Information about Temporary Cash Assistance (TCA)

The TCA program provides cash assistance to families with children under the age of 18 or under age 19 if full time secondary (high school) school students, that meet the technical, income, and asset requirements. The program helps families become self-supporting while allowing children to remain in their own homes. Pregnant women may also receive TCA, either in the third trimester of pregnancy if unable to work, or in the 9th month of pregnancy. Parents, children and minor siblings who live together must apply together.

Eligibility Rules

A person must pass all eligibility rules to get TCA benefits. Some of the eligibility rules are:

- **Time Limits** - Cash assistance is limited to a lifetime total of 48 months as an adult (except for child only cases, which have no time limit).
- **Work Rules** - Some people must participate in work activities unless they meet an exemption. Regional Workforce Boards provide work activities and services needed to get or keep a job.
- **Income and Deductions** - Gross income must be less than 185% of the Federal Poverty level and countable income can't be higher than the payment standard for the family size. Individuals get a \$90 deduction from their gross earned income. Individuals receiving benefits also get an additional earned income deduction as an incentive to get and keep a job.
- **Citizenship** - Individuals must be U.S. citizens or qualified non-citizens.
- **Residency** - Individuals must live in the state of Florida.
- **SSN** - Individuals must provide a Social Security Number or proof they have applied for one.
- **Assets** - A family's countable assets must be equal to or less than \$2,000. Licensed vehicles needed for individuals subject to the work requirement may not exceed a combined value of \$8,500.
- **Relationship** - A child must be living in the home maintained by a parent or a relative who is a blood relative of the child.
- **Child Support Cooperation** - The parent or the caretaker relative of the children must cooperate with child support enforcement to identify and locate the parent(s) who do not live in the child's home, to prove a child's legal relationship to their parent and to get the court to order child support payments.
- **Immunization** - Children under age 5 must be up to date with childhood immunizations (shots).
- **Learnfare** - Children age 6 to 18 must attend school and parents/caretakers must attend school conferences.
-

TCA - Relative Caregiver Program

This program provides monthly cash assistance to relatives who meet eligibility rules and have custody of a child under age 18 who has been court ordered dependent by a Florida court and placed in their home by the Department of Children and Families Child Welfare/Community Based Care (CW/CBC) contracted provider. The monthly cash assistance amount is higher than the Temporary Cash Assistance for one child, but less than the amount paid for a child in the foster care program.

Only the child's income and assets are counted when determining eligibility and payment amounts. Payments are based on the child's age and any countable income. Monthly payments for children with no countable income are as follows:

- Age 0 through 5 - \$242 per child
- Age 6 through 12 - \$249 per child
- Age 13 through 17 - \$298 per child

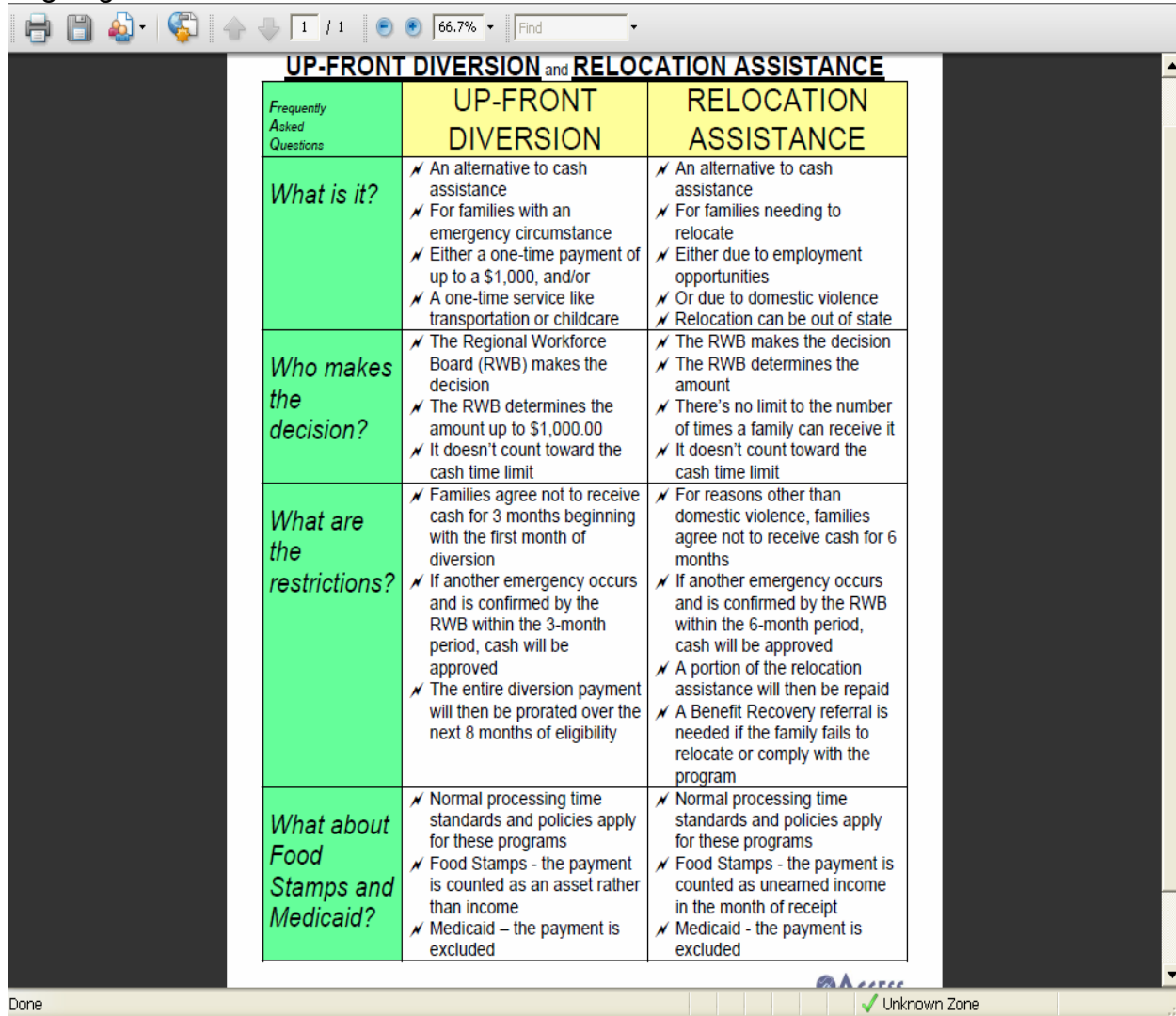
Eligibility Rules

Only the child must pass all eligibility rules to get Relative Caregiver benefits. Some of the eligibility rules are:

- **Citizenship** - Individuals must be US citizens or qualified non-citizens.
- **Residency** - Individuals must live in the state of Florida.
- **SSN** - Child must have a social security number or prove they have applied for one.
- **Assets** - Child's countable assets must be equal to or less than \$2000.
- **Relationship** - Relative caregiver must be within the specified degree of relationship to the parent or stepparent of the child.
- **Income** - Child's net countable income cannot exceed the payment standard for the child's age(see payment amounts above).
- **Child Support Cooperation** - Relative caregiver must cooperate with child support enforcement to identify and locate the parents, to prove a child's legal relationship to their parent and to get the court order child support payments.
- **Immunizations** - Children under age 5 must be current with immunizations.
- **Learnfare** - Child age 6 to 18 must attend school.

Detailed information about the Food Assistance Program is available in the [Temporary Cash Assistance Program Fact Sheet](#).

Upfront Diversion and Relocation Assistance are programs that are an alternative to receiving Temporary Cash Assistance. They are a one time cash payment meant to resolve an emergency situation to enable the customer to retain employment or to assist the customer with relocating to a community where employment is available so that the family will not need ongoing cash assistance.



UP-FRONT DIVERSION and RELOCATION ASSISTANCE		
<i>Frequently Asked Questions</i>	UP-FRONT DIVERSION	RELOCATION ASSISTANCE
What is it?	<ul style="list-style-type: none"> ✦ An alternative to cash assistance ✦ For families with an emergency circumstance ✦ Either a one-time payment of up to a \$1,000, and/or ✦ A one-time service like transportation or childcare 	<ul style="list-style-type: none"> ✦ An alternative to cash assistance ✦ For families needing to relocate ✦ Either due to employment opportunities ✦ Or due to domestic violence ✦ Relocation can be out of state
Who makes the decision?	<ul style="list-style-type: none"> ✦ The Regional Workforce Board (RWB) makes the decision ✦ The RWB determines the amount up to \$1,000.00 ✦ It doesn't count toward the cash time limit 	<ul style="list-style-type: none"> ✦ The RWB makes the decision ✦ The RWB determines the amount ✦ There's no limit to the number of times a family can receive it ✦ It doesn't count toward the cash time limit
What are the restrictions?	<ul style="list-style-type: none"> ✦ Families agree not to receive cash for 3 months beginning with the first month of diversion ✦ If another emergency occurs and is confirmed by the RWB within the 3-month period, cash will be approved ✦ The entire diversion payment will then be prorated over the next 8 months of eligibility 	<ul style="list-style-type: none"> ✦ For reasons other than domestic violence, families agree not to receive cash for 6 months ✦ If another emergency occurs and is confirmed by the RWB within the 6-month period, cash will be approved ✦ A portion of the relocation assistance will then be repaid ✦ A Benefit Recovery referral is needed if the family fails to relocate or comply with the program
What about Food Stamps and Medicaid?	<ul style="list-style-type: none"> ✦ Normal processing time standards and policies apply for these programs ✦ Food Stamps - the payment is counted as an asset rather than income ✦ Medicaid - the payment is excluded 	<ul style="list-style-type: none"> ✦ Normal processing time standards and policies apply for these programs ✦ Food Stamps - the payment is counted as unearned income in the month of receipt ✦ Medicaid - the payment is excluded

Medicaid Programs

There is a more detailed overview of the **Medicaid** program available on-line at <http://www.dcf.state.fl.us/programs/access/medicaid.shtml> .

General Information About Medicaid

Medicaid provides Medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program. Medicaid services in Florida are administered by the [Agency for Health Care Administration](#).

Medicaid eligibility in Florida is determined either by the Department of Children and Families (DCF) or the Social Security Administration (for SSI recipients).

DCF determines Medicaid eligibility for:

- Low income families with children
- Children only
- Pregnant women
- Non-citizens with medical emergencies
- Aged and/or disabled individuals **not** currently receiving Supplemental Security Income (SSI)

Medicaid for Low Income Families With Children

Children up to age 18 and their parents or caretaker relatives may be eligible for Medicaid if the family's countable income does not exceed the income limits and countable assets are not above \$2,000.

- Individuals who receive Temporary Cash Assistance (TCA) are eligible for Medicaid. Individuals who are eligible for TCA, but choose not to receive it, may still be eligible for Medicaid.
- Families who lose Medicaid eligibility due to earned income may be eligible for up to 12 additional months of Medicaid, if they meet certain requirements.
- Families that lose Medicaid eligibility due to child support or alimony may be eligible for 4 additional months of Medicaid.

Additional information about Medicaid for low income families is available in the [Family-Related Medicaid Fact Sheet](#).

Information regarding the income and asset limits for Medicaid for low income families and children can be found on the [Family Related Medicaid Income/Asset Limits](#)

Medicaid for Children Only

Parents and caretakers may apply for Medicaid on behalf of their children under age 19 living in their home, if the family income is under the limit for the age of the child.

Families can apply for Medicaid online at: <http://www.myflorida.com/accessflorida/>. View more detailed information about [Medicaid for children](#).

Children eligible for the Medicaid may enroll in the Child Health Check-up Program. This program provides regularly scheduled health checkups, dental screenings, immunizations and other medical services for children. For information on the Child Health Check-up Program, visit the Agency for Health Care Administrations information page at:

<http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml>.

Families may also apply for medical assistance for children only with the Florida Kid Care program. Medicaid is one of the components of the Florida Kid Care Program. If children do not qualify for Medicaid due to family income, the application will be sent electronically to Florida Healthy Kids (FHK).

FHK covers otherwise eligible children with income less than 200% of the Federal Poverty Level. A separate application is not necessary.

To find information or apply for the Florida Kid Care Program, visit their website at:

<http://www.floridakidcare.org/>.

Medicaid for Pregnant Women

There are three ways to apply:

1. Presumptively Eligible Pregnant Women (PEPW): A temporary coverage for prenatal care only by local clinics. The same application will be sent to DCF for an ongoing Medicaid determination. For more information, please see the [Family-Related Medicaid Factsheet](#).

2. Simplified Eligibility for Pregnant Women (SEPW): A simplified "full coverage" for pregnant women only. To apply, please complete the one page application linked below. Print the application and mail, fax or return it in person to the nearest ACCESS office: ([English](#)) ([Español](#)) ([Kreyòl](#)).

3. ACCESS application: This is an application for "regular" Medicaid, including other family members, cash assistance and/or food assistance. Please visit this link to begin: <http://www.myflorida.com/accessflorida/>. For more information see the [Family-Related Medicaid Factsheet](#).

Women with family income over the limit for Medicaid may qualify for the Medically Needy Program. For more information see the [Family-Related Medicaid Factsheet](#).

For pregnant women who do not meet the citizenship requirements for Medicaid, see the information below about Emergency Medicaid for Aliens.

Emergency Medical Assistance (EMA) For Non-Citizens

Noncitizens, who are Medicaid eligible except for their citizenship status, may be eligible for Medicaid to cover a serious medical emergency. This includes the emergency labor and delivery of a child. Before Medicaid may be authorized, applicants must provide proof from a medical professional stating the treatment was due to an emergency condition. The proof also must include the dates of the emergency.

