



Community Partner Resource Guide

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Forms

Brochures



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 play 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 local DCF office. Customers may be able to do their interview with an ACCESS Intake 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 new system will eventually replace IMS. It will do everything IMS does plus provide enhanced workload management tools for all levels of staff, provide input to the FLORIDA system from a Windows based environment and “stream” information to FLORIDA directly from the Web application. Currently only the Client Registration and Application Assignment (CRAD) function is available.

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.

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.

Intake Management System

Referred to as IMS. System used to track applications from submission to completion. Applications filed on the web flow directly to the system and paper applications are manually entered into the system. The case status is manually updated as the application is assigned to a worker and goes through the steps of processing through final disposition. Staff uses IMS to track the work they have pending. The Call Center posts information and updates received by telephone.

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.

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.

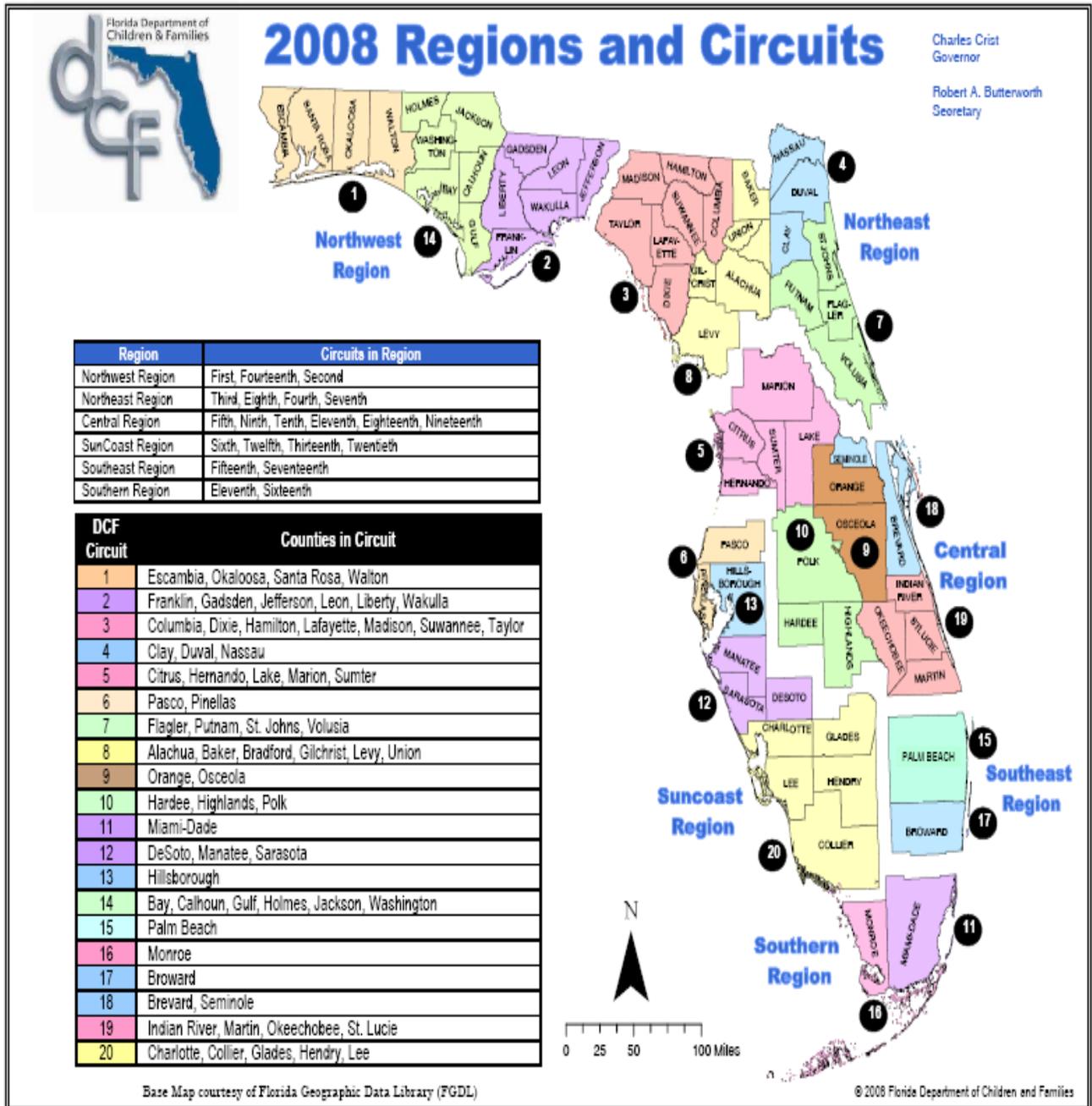
Our Guiding Principles:

- ◆ 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 CPLs 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 2 of 3

COUNTY	Area / DCF Region	Liaison Name with E-Mail Address	Liaison Name with E-Mail Address	Program Office Liaison Name with E-Mail Address	DCFCircuit
GILCHRIST	North east	Cheryl_Twombly@dcf.state.fl.us			8
HAMILTON		Cheryl_Twombly@dcf.state.fl.us			3
LAFAYETTE		Cheryl_Twombly@dcf.state.fl.us			3
LEVY		Cheryl_Twombly@dcf.state.fl.us			8
MADISON		Cheryl_Twombly@dcf.state.fl.us			3
NASSAU		Jennifer_Klimas@dcf.state.fl.us			4
PUTNAM		Cindy_Robinson@dcf.state.fl.us			7
ST. JOHNS		Cindy_Robinson@dcf.state.fl.us			7
SUWANNEE		Cheryl_Twombly@dcf.state.fl.us			
TAYLOR		Cheryl_Twombly@dcf.state.fl.us			
UNION		Cheryl_Twombly@dcf.state.fl.us			8
VOLUSIA		Cindy_Robinson@dcf.state.fl.us			7
BAY	North west	Rob_Forbus@dcf.state.fl.us			14
CALHOUN		Rob_Forbus@dcf.state.fl.us			14
ESCAMBIA		Phil_Waltrip@dcf.state.fl.us			1
FRANKLIN		Erin_Lamonica@dcf.state.fl.us			2
GADSDEN		Erin_Lamonica@dcf.state.fl.us			2
GULF		Rob_Forbus@dcf.state.fl.us			14
HOLMES		Rob_Forbus@dcf.state.fl.us			14
JACKSON		Rob_Forbus@dcf.state.fl.us			14
JEFFERSON		Erin_Lamonica@dcf.state.fl.us			2
LEON		Erin_Lamonica@dcf.state.fl.us			2
LIBERTY		Erin_Lamonica@dcf.state.fl.us			2
OKALOOSA		Phil_Waltrip@dcf.state.fl.us			1
SANTA ROSA		Phil_Waltrip@dcf.state.fl.us			1
WAKULLA		Erin_Lamonica@dcf.state.fl.us			2
WALTON		Phil_Waltrip@dcf.state.fl.us			1
WASHINGTON		Rob_Forbus@dcf.state.fl.us			14

dcf_liaisons.xls

The liaison list is divided by county of responsibility within each Region.

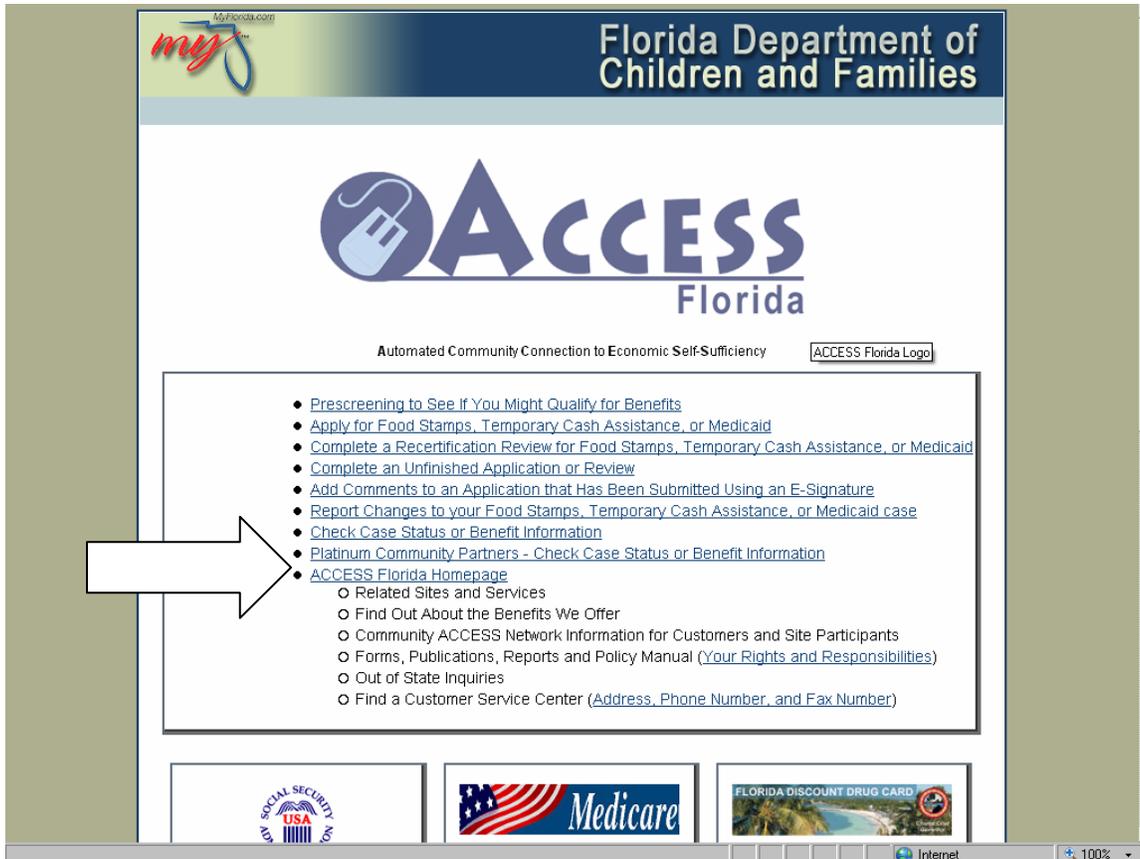
Breakdown of the Program Functions within DCF Case Maintenance Units, Customer Service Centers, and Call Centers