Medicaid for Aged or Disabled

Medicaid for low income individuals who are either aged (65 or older) or disabled is called SSI-Related Medicaid.

Florida residents who are eligible for Supplemental Security Income (SSI) are automatically eligible for Medicaid coverage from the Social Security Administration. There is no need to file a separate ACCESS Florida application unless nursing home services are needed.

Individuals may apply for full Medicaid coverage and other services using the online [ACCESS Florida Application](#) and submitting it electronically. If long term care services in a nursing home or community setting are needed, the individual must check the box for HCBS/Waivers or Nursing Home on the Benefit Information screen. HCBS/Waiver programs provide in-home or assisted living services that help prevent institutionalization.

Medicare Savings Programs (Medicare Buy-In) help Medicare beneficiaries with limited finances pay their Medicare premiums; and in some instances, deductibles and co-payments. Medicare Buy-In provides different levels of assistance depending on the amount of an individual or couple's income. Individuals may apply for Medicare Buy-In coverage only by completing a [Medicaid/Medicare Buy-In Application](#).

Print the form, complete it and mail or fax it to a local [Customer Service Center](#).

Individuals eligible for Medicaid or a Medicare Savings Program are automatically enrolled in Social Security's Extra Help with Part D (Low Income Subsidy) benefit for the remainder of the year. An individual may also apply directly with Social Security for the [Medicare Extra Help Program](#). Individuals who do apply directly for the Medicare Extra Help Program have the option of having the same application consideration for the Medicare Savings Program. If the individual takes the option of having the Medicare Extra Help Program application considered for the Medicare Savings Program, the Social Security Administration will send information electronically to Florida and the individual will be contacted.

More information about Medicaid programs for aged or disabled individuals is available in the [SSI-Related Fact Sheets](#). Income and asset limits may be found on the [SSI-Related Programs Financial Eligibility Standards](#). Important information for individuals seeking Medicaid for long term care services in a nursing home or community setting is available in the [Qualified Income Trust Fact Sheet](#).

Medicaid Cards

Permanent gold Medicaid cards are issued for each individual who is eligible for Medicaid. The Medicaid card should be presented to medical providers when medical care is being requested. To request a replacement card, call 1-866-762-2237. Those on Medicaid can also request a replacement Gold Medicaid card and/or print a temporary Medicaid card from their My [ACCESS Account](#). Further information on Medicaid services is available from the Agency for Health Care Administration.

Medically Needy (Share of Cost)

Individuals who are not eligible for "full" Medicaid because their income or assets are over the Medicaid program limits may qualify for the Medically Needy program. Individuals enrolled in Medically Needy must have a certain amount of medical bills each month before Medicaid can be approved. This is referred to as a "share of cost" and varies depending on the household's size and income.

Once an individual meets the share of cost for the month, the individual must contact DCF to complete bill tracking and approve Medicaid for the remainder of the month. Information about this program can be found in the [Medically Needy Brochure](#) ([Español](#)) ([Kreyòl](#)).

Medical Help for Those Who Are Not Eligible for Full Medicaid

Note: The following programs are not under the Department of Children & Families. Individuals who are not eligible for Medicaid may get help with the cost of prescription drugs through the [Florida Discount Drug Card Program](#).

For information about other ACCESS Florida programs, visit [Temporary Cash Assistance](#) and [Food Assistance](#).

Florida KidCare Health Insurance for Children

Florida KidCare Health Insurance

Florida KidCare is Florida's Children's Health Insurance Program (CHIP) for uninsured children. Program information can be found at www.floridakidcare.org (shown below). This site provides information on eligibility and costs, application information, payment information, and more. Customers can also call **1-888-540-5437** with additional questions about applying for this program or about an existing application.



The screenshot shows the Florida KidCare website with the following content:

Florida KidCare
Child health insurance you can afford!

Navigation menu: Home Page, Eligibility and Cost, Application and Renewal, Partner Agencies, Coordinating Council, Data and Resources

Language: Español | Kreyòl ayisyen

Phone: 1-888-540-5437
TTY: 1-877-316-8748

Apply Online Now!
Florida KidCare enrollment is open all year.

Information about dental services

Welcome to Florida KidCare

Through Florida KidCare, the state of Florida offers health insurance for children from birth through age 18, even if one or both parents are working. It includes four different parts. When you apply for the insurance, Florida KidCare will check which part your child may qualify for based on age and family income.

Some of the services Florida KidCare covers are:

- Doctor visits
- Check-ups and shots
- Hospital
- Surgery
- Prescriptions
- Emergencies
- Vision and hearing
- Dental
- Mental health

There are several ways to apply for Florida KidCare:

- If you applied for Florida KidCare before, call **1-888-540-5437** to update your information by telephone, or
- **Apply online**, or
- **Print an Application and Instructions**

Florida KidCare also offers several ways for you to **pay your monthly premium**.

What's New

- Next Florida KidCare Coordinating Council Meeting - September 11, 2009
- Florida KidCare Enrollment Trends (52 kb PDF)
- Florida KidCare Community Partnerships

Find out about Florida KidCare events in your community

Footer: Home | Eligibility and Cost | Application and Renewal | Partner Agencies | Coordinating Council | Data and Resources | Site Map

Florida KidCare

- Florida KidCare is Florida’s Children’s Health Insurance Program (CHIP) for uninsured children under the age of 19
- There are four service areas: MediKids, Florida Healthy Kids, Children’s Medical Services and Medicaid
- Upon application and eligibility determination a service program will be selected for the child(ren)
- Enrollment is open all year! Applying is easy, it takes about 4 to 6 weeks to process an application
- Coverage begins after eligibility has been determined and premium is paid (if applicable)
- Must be a US citizen or **qualified non-citizen**
- Children living with grandparents may be eligible for Florida KidCare
- There may be premiums for insurance coverage (most pay \$20 or less per month to cover all children in the household)
- For many the coverage is free!
- There may be small charges or co-payments for some services
- Families with uninsured children can qualify for low-cost Florida KidCare premiums
- Helpful info to have on hand before applying: recent tax return, earning statement(s), pay stubs, cost of employer’s insurance coverage for your children if offered by employer and children’s social security numbers or date applied if Social Security card has not yet been received

Florida KidCare Basic Information (all calls listed below are free)

What is Florida KidCare?	What services are covered?	How much does it cost?	Who do I call for more information?	How do I apply?
Florida KidCare is affordable, comprehensive health insurance for uninsured children under age 19.	Some of the services Florida KidCare covers are: <ul style="list-style-type: none"> ⌚ Doctor visits ⌚ Check-ups and shots ⌚ Hospital and surgery ⌚ Emergency room services ⌚ Prescriptions ⌚ Vision and hearing ⌚ Mental health ⌚ Dental 	The monthly cost depends on household size and income. <ul style="list-style-type: none"> • Most families pay \$15 or \$20 a month or nothing at all to cover all the eligible children in the household. • Some families may pay more. 	<p>General Information:</p> <ul style="list-style-type: none"> • Call 1-888-540-5437 • Visit www.floridakidcare.org <p>Check Application Status:</p> <ul style="list-style-type: none"> • Call Customer Service: 1-800-821-5437 • Visit www.healthykids.org <p>(Have your application confirmation number or family account number handy.)</p> <p>Applied Before? Call 1-800-821-5437 to see if you can re-apply by phone.</p>	<ul style="list-style-type: none"> • Online: Go to www.floridakidcare.org and click “Apply Online Now” • By Phone: Call 1-888-540-5437 to request a paper application to be mailed to parent • Mail Paper Application to: Florida KidCare P.O. Box 980 Tallahassee, FL 32302-0980 • Overnight paper application to: Florida Healthy Kids Corporation 661 E. Jefferson Street, 2nd Floor Tallahassee, FL 32311 • Email application to: apply@healthykids.org (with scanned attachments) • Fax application to: 1-866-867-0054
How do I make my premium payments?		How do I renew my Florida KidCare insurance? (Except for Medicaid)		How do I renew my Medicaid for Children?
<ul style="list-style-type: none"> • Mail payments (no cash): Florida KidCare P.O. Box 31105 Tampa, FL 33631-3105 • Pay by Phone: 1-800-821-5437 • Pay Online: www.healthykids.org <ul style="list-style-type: none"> ⌚ Pay using Visa, MasterCard or Discover cards (there may be a small convenience fee) ⌚ Pay using automated monthly checking/savings account debit 		<p>Renewal forms will be mailed to families. Renewal forms also are available online at www.healthykids.org.</p> <p>Call Florida KidCare Customer Service for more information: 1-800-821-5437.</p> <ul style="list-style-type: none"> • Mail Renewal to: Florida KidCare Attention: RENEWAL P.O. Box 591 Tallahassee, FL 32302-0591 • Fax Renewal to: 1-866-867-0054 • Email Renewal to: renew@healthykids.org (with scanned attachments) 		<p>Renewal forms will be mailed to families.</p> <ul style="list-style-type: none"> • Call the Florida KidCare Medicaid Hotline for more information: 1-800-352-5437.

Electronic Benefits Transfer Card (EBT)

Important- If you have been issued an EBT card in the past in your name and apply and are approved under the same case number again in the future, you will not automatically be sent a new EBT card. If you no longer have your previously issued EBT card, *YOU MUST CALL EBT CUSTOMER SERVICE AND REQUEST A NEW CARD.*

Help and Information Sources

EBT Customer Service 1-888-356-3281

For replacement cards, select/change PIN, benefit availability, last deposit information, balance inquiry, to file a claim

EBT Online Website www.ebtaccount.jpmorgan.com

EBT Training Help Line 1-877-889-7330

For general information about EBT, using your card, PIN information, benefit availability, rules on card usage, using EBT Customer Service

ACCESS Customer Call Center 1-866-762-2237

Benefit Availability

Your card should arrive 5-7 days after case approval. You must select a PIN before you can use your card. Call EBT Customer Service to select your PIN.

Cash Benefits are deposited over the first three days of the month.

Food Assistance Benefits are deposited over the first 15 days of the month.

Issuance Availability Days:

Look at the 9th and 8th number in your case number to determine your day.
If your number is 1234567899, your issuance will be 98, or the 15th day for Food Assistance benefits and the 3rd day for Cash.

Food Stamps		Cash	
00-06	Day 1	00-33	Day 1
07-13	Day 2	34-66	Day 2
14-19	Day 3	67-99	Day 3
20-26	Day 4		
27-33	Day 5		
34-39	Day 6		
40-46	Day 7		
47-53	Day 8		

54-59	Day 9
60-66	Day 10
67-73	Day 11
74-79	Day 12
80-86	Day 13
87-93	Day 14
94-99	Day 15

You can use your card in all 50 states.

PIN Security and Card Care

DO NOT EVER GIVE YOUR PIN # TO ANYONE. This is your private number. Only you can use your card if you have the number. Anyone can use your benefits if they have your PIN and card number. If you give your PIN to someone and they use your benefits, those benefits can not be replaced.

If you get a new EBT card your PIN will stay the same unless you change it by calling EBT Customer Service at 1-888-356-3281.

Do not throw your EBT card away if your case is closed. If it is re-opened your card will still be good and you will be able to use your benefits sooner because you won't have to wait for a new card to be mailed.

Do not fold or bend your EBT card.

Do not scratch or write on the black strip on the back of the card.

Keep your EBT card away from televisions, cell phones, radios, and any other magnetic devices.

Using EBT Benefits

Stores in Florida that accept the EBT card display the QUEST® logo. There is no fee for using your card at these stores.

You may withdraw your cash benefits from ATM machines as cash, make a debit purchase, or receive cash back with a debit purchase. Food Assistance benefits can only be used to buy non-taxable food items. You cannot get cash back from the store with a food stamp purchase.

There is no minimum purchase amount when using your Food Assistance benefits on your EBT card.

Your receipt will show the balance remaining in your account after the purchase. Benefits do not have to be used in the month you get them. Any left at the end of the month will roll into the next month with your new deposit of food assistance benefits or cash benefits.

Each food assistance benefit or cash benefit you receive will stay in your account for one year. If you do not use the benefit, it will be removed from your account and cannot be given back to you.

You can check your balance on line. Log onto www.ebtaccount.jpmorgan.com. You can also change your PIN, get a list of your recent transactions, and send questions and inquiries to a Customer Service Representative.

You may choose to have your cash benefits deposited directly into your bank account. Contact the Customer Call Center at 866-762-2237 for more information.

Troubleshooting

Card does not work

- Card has been cancelled, hot carded or replaced-Call EBT Customer Service
- Benefit availability date has not arrived
- Benefits used up or not yet deposited
- Card is damaged-Call EBT Customer Service for a replacement card

PIN Problems

- Cardholder allowed 3 tries to enter PIN correctly. On 4th incorrect PIN entry, cardholder access will be locked out until midnight.
- Cardholder may call Customer Service and select a new PIN #, or if locked out, the cardholder should wait until the PIN is reset after midnight to use the card

Transaction Denied

Note: Check the reason code

If insufficient funds:

- Check benefit availability date
- Cardholder has not kept up with balance: Contact EBT Customer Service at 1-888-356-3281
- Cardholder has not accounted for fees and surcharges in the balance. Cardholder received partial month and ongoing benefits at the same time.

If invalid transaction:

- Cardholder or cashier pressed incorrect key on the Point of Sale (POS) machine for the type of account (Cash or Food Stamps) to be used

Cardholder does not understand Process

- Refer to EBT Training Helpline, 877-889-7330

Replacement Card Issued to Incorrect Account

- Cardholder must contact EBT and provide them with the correct case number for the case that the benefits were authorized from and deposited into.

Benefits did not Post or Deposit into Account

- Go online to check the status of your account at www.ebtaccount.jpmorgan.com
- Contact ACCESS Customer Call Center at 1-866-762-2237 to verify your benefits have been deposited into your account
- Go online to <http://www.myflorida.com/accessflorida/> to check the status of your case

QUEST locations

- Contact EBT Customer Service to obtain the names of QUEST retailers in the area 1-888-356-3281.

Identity Theft

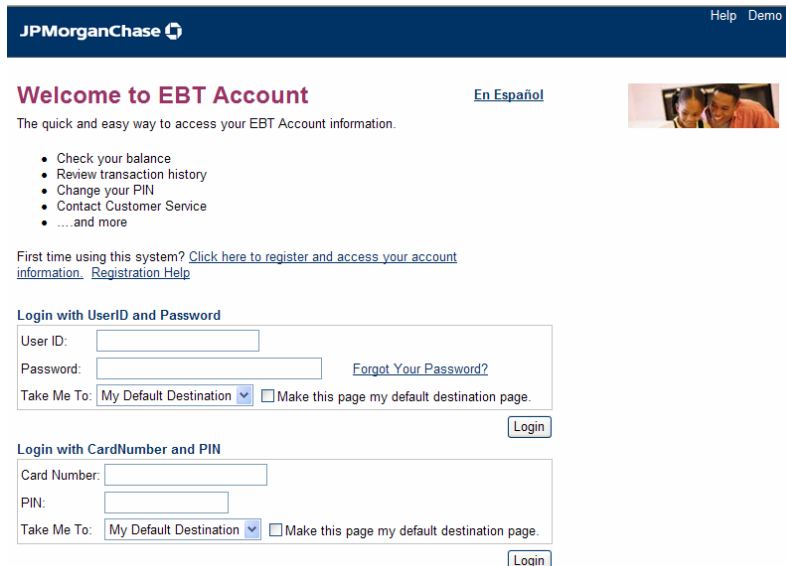
- Contact your local law enforcement to report the theft, and contact EBT Customer Service at 1-888-356-3281 for replacement of the your card.

Errors in Your Account

- If there is an error on your EBT account you have 90 days to report it. You can call the EBT Customer Service Line at 1-888-356-3281 to file a claim.
- If you disagree with any action taken by the Department of Children and Families, you have the right to request a fair hearing within 90 days of the notice received.
- For information about your hearing rights or to request a hearing, please contact Department of Children and Families' Customer Call Center at 1-866-762-2237.

The cardholder may also access their EBT Account Information by going to:

https://www.ebtaccount.jpmorgan.com/JPM_EFS/



The screenshot shows the JPMorgan Chase EBT Account login page. At the top, there is a dark blue header with the JPMorgan Chase logo and "Help Demo" links. Below the header, the text "Welcome to EBT Account" is displayed in red, with a link to "En Español" and a small photo of a family. A list of services is provided: "Check your balance", "Review transaction history", "Change your PIN", "Contact Customer Service", and "...and more". A link for "First time using this system?" is also present. The login section is divided into two parts: "Login with UserID and Password" and "Login with CardNumber and PIN". Each section has input fields for the respective credentials, a "Forgot Your Password?" link, and a "Take Me To:" dropdown menu with a checkbox to "Make this page my default destination page." and a "Login" button.

Resource Information

One-Stop Career Centers

To locate any of the One-Stop Career centers throughout the state, go to <http://www.floridajobs.org/onestop/onestopdir/index.htm>.

These centers provide job counseling, job search support, resume assistance, along with a variety of training programs.

For Job Seekers
For Employers
For Workforce Partners

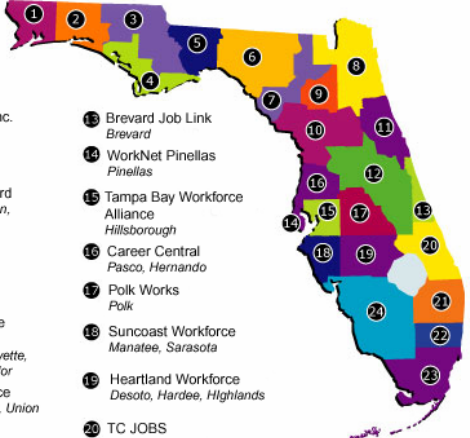
Home / Workforce Services / One-Stop Directory

Quicklinks

- WFS PROGRAMS
- Labor Market Statistics
- Veterans Program
- Work Opportunity Tax Credit (WOTC)
- more programs...
- WFS ON-LINE SERVICES
- Employ Florida Marketplace
- WFS CONTACTS
- Workforce Services
- One-Stop Career Centers
- WFS RESOURCES
- Workforce Partners

EMPLOY FLORIDA LOCAL AFFILIATE

ONE-STOP CENTER DIRECTORY



- 1 Workforce Escarosa, Inc.
Escambia, Santa Rosa
- 2 Jobs Plus
Okaloosa, Walton
- 3 Chipola Workforce Board
Calhoun, Holmes, Jackson, Liberty, Washington
- 4 Workforce Center
Bay, Franklin, Gulf
- 5 Workforce Plus
Gadsden, Leon, Wakulla
- 6 North Florida Workforce Development Board
Hamilton, Jefferson, Lafayette, Madison, Suwannee, Taylor
- 7 Florida Crown Workforce
Columbia, Dixie, Gilchrist, Union
- 8 WorkSource
Baker, Clay, Duval, Nassau, Putnam, St. Johns
- 9 FloridaWorks
Alachua, Bradford
- 10 CLM Workforce Connection
Citrus, Levy, Marion
- 11 Workforce Development Board of Flagler and Volusia Counties
Flagler, Volusia
- 12 Workforce Central Florida
Lake, Orange, Osceola, Seminole, Sumter

- 13 Brevard Job Link
Brevard
- 14 WorkNet Pinellas
Pinellas
- 15 Tampa Bay Workforce Alliance
Hillsborough
- 16 Career Central
Pasco, Hernando
- 17 Polk Works
Polk
- 18 Suncoast Workforce
Manatee, Sarasota
- 19 Heartland Workforce
Desoto, Hardee, Highlands
- 20 TC JOBS
Indian River, Martin, Okeechobee, St. Lucie
- 21 Workforce Alliance
Palm Beach
- 22 Workforce One
Broward
- 23 South Florida Workforce
Dade, Monroe
- 24 Career and Service Centers of Southwest Florida
Charlotte, Collier, Glades, Hendry, Lee

[one stop directory](#)

▶ Access a [complete listing](#) of all One-Stop Centers.

▶ Contact us [here](#) for changes to this directory.

Internet
100%

Prescription Assistance Programs

Florida Prescription Drug Program

The Florida Prescription Drug program is available to those age 60 and older and without prescription drug coverage or who fall into the Medicare Prescription Drug Coverage gap; OR

Under age 60, without prescription drug coverage, and with an annual family income of less than [300% of the Federal Poverty Level](#). Qualifying incomes include those below the following:

- \$32,490 (for an individual)
- \$43,710 (for a family of two)
- \$66,150 (for a family of four)

The link to the Florida Prescription Drug program is <http://www.floridadiscountdrugcard.com/>

Following are five prescription drug programs offered by pharmaceutical companies for individuals who have no other drug coverage. Individuals must apply directly to these companies. The state and none of its departments are involved in the administration of these programs, nor do we endorse solely these programs. This information is offered as a courtesy to our clients as possible optional sources of assistance to help them.

Together Rx

1. No cost to apply
2. Program covers 170 outpatient prescription medicines.
3. Eligible individuals receive a discount card for 20-40% off the cost of designated prescription medicines.
4. Sponsored by some of the largest pharmaceutical companies.
5. Individual cannot be covered on any public or private prescription drug program or Medicaid.
6. Individual cannot be eligible for Medicare.
7. Individuals income must be less than \$45,000 (\$90,000 for a family of four)
8. Must be a legal resident of the United States or Puerto Rico

Call 1-800-444-4106 to determine if you qualify for the quick start savings card or for more information about this program.

Internet address: www.togetherrxaccess.com

Pfizer for Living Share Card

1. Must be on Medicare.
2. Must meet their income guidelines of less than \$18,000 annually for an individual or \$24,000 for a couple.
3. Cannot have any other prescription drug coverage.
4. Cannot be eligible for Medicaid or any other drug benefit plan funded by the state.
5. Co pay is \$15.00 for a 30-day supply.

6. Offers access to health information for seniors.
7. Only covers Pfizer medications and is accepted at participating pharmacies.

Call 1-800-717-6005 for free enrollment kit.

Internet address: www.pfizerhelpfulanswers.com/pages/application/Application.aspx

Lilly Answers Card

1. Must be on Medicare.
2. Must meet income guidelines of less than \$18,000 annually for an individual or \$24,000 for a couple.
3. Cannot have any other prescription drug coverage.
4. Only covers Lilly medications, is limited to those distributed by retail pharmacies, and excludes controlled substances
5. Co pay is a flat \$12 for a 30-day supply.

Call 1-877-795-4559 for more information about the program.

Internet address: <http://www.seniormag.com/free-medication/lilly-answers-card.htm>

Lilly Cares

1. A doctor must request coverage for the patient.
2. Does not involve a card. Medications are provided directly to the physician for dispensing to the patient.
3. Eligibility is determined on a case-by-case basis in consultation with each prescribing physician.
4. Eligibility is based on the patient's inability to pay and lack of third-party drug payment assistance, including insurance, Medicaid and government, community, or private programs.
5. Covers most Lilly products except controlled substances.
6. Income must be less than \$33,000 annually for an individual and \$44,000 annually for a couple.

Call 1-800-545-6962 for more information about the program.

Internet address: <http://www.lillycares.com/Pages/index.aspx>

Merck Patient Assistance Program

1. Application is completed by the physician and the patient.
2. There are only a few covered drugs, but if a person qualifies, there is no cost.
3. Patients must be residents of the United States, but do not have to be citizens.
4. Patients must have exhausted all third party pharmaceutical benefits, including from private insurance, HMOs, veterans assistance, etc.
5. They do not have to be on Medicare.
6. Single individuals must have less than \$43,320 annual income.
7. Couples must have less than \$58,280 annual income.
8. A family of four must have less than \$88,200 annual income.

Call 1-800-727-5400 for more information about this program.

Internet address: www.merck.com



Important Contact Information

Apply for Assistance/Check Case Status / Report Changes

www.myflorida.com/accessflorida

DCF Call Center/SUNCAP/Changes

1/866-762-2237

FAX at Customer Call Center

FAX 1/866-873-0473

Help Desk for Web App Problems

1/866-762-2237

Florida Kidcare

www.floridakidcare.org

1/888-540-5437

Florida Healthy Kids

www.healthykids.org

1/800-821-5437

Agency for HealthCare Administration

<http://www.fdhc.state.fl.us>

1/888-419-3456

Elder Helpline

1/800-963-5337

Abuse Hotline

1/800-962-2873

Child Care

www.dcf.state.fl.us/childcare/

Child Support

www.myflorida.com/dor/childsupport/

1/800-622-5437

Domestic Violence Hotline

1/800-500-1119

EBT Customer Service

www.ebtaccount.jpmorgan.com

1/888-356-3281

**Emergency Financial Assistance
For Housing Program (EFAHP)**

1/877-891-6445

<http://www.dcf.state.fl.us/homelessness/efahp.shtml>

Human Services in FLORIDA

<http://flweb211.myflorida.com/>

Link-up & Lifeline Assistance Programs

<http://www.floridapsc.com/utilities/telecomm/lifeline/>

Prescription assistance

<http://www.xubex.com/>

<http://www.rxoutreach.com/?s=2>

State ID cards for children

<http://www.hsmv.state.fl.us/ddl/faqkeys.html>

Social Security

www.ssa.gov

1/800-772-1213

To locate health insurance

www.forfloridashealth.com

Unemployment Compensation

1/866-778-7356

www.fluidnow.com

United Way

<http://www.uwof.org/>

U S Citizenship and Immigration Services

1/800-375-5283

<http://www.uscis.gov/portal/site/uscis>

Veterans Administration

www.vba.va.gov

1/800-827-1000

Florida Dept of Veterans Affairs

www.floridavets.org

Vital Records (birth, death or marriage) in USA:

US Dept of Health & Human Services

<http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>

Forms

Most forms that may be needed by a customer can be found at the link below or by accessing by clicking on the form name below.