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 ACCESS Florida Homepage link.



MyFlorida.com

Florida Department of Children and Families

 ACCESS Florida

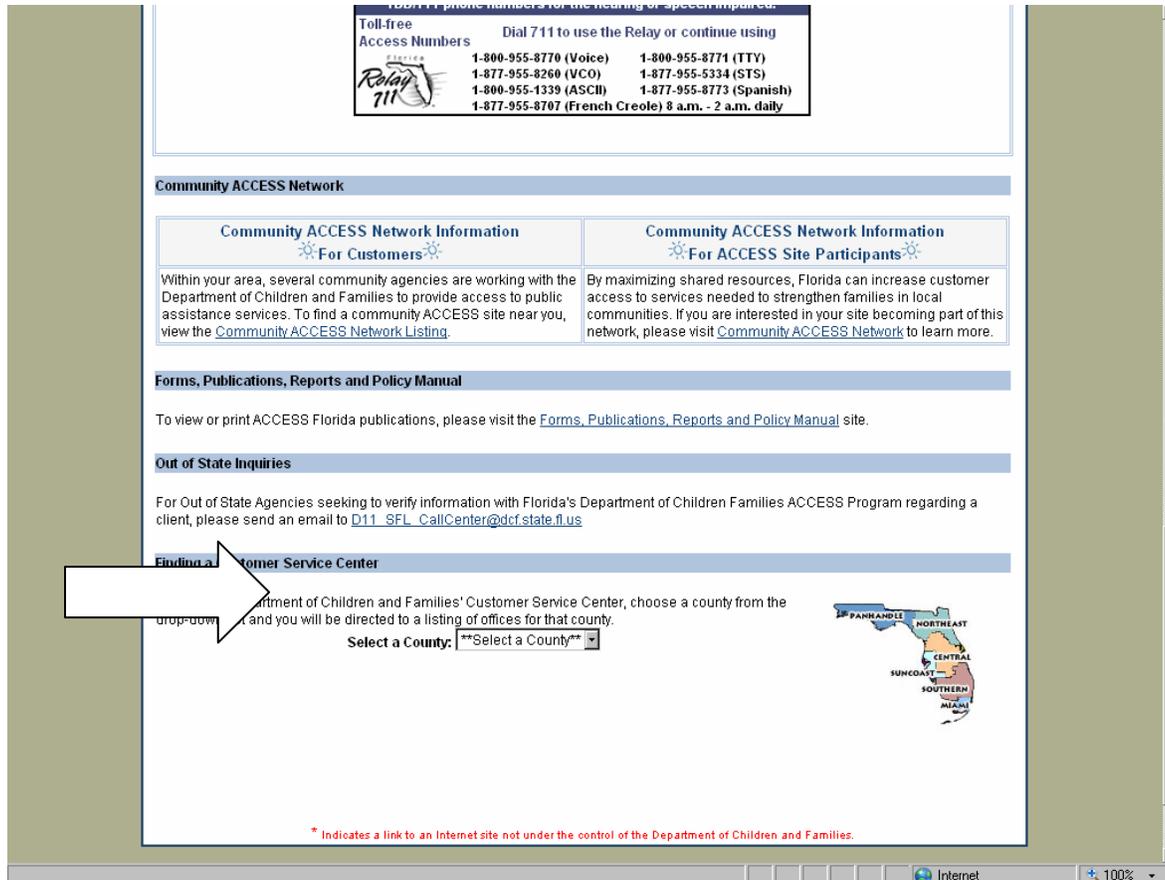
Automated Community Connection to Economic Self-Sufficiency ACCESS Florida Logo