<http://www.dcf.state.fl.us/ess/agencyforms.shtml>

COMMON ACCESS FLORIDA FORMS



FOR A COMPLETE LISTING OF DCF FORMS VISIT:

[HTTP://WWW.DCF.STATE.FL.US/DCFFORMS/SEARCH/DCFFORMSEARCH.ASPX](http://www.dcf.state.fl.us/dcfforms/search/dcfformsearch.aspx)

Forms available include:

General Program Forms

- **ACCESS Florida Application (including Rights and Responsibilities and Personal Health Information Policy (HIPAA)) (Español) (Kreyòl)**
- **Change Report Form**
- **Verification of Dependent Care Expenses (Español) (Kreyòl)**
- **Verification of Employment/Loss of Income (Español) (Kreyòl)**
- **Verification of Shelter Expenses (Español) (Kreyòl)**
- **Financial Information Release (English and Español) (Kreyòl)**
- **Hearings Request for Public Assistance (Español) (Kreyòl)**
- **Child Support Cooperation Notice (Español) (Kreyòl)**
- **Child Support Cooperation Good Cause / Refusal to Cooperate (Español) (Kreyòl)**
- **Rights and Responsibilities (Español) (Kreyòl)**
- **Sample Fax Cover Sheet**

Food Assistance Program Forms

- **Authorized Representative Designation (Español)**
- **Food Stamp Work Registration Notice (Español) (Kreyòl)**
- **Verification of Dependent Care Expenses (Español) (Kreyòl)**

Temporary Cash Assistance Program Forms

- **School Verification (Español) (Kreyòl)**
- **Change Report Form**
- **Immunization Verification for Public Assistance Applicant**
- **Notice of Learnfare Requirements (Español)**
- **Work Activity Referral (Español) (Kreyòl)**

Medicaid Program Forms

- **Appointment of a Designated Representative (Español) (Kreyòl)**
- **Informed Consent Long Term Care Assessment (Español) (Kreyòl)**
- **Medical Certification for Nursing Facility (Page 2)**
- **Patient Transfer and Continuity of Care (Page 2)**
- **Designation of Resources for Burial Funds**
- **Designation of Beneficiary**
- **Verification of Dependent Care Expenses (Español) (Kreyòl)**
- **Assignment of Rights to Support for Institutional Care Program**
- **Life Insurance Verification Request**
- **Authorization to Disclose Information (Español) (Kreyòl)**

Brochures

Brochures on several topics can be accessed below or by going to

<http://www.dcf.state.fl.us/programs/access/agencyforms.shtml>

or by clicking on the brochure name below.

ACCESS Florida Brochures and Department Publications

- **Community ACCESS Network Brochure**
- **ACCESS Florida Customer Brochure**
- **ACCESS Florida On-Line Web Application Tip Card**
- **Medically Needy Brochure (Español) (Kreyòl)**
- **SUNCAP (Español) (Kreyòl)**
- **TANF State Plan**
- **TANF Work Verification Plan**
- **Justice For All Poster**

My ACCESS Account Desk Guide for Customers

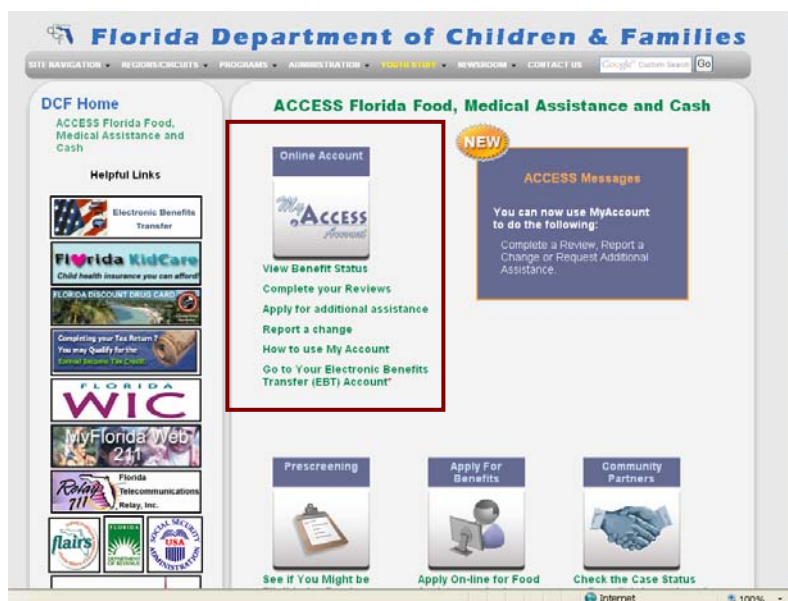
My ACCESS Account System Training can be found at
<http://www.dcf.state.fl.us/admin/training.shtml>

My ACCESS Account provides you with a secure gateway to your public assistance “account” information. You can register your own user ID and manage your own password and account through a secure site. My ACCESS Account allows you to view your case information and interact with the Department of Children and Families through the Web at your convenience twenty-four hours a day seven days a week.

The My ACCESS Account link allows you to:

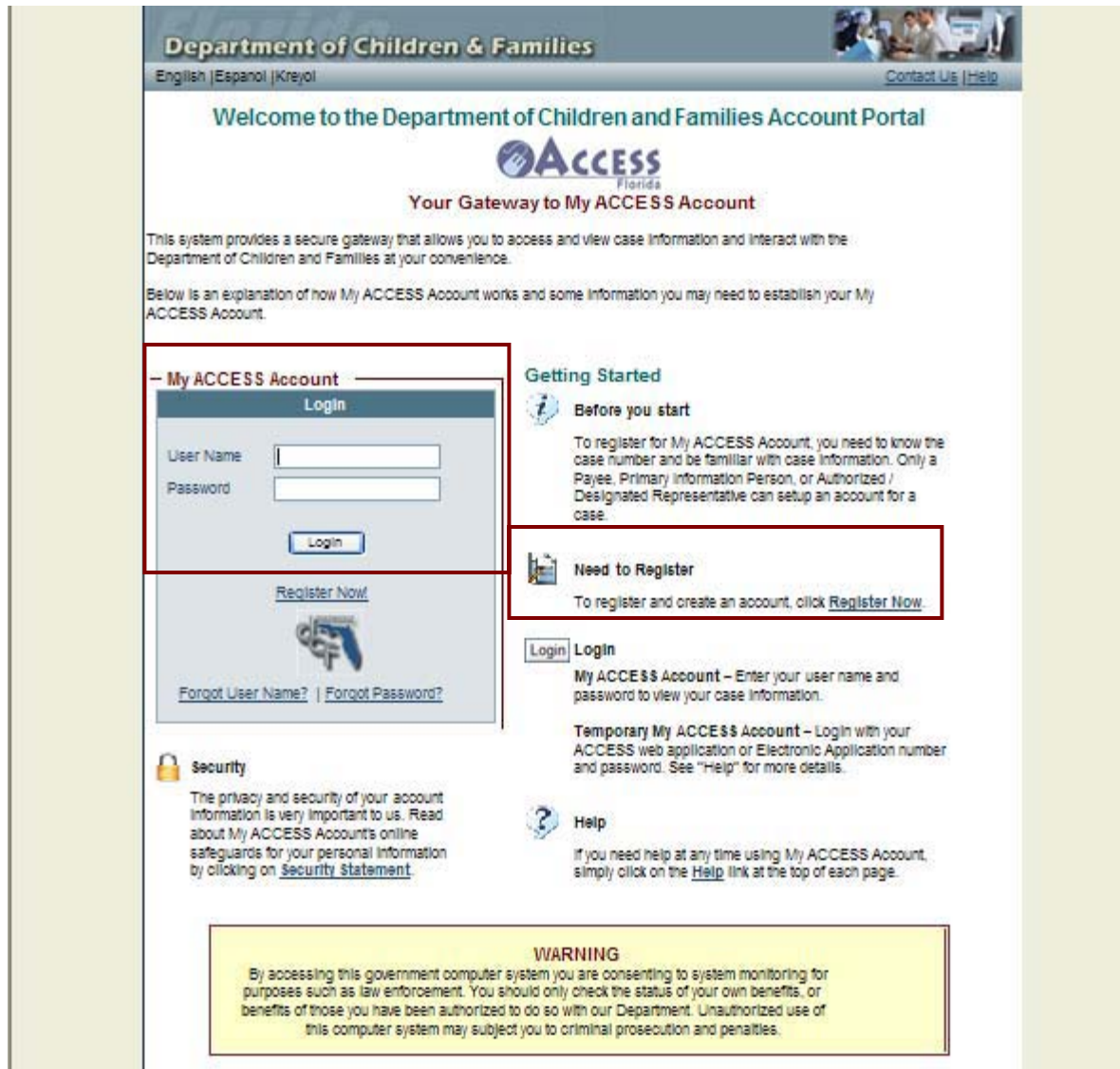
- View current benefits
- View the date benefits will be available
- Print a Temporary Medicaid card
- Request a replacement Gold Medicaid card
- See when your next review is due
- Apply for Additional Assistance
- Complete a recertification
- Report a change to your case
- See when an appointment is scheduled
- View benefit account history
- View a list of verification needed
- View Verifications received on your case by DCF
- Request a case closure

To set up your My ACCESS Account, go to www.myflorida.com/accessflorida, and click on the link under the My ACCESS Account box.



The information displayed in your account is stored nightly. Changes made during the day are available for you to view the following day. The date of the information is displayed at the top of the account status screens for your reference.

My ACCESS Account- Registration and Log-in Page

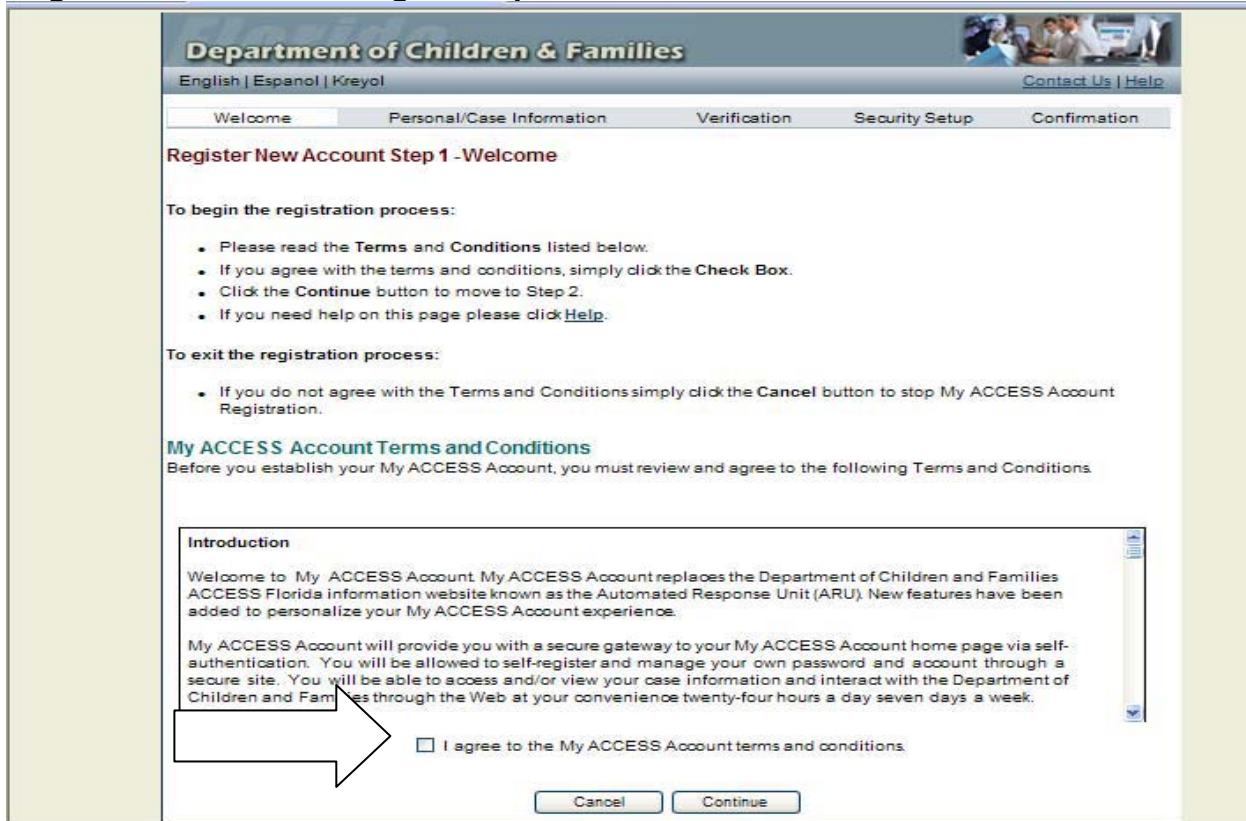


The screenshot shows the 'Department of Children & Families' account portal. At the top, there are language options (English, Español, Kreyol) and links for 'Contact Us' and 'Help'. The main heading is 'Welcome to the Department of Children and Families Account Portal' with the ACCESS Florida logo and the tagline 'Your Gateway to My ACCESS Account'. Below this, a brief description of the system's purpose is provided. The page is divided into two main columns. The left column contains a 'My ACCESS Account' section with a 'Login' form (User Name and Password fields, a 'Login' button, and a 'Register Now' link) and a 'Security' section with a 'Forgot User Name?' and 'Forgot Password?' link. The right column contains a 'Getting Started' section with 'Before you start' information, a 'Need to Register' section with a 'Register Now' link, and a 'Login' section with instructions for both standard and temporary accounts. A 'Help' link is also present. At the bottom, a yellow 'WARNING' box states that by accessing the system, users consent to monitoring for law enforcement purposes and that unauthorized use may result in prosecution.

This is the log-in page where you can both log in as a known user, or begin the registration process to set up a new account. The first time you visit this page, you will be asked to set up a user ID and password.

Please write down your user ID and select a password you can easily remember.

Registration Welcome Page – Step 1



Department of Children & Families
English | Espanol | Kreyol [Contact Us](#) | [Help](#)

Welcome Personal/Case Information Verification Security Setup Confirmation

Register New Account Step 1 - Welcome

To begin the registration process:

- Please read the **Terms and Conditions** listed below.
- If you agree with the terms and conditions, simply click the **Check Box**.
- Click the **Continue** button to move to Step 2.
- If you need help on this page please click [Help](#).

To exit the registration process:

- If you do not agree with the Terms and Conditions simply click the **Cancel** button to stop My ACCESS Account Registration.

My ACCESS Account Terms and Conditions

Before you establish your My ACCESS Account, you must review and agree to the following Terms and Conditions.

Introduction

Welcome to My ACCESS Account. My ACCESS Account replaces the Department of Children and Families ACCESS Florida information website known as the Automated Response Unit (ARU). New features have been added to personalize your My ACCESS Account experience.

My ACCESS Account will provide you with a secure gateway to your My ACCESS Account home page via self-authentication. You will be allowed to self-register and manage your own password and account through a secure site. You will be able to access and/or view your case information and interact with the Department of Children and Families through the Web at your convenience twenty-four hours a day seven days a week.

I agree to the My ACCESS Account terms and conditions.

[Cancel](#) [Continue](#)

This page contains important information you must read and agree to before you can set up an account. Once you have read, understand, and agree with the information on this page, click the mouse in the checkbox to agree to the My Account terms and conditions, and then click on the "Continue" button to go to the next step.

Time-out Feature: Secure areas of our site have built-in timers that terminate your access after a specified amount of time to help reduce the possibility of unauthorized access from an unattended computer. When you finish viewing your account information, remember to logout and close your browser.

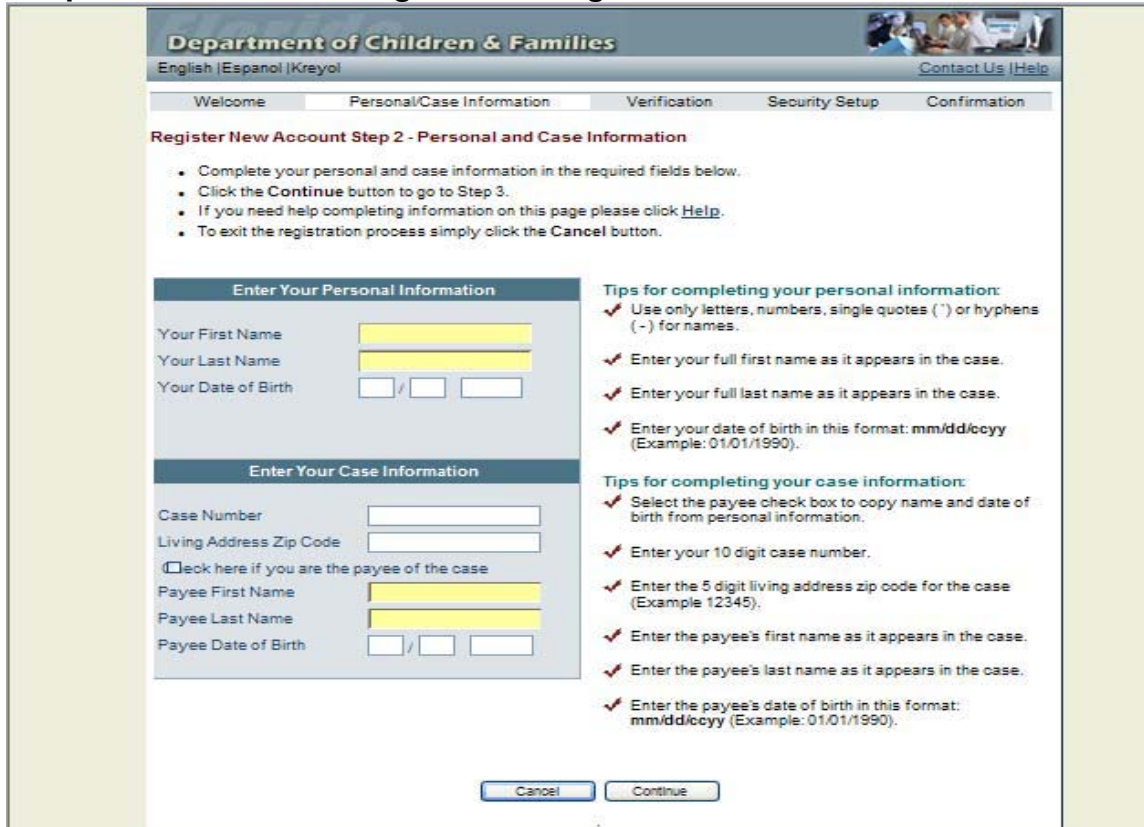
Security Questions: You will be asked security/verification questions when you create your account. Your answers will be used to confirm your identity if you forget your user name or password.

Masking Password: To prevent unauthorized users from viewing your password, we will only display asterisks for the password.
In addition to these safeguards, My ACCESS Account will never: Send an e-mail asking for your personal account information or ask for your Web password in an e-mail or request it via the phone or U.S. mail.

Security Reminders:

- We do not ask for personal information - such as your Social Security number when you login.
- Do not respond to e-mails or pop-ups requesting personal information.
- Use antivirus software and keep it updated

Step 2 - New Account Registration Page



Department of Children & Families
English | Español | Kreyol [Contact Us](#) | [Help](#)

Welcome | Personal/Case Information | Verification | Security Setup | Confirmation

Register New Account Step 2 - Personal and Case Information

- Complete your personal and case information in the required fields below.
- Click the **Continue** button to go to Step 3.
- If you need help completing information on this page please click [Help](#).
- To exit the registration process simply click the **Cancel** button.

Enter Your Personal Information

Your First Name

Your Last Name

Your Date of Birth / /

Enter Your Case Information

Case Number

Living Address Zip Code

Check here if you are the payee of the case

Payee First Name

Payee Last Name

Payee Date of Birth / /

Tips for completing your personal information:

- ✓ Use only letters, numbers, single quotes (') or hyphens (-) for names.
- ✓ Enter your full first name as it appears in the case.
- ✓ Enter your full last name as it appears in the case.
- ✓ Enter your date of birth in this format: mm/dd/yyyy (Example: 01/01/1990).

Tips for completing your case information:

- ✓ Select the payee check box to copy name and date of birth from personal information.
- ✓ Enter your 10 digit case number.
- ✓ Enter the 5 digit living address zip code for the case (Example 12345).
- ✓ Enter the payee's first name as it appears in the case.
- ✓ Enter the payee's last name as it appears in the case.
- ✓ Enter the payee's date of birth in this format: mm/dd/yyyy (Example: 01/01/1990).

To create an account, enter your First Name, Last Name and Date of Birth. The system will match the information you provide with what we have on record. If it does not match, you will not be able to continue.

You **cannot** use your **9-digit** ACCESS Web Application or Electronic Application number to register and create an account. **If you only have a 9-digit number return to the Login page and enter the 9-digit number as the User Name and use the password you created for the application.**

- You will need to know your case number in order to complete the registration. This 10 digit number will be located on notices sent from DCF and is different from the application number.

Accounts can be set up by one of the following:

- **Payee** - the individual whose name the assistance group benefits are issued. This is the individual who normally assumes primary responsibility and leadership in making decisions that affect the assistance group.
- **Primary Information Person (PIP)** - the individual within a case responsible for reporting any information on all individuals whose income and/or assets, and sometimes needs, may affect eligibility for benefits.

- **Authorized Representative** - refers to an adult who is not a household member but is authorized to act on behalf of the household in making application for benefits.
- **Designated Representative** - refers to the individual (for SSI-Related Medicaid only) who has either been self-designated or designated by the individual applying for or receiving assistance. This person can act on the individual's behalf in the application/eligibility review process.

Creating your account:

Personal Information

- **First Name** - Type in your full first name. This should not be someone else's name. Capital letters do not matter but all letters and spaces must match the first name we have for you.
- **Last Name** - Type in your full last name. This should not be someone else's name. Capital letters do not matter but all letters and spaces must match the last name we have for you.
- **Date of Birth** - Enter the month, day and year you were born. The month and day must be 2 numbers. The year must be 4 numbers. For example, the date January 1, 1950 should be entered as 01/01/1950. This date must match the date of birth we have for you.

Case Information

- **Case Number** - Enter the 10-digit case number. The case number is the 10-digit number assigned to a case which payment is made or benefits authorized. If you have more than one case number, you can set up an account for each one.

- **Living Address Zip Code** - Enter the zip code for the case's living address. The zip code must be 5 numbers. If the address has changed, this must be the address that we have on record. You can report an address change after you have registered.

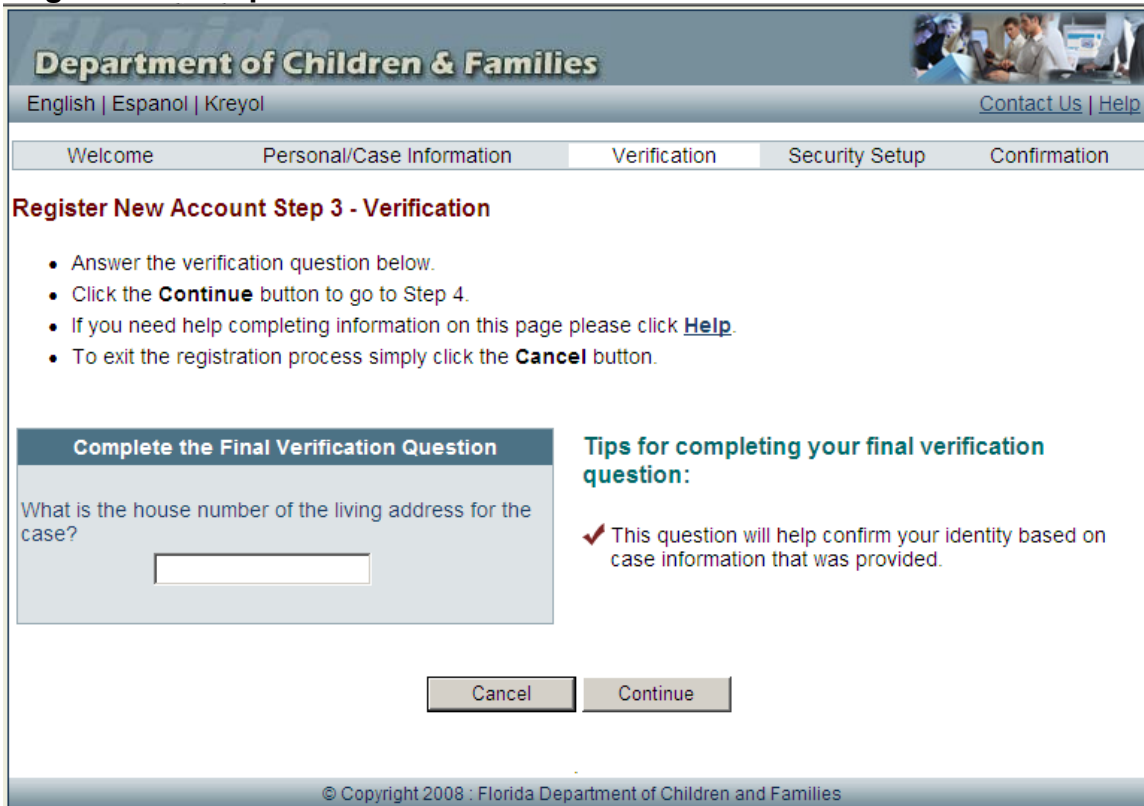
If you are the payee you can check the payee check box and the system will copy the name and date of birth information entered in the personal information section to the case information section.

- **Payee First Name** - Enter the full first name of the payee of the case, even if this is not your name. Do not type your own first name here if you are not the payee. If there is more than one payee in the case, you must enter the first name of one payee here. Capital letters do not matter but all letters and spaces must match the first name we have on record.

- **Payee Last Name** - Type in the full last name of the payee of the case, even if this is not your name. Do not type your own last name here if you are not the payee. If there is more than one payee in the case, you must enter the last name of one payee here. Capital letters do not matter but all letters and spaces must match the last name we have on record.

- **Payee Date of Birth** - Enter the month, day and year the payee was born. The month and day must be 2 numbers. The year must be 4 numbers. For example, the date January 1, 1950 should be entered as 01/01/1950. This date must match the payee's date of birth we have on record.

Registration Step 3- Verification



Department of Children & Families

English | Espanol | Kreyol [Contact Us](#) | [Help](#)

Welcome Personal/Case Information **Verification** Security Setup Confirmation

Register New Account Step 3 - Verification

- Answer the verification question below.
- Click the **Continue** button to go to Step 4.
- If you need help completing information on this page please click [Help](#).
- To exit the registration process simply click the **Cancel** button.

Complete the Final Verification Question

What is the house number of the living address for the case?

Tips for completing your final verification question:

- ✓ This question will help confirm your identity based on case information that was provided.

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Complete Final Verification Question

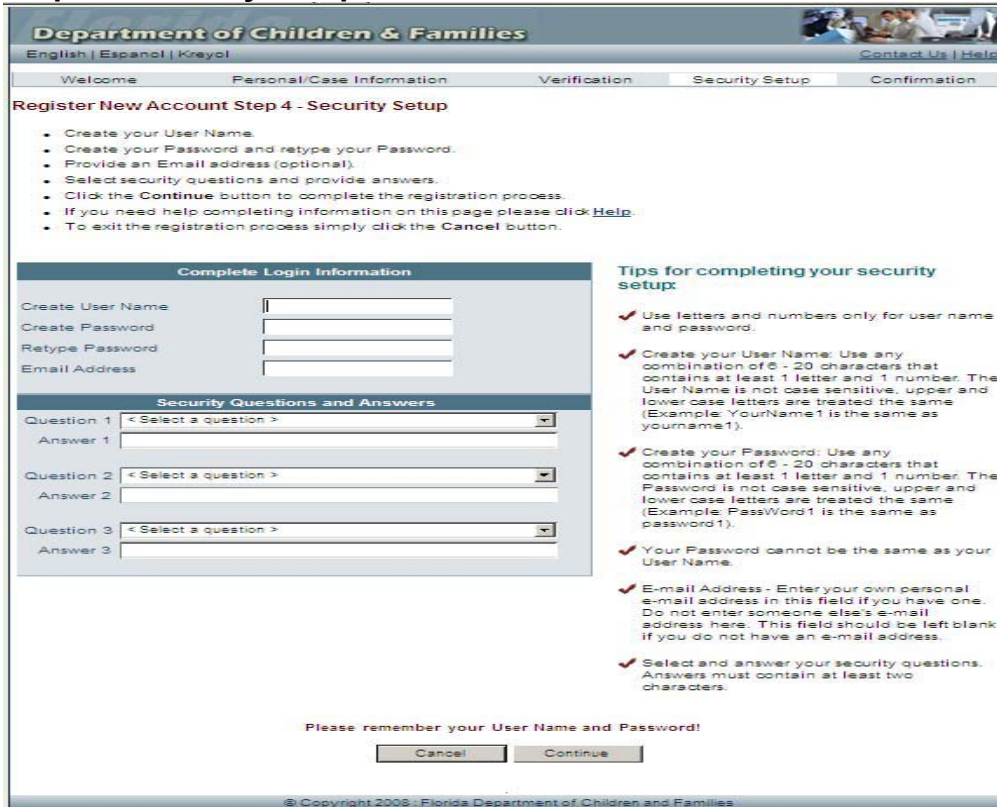
On this page you must answer a question about your case correctly to verify your identification.