- [Prescreening to See if You Might Qualify for Benefits](#)
- [Apply for Food Stamps, Temporary Cash Assistance, or Medicaid](#)
- [Complete a Recertification Review for Food Stamps, Temporary Cash Assistance, or Medicaid](#)
- [Complete an Unfinished Application or Review](#)
- [Add Comments to an Application that Has Been Submitted Using an E-Signature](#)
- [Report Changes to your Food Stamps, Temporary Cash Assistance, or Medicaid case](#)
- [Check Case Status or Benefit Information](#)
- [Platinum Community Partners - Check Case Status or Benefit Information](#)
- [ACCESS Florida Homepage](#)
 - Related Sites and Services
 - Find Out About the Benefits We Offer
 - Community ACCESS Network Information for Customers and Site Participants
 - Forms, Publications, Reports and Policy Manual ([Your Rights and Responsibilities](#))
 - Out of State Inquiries
 - Find a Customer Service Center ([Address, Phone Number, and Fax Number](#))

Internet 100%

At the bottom of the ACCESS homepage, there is a place to locate a Customer Service Center by county.



Toll-free Access Numbers Dial 711 to use the Relay or continue using

1-800-955-8770 (Voice)	1-800-955-8771 (TTY)
1-877-955-8260 (VCO)	1-877-955-5334 (STS)
1-800-955-1339 (ASCII)	1-877-955-8773 (Spanish)
1-877-955-8707 (French Creole) 8 a.m. - 2 a.m. daily	

Community ACCESS Network

<p>Community ACCESS Network Information For Customers</p> <p>Within your area, several community agencies are working with the Department of Children and Families to provide access to public assistance services. To find a community ACCESS site near you, view the Community ACCESS Network Listing.</p>	<p>Community ACCESS Network Information For ACCESS Site Participants</p> <p>By maximizing shared resources, Florida can increase customer access to services needed to strengthen families in local communities. If you are interested in your site becoming part of this network, please visit Community ACCESS Network to learn more.</p>
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Forms, Publications, Reports and Policy Manual

To view or print ACCESS Florida publications, please visit the [Forms, Publications, Reports and Policy Manual](#) site.

Out of State Inquiries

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

Finding a Customer Service Center

Department of Children and Families' Customer Service Center, choose a county from the dropdown menu and you will be directed to a listing of offices for that county.

Select a County:



* Indicates a link to an Internet site not under the control of the Department of Children and Families.

Once you enter the county of interest, 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.**

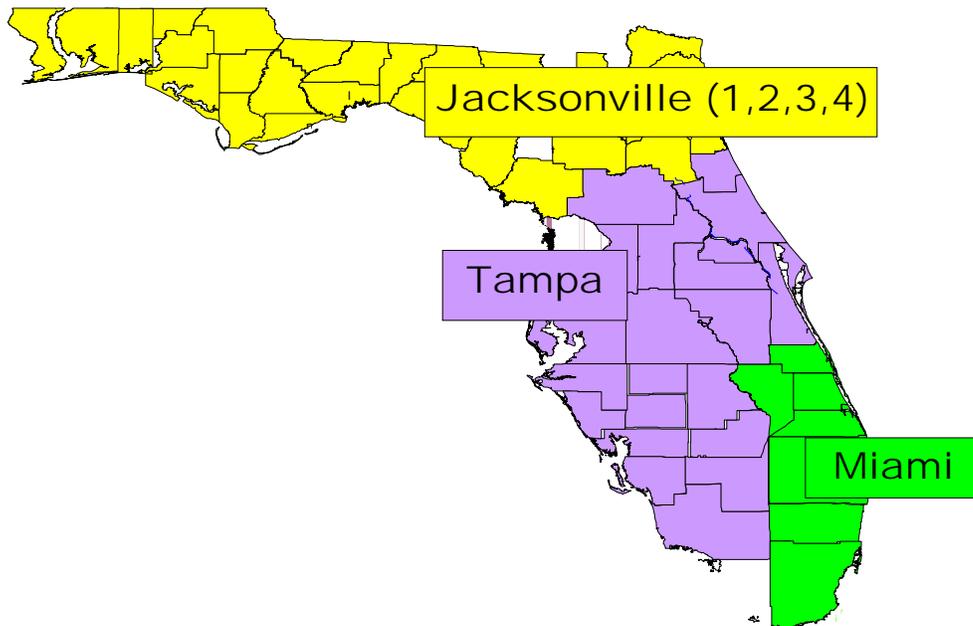
This information is also available by calling the Customer Call Center at **1-866-762-2237.**

If you or the customer are **faxing** an item in to the Customer Service Center, Case Maintenance Unit, or the Call Center, make sure 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 Customer Call Centers are located in **Miami, Jacksonville, and Tampa**. 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 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.