Enter the answer to the question shown. Then click on the button called "Continue". Your answer must match the information we have or a message will display telling you that the answer is not correct. Your question may be different from the question above, but will relate directly to your case information.

Complete Login Information

You may now set up your new account (step 4). You must create a User Name and a Password. Both your User Name and your Password must be at least 6 characters long and can be as long as 20 characters. Your User Name and your Password cannot be the same.

Step 4 – Security Setup



Department of Children & Families
English | Español | Kreyol Contact Us | Help

Welcome Personal/Case Information Verification **Security Setup** Confirmation

Register New Account Step 4 - Security Setup

- Create your User Name.
- Create your Password and retype your Password.
- Provide an Email address (optional).
- Select security questions and provide answers.
- Click the **Continue** button to complete the registration process.
- If you need help completing information on this page please click [Help](#).
- To exit the registration process simply click the **Cancel** button.

Complete Login Information

Create User Name

Create Password

Retype Password

Email Address

Security Questions and Answers

Question 1 < Select a question >

Answer 1

Question 2 < Select a question >

Answer 2

Question 3 < Select a question >

Answer 3

Tips for completing your security setup:

- ✓ Use letters and numbers only for user name and password.
- ✓ Create your User Name: Use any combination of 6 - 20 characters that contains at least 1 letter and 1 number. The User Name is not case sensitive, upper and lower case letters are treated the same (Example: YourName1 is the same as yourname1).
- ✓ Create your Password: Use any combination of 6 - 20 characters that contains at least 1 letter and 1 number. The Password is not case sensitive, upper and lowercase letters are treated the same (Example: PassWord1 is the same as password1).
- ✓ Your Password cannot be the same as your User Name.
- ✓ E-mail Address - Enter your own personal e-mail address in this field if you have one. Do not enter someone else's e-mail address here. This field should be left blank if you do not have an e-mail address.
- ✓ Select and answer your security questions. Answers must contain at least two characters.

Please remember your User Name and Password!

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Create User Name - Type the user name you want to use when you log into My ACCESS Account. This must be a combination of both letters and numbers. No spaces are allowed. Remember the user name for future use. If the user name you enter already exists, you will be required to change it to something else.

Create Password - Type the password you want to use when you log into My ACCESS Account. This must be a combination of both letters and numbers. No spaces are allowed. Remember this password for future use. This password will not expire.

Retype Password - In this field you must re-enter the password exactly as it was entered in create password. If it does not match, then you need to retype the password in both fields again. It will not be accepted and confirmed until both passwords match.

E-mail Address - Enter your own personal e-mail address in this field if you have one. Do not enter someone else's e-mail address here. This field should be left blank if you do not have an e-mail address.

Security Questions

Select a security question and enter your answer to each question. Select questions for which you know the answer; **do not make up answers you will not remember later.**

Confirmation that Registration has been completed



Department of Children & Families

English | Espanol | Kreyol [Contact Us](#) | [Help](#)

Welcome Personal/Case Information Verification Security Setup **Confirmation**

Registration Completed and Confirmed

Congratulations! NANCY NEXTONE

You have successfully created your My ACCESS Account.

- Please remember your user name and password and keep it in a safe place.
- To login to your My ACCESS Account simply click on the **Go to Login** button.
- For more information on how to proceed click [Help](#).
- To exit click the **Exit** button.

[Exit](#) [Go to Login](#)

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Confirmation

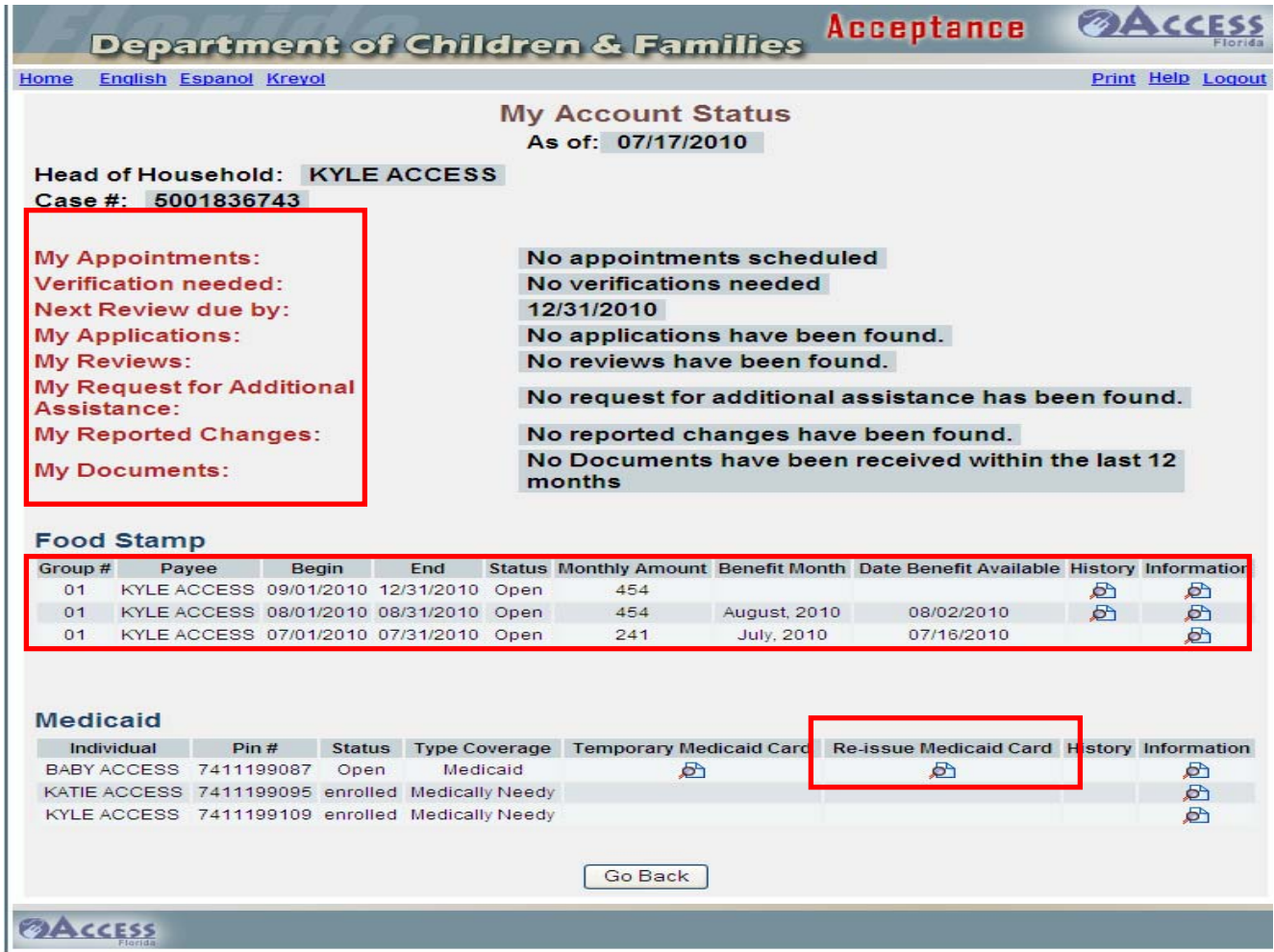
This page confirms that you have set up your My ACCESS Account and are now registered. If you forget your user name and password you can click on Forgot User Name or Forgot Password on the My ACCESS Account login page.


- If you want to go to your account, click on "[Go to Login](#)" and enter the user name and password you just set up.
- If you want to log out click on "[Exit](#)".

Information Security

To prevent unauthorized access to your My ACCESS Account (s), you agree to keep your user name, password, challenge questions, and any other security or access information confidential. We recommend that you memorize your access Information and do not write it down. You agree not to give or otherwise make available your access Information to any unauthorized individual.

Information Available on My Account



Department of Children & Families Acceptance 

Home English Espanol Krevol Print Help Logout







My Account Status

As of: 07/17/2010






Head of Household: KYLE ACCESS
Case #: 5001836743

My Appointments: No appointments scheduled
Verification needed: No verifications needed
Next Review due by: 12/31/2010
My Applications: No applications have been found.
My Reviews: No reviews have been found.
My Request for Additional Assistance: No request for additional assistance has been found.
My Reported Changes: No reported changes have been found.
My Documents: No Documents have been received within the last 12 months

Food Stamp

Group #	Payee	Begin	End	Status	Monthly Amount	Benefit Month	Date Benefit Available	History	Information
01	KYLE ACCESS	09/01/2010	12/31/2010	Open	454				
01	KYLE ACCESS	08/01/2010	08/31/2010	Open	454	August, 2010	08/02/2010		
01	KYLE ACCESS	07/01/2010	07/31/2010	Open	241	July, 2010	07/16/2010		

Medicaid

Individual	Pin #	Status	Type Coverage	Temporary Medicaid Card	Re-issue Medicaid Card	History	Information
BABY ACCESS	7411199087	Open	Medicaid				
KATIE ACCESS	7411199095	enrolled	Medically Needy				
KYLE ACCESS	7411199109	enrolled	Medically Needy				

[Go Back](#)

My Account Status As of: 00/00/0000 – Provides detailed information about your public assistance case.

Head of Household - This is the individual who assumes primary responsibility for providing accurate information for the household.

Case# - This is the number that has been assigned to your case. Case number refers to a number assigned to a case under which payment is made or benefits authorized.

OR

Access # -This is the number that has been assigned to the application you have submitted. Once processing begins on this application a case number will be assigned.

Next Review due by: -Your situation will need to be reviewed before the end of this date to determine if you are still eligible for benefits.

My Appointments: -By clicking here you will be taken to a screen that provides a list of any future appointments that you may have.

Verification needed: -By clicking here you will be taken to a screen that lists any verification that may be needed in order to make a decision on your case.

My Documents: -By clicking here you will be taken to a screen that lists the date and type of document that has been submitted.

Note: You need to allow a few days after submitting the document to the department for it to be processed. Fax documents will display with their original receipt date, even though it may be days before it appears in My Documents. Scanned documents will display the date they were scanned by ACCESS staff. Documents that are scanned must be date stamped by ACCESS Staff if they are not scanned the same day in which they are received.

Three types of public assistance information will display are:

Food Stamp -The Food Stamp Program helps low-income households to buy nutritious food.

Temporary Cash Assistance This is a state program that provides cash assistance to needy families with dependent children.

Medicaid -Medicaid is a program that provides medical coverage to low income individuals and families.

Status:

Closed – this means that the case is no longer open. Click on information to see why it was closed or refer to your notice.

Open – this means that the case is currently open and is eligible for benefits.

Hold – (Food Stamp only) Since you needed food stamps right away the department issued you food stamps without providing all the required information therefore you cannot get more benefits until you provided what was requested.

Enrolled – (Medicaid only) this means that the individual has a share of cost that they must meet before they are on Medicaid. Click on information to view the amount of your share of cost.

Verification Needed – Before eligibility can be determined you must provide the information that we requested from you.

Monthly Amount - This is the amount that you have been approved to receive each month.

Benefit Month - This is the month that the benefits are for.

Date Benefit Available - This is the date that your benefits will be available for you to use.

History

By clicking here a screen will display the history of these benefits.



Information -By clicking here a screen will display that provides more information about your benefits.

Individual -This is the person that the benefits are for.

Pin # -This is the Personal Identification Number that is assigned to each individual within a case.

Type Coverage -This is the type coverage that you are currently receiving

Medicaid -Medicaid is a program that provides medical coverage to low income individuals and families.

Medically Needy -Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid, but need help to pay for large medical expenses.

Medicare Savings Program – Individuals are approved for the Medicare buy-in programs that pay for their Medicare premium, and may also pay some of their Medicare deductibles.

Temporary Medicaid Card -By clicking here you can print your own Temporary Medicaid Card to give to Providers as proof of eligibility

Re-Issue Medicaid Card- By clicking here you can request a replacement Gold Medicaid Card for Medicaid eligible members in your case. Once you click on the re-issue Medicaid card link, an “X” will appear over the link, and a message will display to let you know the request has been requested.

My Account Status
As of: 07/17/2010

Head of Household: **KYLE ACCESS**
Case #: **5001836743**

My Appointments: No appointments scheduled
Verification needed: No verifications needed
Next Review due by: 12/31/2010
My Applications: No applications have been found.
My Reviews: No reviews have been found.
My Request for Additional Assistance: No request for additional assistance has been found.
My Reported Changes: No reported changes have been found.
My Documents: No Documents have been received within the last 12 months

Food Stamp

Group #	Payee	Begin	End	Status	Monthly Amount	Benefit Month	Date Benefit Available	History	Information
01	KYLE ACCESS	09/01/2010	12/31/2010	Open	454				
01	KYLE ACCESS	08/01/2010	08/31/2010	Open	454	August, 2010	08/02/2010		
01	KYLE ACCESS	07/01/2010	07/31/2010	Open	241	July, 2010	07/16/2010		

Medicaid

Individual	Pin #	Status	Type Coverage	Temporary Medicaid Card	Re-issue Medicaid Card	History	Information
BABY ACCESS	7411199087	Open	Medicaid				
KATIE ACCESS	7411199095	enrolled	Medically Needy				
KYLE ACCESS	7411199109	enrolled	Medically Needy				

A replacement card has already been requested. Please allow up to 10 mailing days for Medicaid card to arrive.

[Go Back](#)

Medicaid History Information -By clicking this link, a screen will display the history of these benefits.

Department of Children & Families Acceptance

Home Account Status English Espanol Kreyol [Print](#) [Help](#) [Logout](#)

My Information
As of: 07/17/2010

Individual Medicaid: **KATIE ACCESS**
Case #: **5001836743**

Current Contact Information

Living Address
100 E HAPPY LN
JACKSONVILLE, FL 32238
Telephone: (941)555-5555

Coverage Period

Coverage Begin Date	Coverage End Date
07/01/2010	07/31/2010

Medicaid Status

Status	Type Coverage	Share of Cost	Patient Responsibility
enrolled	Medically Needy	177	

Individual Information

Status	Status Details
enrolled	

Explanation of Case Action

ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST

[Go Back](#)

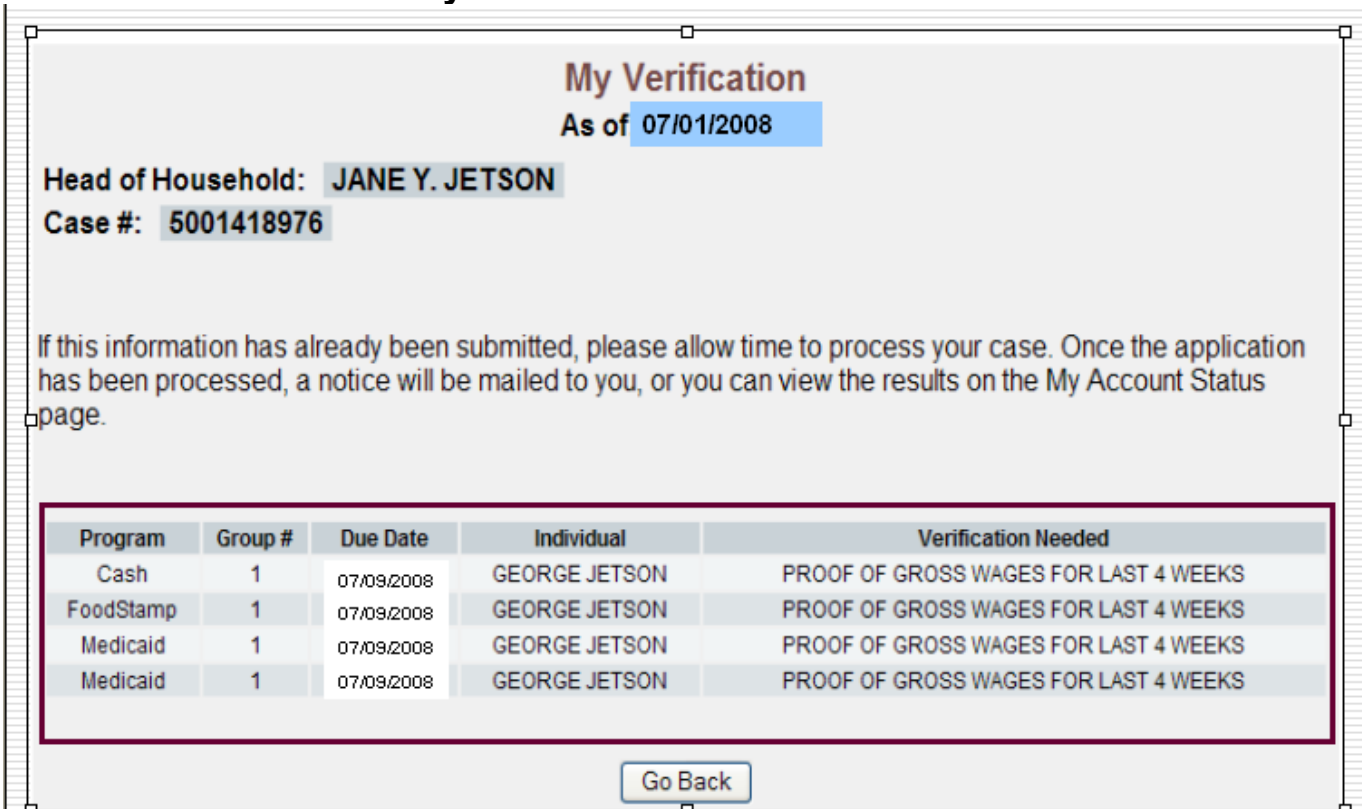
Medicaid History Information (cont.)

Share of Cost -Your monthly “share of cost” is like a deductible on a health insurance policy and is based on your family’s gross income (before taxes). You may not have to pay the share of cost amount. The date you have paid and unpaid medical bills for a month that total your share of cost, you are eligible for Medicaid.

Patient Responsibility – This is the total amount of care an individual is responsible for paying the provider.

Information - By clicking here a screen will display that provides more information about your benefits.

Verifications Needed for your Case



My Verification
As of 07/01/2008

Head of Household: JANE Y. JETSON
Case #: 5001418976

If this information has already been submitted, please allow time to process your case. Once the application has been processed, a notice will be mailed to you, or you can view the results on the My Account Status page.

Program	Group #	Due Date	Individual	Verification Needed
Cash	1	07/09/2008	GEORGE JETSON	PROOF OF GROSS WAGES FOR LAST 4 WEEKS
FoodStamp	1	07/09/2008	GEORGE JETSON	PROOF OF GROSS WAGES FOR LAST 4 WEEKS
Medicaid	1	07/09/2008	GEORGE JETSON	PROOF OF GROSS WAGES FOR LAST 4 WEEKS
Medicaid	1	07/09/2008	GEORGE JETSON	PROOF OF GROSS WAGES FOR LAST 4 WEEKS

[Go Back](#)

This screen lists any verification that still needs to be received before your case can be processed.

Program – The type of benefit applied for, Cash, Food Stamp and Medicaid.

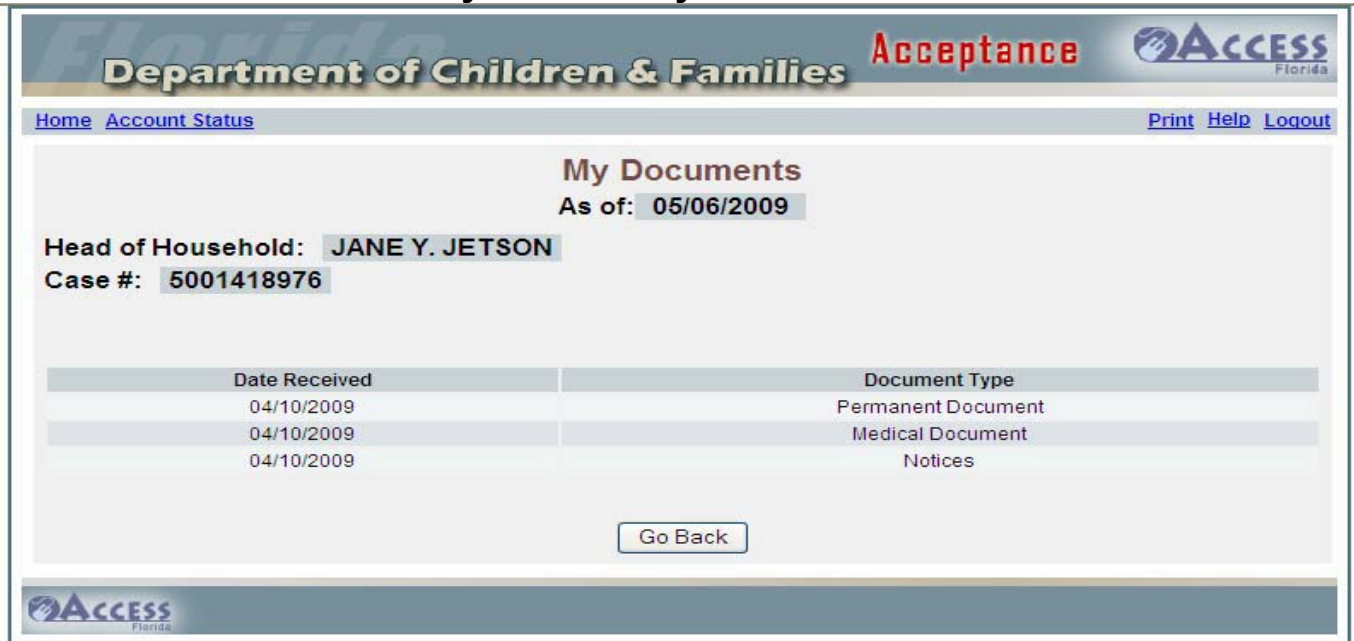
Group # - Refers to all individuals within the household who are potentially eligible for benefits or services

Due date - This is the date we must receive the information.

Individual - This is the person that the benefits are for.

Verification needed: - This is a list of items that you must provide before your eligibility can be determined

Verifications Received on your Case by DCF



Department of Children & Families **Acceptance** ACCESS Florida

Home Account Status Print Help Logout

My Documents
As of: 05/06/2009

Head of Household: JANE Y. JETSON
Case #: 5001418976

Date Received	Document Type
04/10/2009	Permanent Document
04/10/2009	Medical Document
04/10/2009	Notices

Go Back

This screen will display the date and type of document that you submitted to the department. You need to allow a few days after submitting the document to the department for it to be processed. Fax documents will display with their original receipt date, even though it may be days before it appears in My Documents. Scanned documents will display the date they were scanned by ACCESS staff. Documents that are scanned must be date stamped by ACCESS Staff if they are not scanned the same day in which they are received.

Head of Household - This is the individual who assumes primary responsibility for providing accurate information for the household.

Case # - This is the number that has been assigned to your case.

Date Received: This is the date the document was received by the department.

Document Type: This is the type of document that was received by the department.

Application/Referral – examples include: Request for Assistance (RFA), Medical Assistance Referrals, Application for Assistance, Interim Contact, Medicaid/Medicare Buy-In Applications, Simplified Eligibility for Pregnant Women (SEPW).

Permanent Document – examples include: Driver’s Licenses, State ID cards, Social Security cards, Birth Certificates, Legal/Court documents, Financial Release forms, Authorized and Designated Representative forms.

Medical Document – all medical related documentation. Examples include: Pregnancy verification, Doctor statements, Immunization records, Disability Determination documents, Hospice and Nursing Home documents, Doctor bills, Pharmacy bills.

Verification Document – documentation that is proof of Income and/or Assets. Examples include: Pay Stubs, Income Verification forms, Social Security income award letters, Bank statements, Life Insurance policies, Vehicle registration, Loans and Mortgage documents, Annuities, Trusts, Deeds for Property.

Notices – examples include: Pending Verification Checklist, Contact Letters, Appointment Notice/Request for Information, notices from other Agencies.

Document Received – documents that do not fall under one of the above types.

My Account History-














Department of Children & Families Systems ACCESS Florida

Account Status English Espanol Kreyol Print Help Logout

My Account History
As of: 06/17/2008

Head of Household: JANE Y. JETSON
Case #: 5001418976

Food Stamps

Group #	Payee	Monthly Amount	Benefit Month	Date Benefit Available	Information
01	JANE Y. JETSON	424	June 2008	06/12/2008	
01	JANE Y. JETSON	123	May 2008	05/16/2008	
01	JANE Y. JETSON	424	May 2008	05/12/2008	
01	JANE Y. JETSON	424	April 2008	04/12/2008	
01	JANE Y. JETSON	424	March 2008	03/12/2008	
01	JANE Y. JETSON	426	February 2008	02/12/2008	
01	JANE Y. JETSON	426	January 2008	02/12/2008	
01	JANE Y. JETSON	426	December 2007	02/12/2008	
01	JANE Y. JETSON	426	November 2007	02/12/2008	
01	JANE Y. JETSON	426	October 2007	02/12/2008	
01	JANE Y. JETSON	408	September 2007	02/12/2008	
01	JANE Y. JETSON	408	August 2007	02/12/2008	
01	JANE Y. JETSON	397	July 2007	02/12/2008	

This screen displays up to a 12 month history of each benefit type.

Information - By clicking here a screen will display that has more information about your benefits (see next page).

More Information



The screenshot shows the 'My Information' page for a case. At the top, there is a navigation bar with 'Home', 'Account Status', 'Print', 'Help', and 'Logout'. The main heading is 'My Information' with a sub-heading 'As of: 05/06/2009'. The payee is listed as 'JANE Y. JETSON' and the case number is '5001418976'. Below this is the 'Current Contact Information' section, which includes three columns: 'Living Address', 'Mailing Address', and 'PIP Mailing Address'. The 'Living Address' is 2040 N MONROE ST, SOUTHPORT, FL 32409, with telephone (850)555-4444, cell phone (999)222-3333, and email JANE@YAHOO.COM. The 'Mailing Address' is 1232 MAIN, SOUTHPORT, FL 32409. The 'PIP Mailing Address' is 2142 MONRE, SOUTHPORT, FL 32409. The 'Food Stamp Status' section shows a table with one row: Group # 01, Begin 03/01/2008, End 09/30/2008, Status Open, Monthly Amount 424, Benefit Month July 2008, and Date Benefit Available 07/12/2008. The 'Group Members Information' section shows a table with four rows: ELROY Y. TEST (Eligible), JUDY Y. JETSON (Not Eligible, with details: Technical requirements not met, Student requirements not met), GEORGE Y. JETSON (Eligible), and JANE Y. JETSON (Eligible). The 'Explanation of Case Action' section states 'ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET'. At the bottom, there is a 'Go Back' button.

This is a benefit summary screen, which provides contact information, program status and group member information.

Current Contact Information - This section of the page will display the contact information that we have on file for your case.

Living Address - This is the address of where the family actually lives

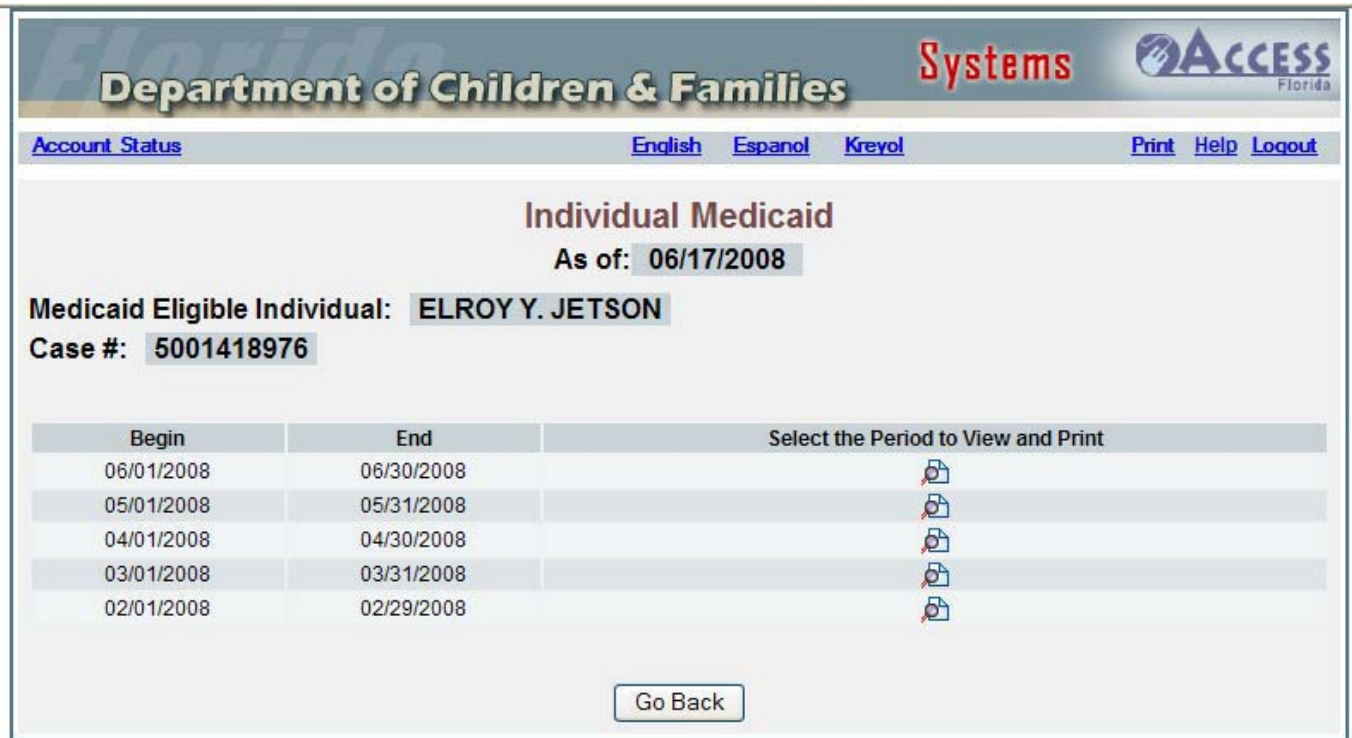
Mailing Address - This is the address where the family receives their mail.


PIP - Is the individual within a case responsible for reporting any information on the standard filing unit that may affect eligibility for benefits.

PIP Mailing Address - This is the address of the primary information person.

Alternate Mailing Address - If the household has requested mail to be sent to an alternate address it will be listed here.

Individual Medicaid








Department of Children & Families Systems 

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Individual Medicaid
As of: 06/17/2008

Medicaid Eligible Individual: **ELROY Y. JETSON**
Case #: **5001418976**

Begin	End	Select the Period to View and Print
06/01/2008	06/30/2008	
05/01/2008	05/31/2008	
04/01/2008	04/30/2008	
03/01/2008	03/31/2008	
02/01/2008	02/29/2008	

[Go Back](#)

This screen displays Medicaid eligibility for the past twelve (12) months from the current month.

Medicaid Eligible Individual: - This is the person that is eligible for the Medicaid benefits.

Case # - This is the number that has been assigned to your case.

Begin - This is the date that Medicaid began.

End - This is the date that Medicaid ended.

Select the Period to View and Print - Click here to view and print the period of eligibility

Go Back - By clicking her you will be taken back to the "Account Status" page.

A **Temporary Medicaid card** can be printed by clicking the select a period to view and print. This prints the same thing you would get if you were to call our office for a temporary card to take to your medical provider. This is proof of your eligibility for benefits for this specified period listed on the page.

Changing Your My ACCESS Account Password



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Change Password Confirmation

Change Password Step 1 - New Password

- Your temporary password must be changed.
- Enter your new Password and retype your new Password.
- Click the **Continue** button to complete the change password process.
- If you need help completing information on this page please click [Help](#).
- To exit the change password process simply click the **Cancel** button.

Create a New Password

Enter Password

Retype Password

Tips for changing your Password:

- ✓ Use letters and numbers only for password.
- ✓ Enter a Password - Must be 6 - 20 characters, and must include at least 1 letter and 1 number.
- ✓ Your Password cannot be the same as your User Name.

Please remember your new Password!

Create a New Password

Enter Password - Enter the password you want to use when you log into My ACCESS Account. It must be a combination of both letters and numbers. No spaces are allowed. Please remember this password for future use. The new password you create will not expire.

Retype Password - In this field you must re-enter the password exactly as it was entered in create password. If it does not match, then you need to retype the password in both fields again. It will not be accepted and confirmed until both passwords match.

Continue - When you have entered the new password click on the button called "Continue" to go to the next step.

You will next receive a Confirmation that the new password has successfully updated. You have now changed your password. Please remember your User Name and Password and keep it in a safe and secure place. This password will not expire.

Go to Login - Click on this button to go to My Account.

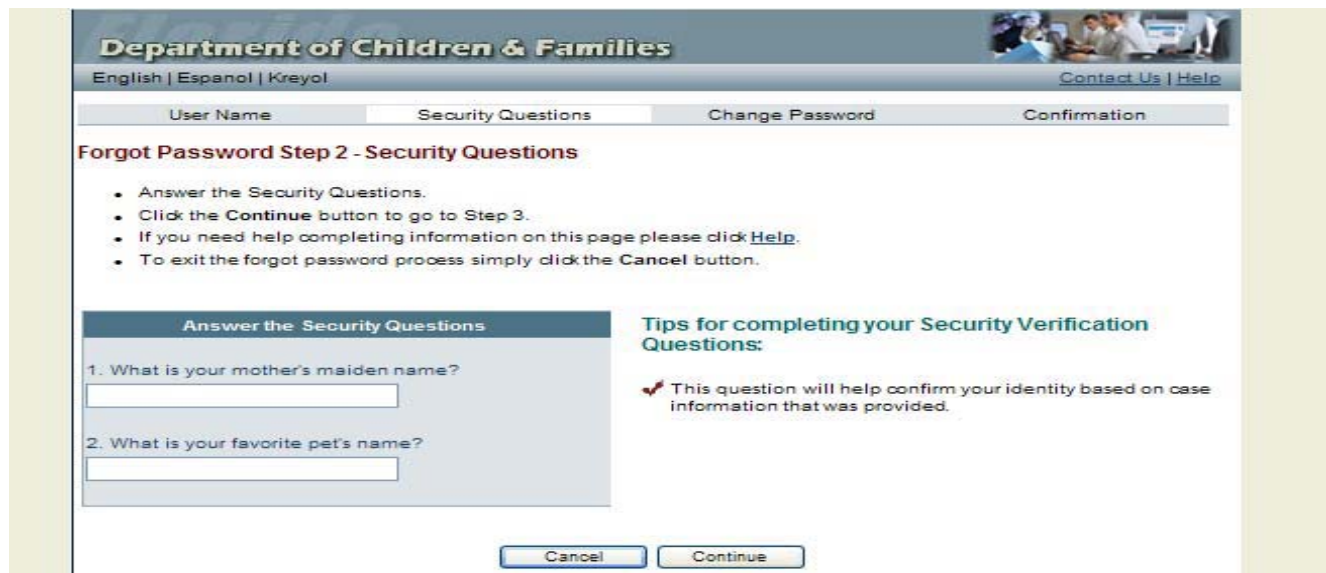
Exit - Click on this button to exit.

When you have forgotten your password-



Forgot Password is used when you do not remember the Password you created. The information you provide must match what we have on record.

User Name - Enter your User Name into the field called "User Name". This is the User Name you created when you created your account. If you have forgotten your User Name click on the text that says "Forgot Your User Name?"



Answer the Security Questions

To verify your identity, you need to answer the security questions on this page. These are the same questions that you selected and answered when you created your account. The answers must match exactly with the ones we have on record. If one or more answers are not correct you can try again later. If you cannot answer these questions correctly you will not be able to continue.

An error message will display if one or more of the answers are not correct.

Create a New Password



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User Name Security Questions **Change Password** Confirmation

Forgot Password Step 3 - Change Password

- Enter your new Password and retype your new Password.
- Click the **Continue** button to complete the forgot password process.
- If you need help completing information on this page please click [Help](#).
- To exit the forgot password process simply click the **Cancel** button.

Create a New Password

Enter Password

Retype Password

Tips for changing your Password

- ✓ Use letters and numbers only for password.
- ✓ Enter your Password: Use any combination of 6 – 20 characters that contains at least 1 letter and 1 number. The Password is not case sensitive, upper and lower case letters are treated the same (Example: PassWord1 is the same as password1).
- ✓ Your Password cannot be the same as your User Name.

Please remember your new Password!

You must now create a new password.

Create Password - Enter the password you want to use when you log into My ACCESS Account. You may use the same Password or create a different Password. It must be a combination of both letters and numbers. No spaces are allowed. Please remember this password for future use. This password will not expire.

Retype Password - In this field you must re-enter the password exactly as it was entered in create password. If it does not match, then you need to retype the password in both fields again. It will not be accepted and confirmed until both passwords match.

A confirmation page will then display stating that the password has successfully been changed.

If you Forget your User Name-



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Personal Information | Case Information | Verification | Security Setup | Confirmation

Forgot User Name Step 1 - Personal Information

- Enter your personal information.
- Click the **Continue** button to go to Step 2.
- If you need help completing information on this page please click [Help](#).
- To exit the forgot user name process simply click the **Cancel** button.

Enter Your Personal Information

Your First Name

Your Last Name

Your Date of Birth /

Case Number

Tips for completing your personal information:

- ✓ Use only letters, numbers, single quotes (') or hyphens (-) for names.
- ✓ Enter your full first name as it appears in the case.
- ✓ Enter your full last name as it appears in the case.
- ✓ Enter your date of birth in this format: **mm/dd/ccyy** (Example: 01/01/1990).
- ✓ Enter the 10 digit Case Number.

Enter Your Personal Information

Forgot User Name is used when you do not remember the User Name you created. If you have forgotten your User Name, complete all fields on this page. The information you provide must match what we have on record.

Your First Name - Type in your full first name. This must match the first name we have for you.

Your Last Name - Type in your full last name. This must match the last name we have for you.

Your Date of Birth - Enter the month, day and year you were born. The month and day must be 2 numbers. The year must be 4 numbers. For example, the date January 1, 1950 should be entered as 01/01/1950. This date must match the date of birth we have for you.

Case Number - Enter the 10-digit case number. The case number is the 10-digit number assigned to a case which payment is made or benefits authorized.

My ACCESS Account Quick Reference Guide

	If you have a Florida Case Number	If you have an ACCESS Application Number
Requirement	If your Florida case has been active within the last 12 months, you will be required to “Register Now”	If you have e-signed an application and have an ACCESS number and password, the ACCESS number is your User Name and your password is the same one that was used to create your application.
Register Now	You will be required to answer case related questions and then create a User Name and password.	
Login	Enter the User Name and password that you just created. Click on the log in button below.	Enter your ACCESS number and password. Click on the log in button.
My ACCESS Account Menu	Click “Update Profile” if you need to review and make changes to your security settings. Remember, to click “Save” to update security settings or click “Cancel” to exit without making changes.	
My ACCESS Account Menu	Click “Account Status” and you will be taken to the main page where all program types and assistance groups associated with this Florida case number will display.	Click “Account Status” and you will be taken to the main page that has links to the Appointment, Verification needed and My Document screens.
My Account Status Homepage	Each program type has History and Information screens that display additional information. To print a Medicaid card, click the Temporary Medicaid Card icon by the name of person, whose card you wish to print.	When a case number is assigned, you will be required to complete the “Register Now” process. Then you will be able to view more information.