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	Case Maintenance	Fax Number
	Circuit	Address	
Okaloosa Walton	D01	D01 Case Maintenance Unit 340 Beal Pkwy N.W. Ft. Walton Bch, FL 32548	850-833-7594
	C1		866-670-2042
Bay	D2 14	D02 Case Maintenance Unit 3127 N. Lisenby Ave Panama City, FL 32405	850-914-6323 866-762-1741
Columbia	D03 C3	D03 Case Maintenance Unit 1389 US 90 W. Ste. 100 Lake City, FL 32055	386-758-1475
Duval	D4 C4	D04 Case Maintenance Unit P.O. Box 2417 Jacksonville, FL 32231	904-346-5145
Orange	D7	D07 Case Maintenance Unit PO Box 575001 Orlando, FL 32857-5001	407-245-1604
	C9		888-213-4856
Lee	D8 C12	D08 Case Maintenance Unit PO BOX 82779 Tampa, FL 33682	813-975-4941 866-519-4810
Palm Beach	D9 C15	D09 Case Maintenance Unit 2990 N. Main St Belle Glade, FL 33430	561-992-1913
Broward	D10 C17	D10 Case Maintenance Unit 1400 W. Commercial Blvd Suite 160 Fort Lauderdale, FL 33309	954-267-2133
Dade	D11 C11	D11 Case Maintenance Unit PO Box 110220 Hialeah, FL 33021	305-637-3142 Bill Track

			305-637-2945 305-637-2981
Volusia	D12 C7	D12 Case Maintenance Unit 210 N. Palmetto Ave, Ste 302 Daytona Beach, FL 32114	386-226-7851
Sumter	D13 C5	D13 Case Maintenance Unit PO Box 1 Wildwood, FL 34785	352-330-1396 866-367-4188 866-695-1487
Polk	D14 10	D14 Case Maintenance Unit PO Box 3710 Lake Wales, FL 33859	866-296-9964
St. Lucie, Martin, Okeechobee, and Indian River	D15 C19	D15 Case Maintenance Unit 337 US Hwy 1 Fort Pierce, FL 34952	866-658-2172
Hillsborough	D23 C13	D23 Suncoast Region Case Maintenance Unit PO BOX 82779 Tampa, FL 33682	813-975-4941 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.

Fax

Customer Name _____

Customer Case# _____

Customer SS# _____

To: DCF ACCESS Program

ATTN: _____

From:

Fax: _____ Pages: _____ Including this coversheet -

Phone: _____ Date: _____

Re: _____ Web App # _____

List of documents included in this fax:

Applications for Assistance/Recertification

- Application for Assistance
- Interim Contact Letter
- Simplified Pregnancy Application or Medicare Buy-In

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
- Financial Release
- Designated Representative Form

Other:

- Insurance Documents

Medical Section

Confidential:

- Confidential Medical Records

Non-Confidential:

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

Verifications

Income:

- Pay Stubs
- Income Award Letters
- Verification of Income forms
- Verification of Self Employment
- Verification of Child Support

The above submitted for _____

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

Below are the levels of community partnership.

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.

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.

The services that may be provided at a Community Partner site are:

- **Provide informational handouts**
- **Provide paper applications as requested by customers**
- **Provide access to telephone to call DCF Customer Call Center/Automated ACCESS Response Unit: 1-866-76ACCES / 1-866-762-2237**
- **Provide computer to apply for assistance on-line**
- **Provide printer for ACCESS documents**
- **Provide fax machine to fax application and other documents to DCF**
- **Provide copy machine to copy application related documents**
- **Provide ability to explain application process**
- **Provide assist customers to submit application, verification information and documentation**
- **Provide ability to assist customers to complete the ACCESS Florida Application**
- **Provide information to customers on case status and any outstanding verifications needed to determine eligibility**

Computer 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.

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 for all ACCESS Community Partners who receive funding from DCF. Although it is not required, it is preferred that all Community Partner staff review and understand the materials in this training. 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.fl.us/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.

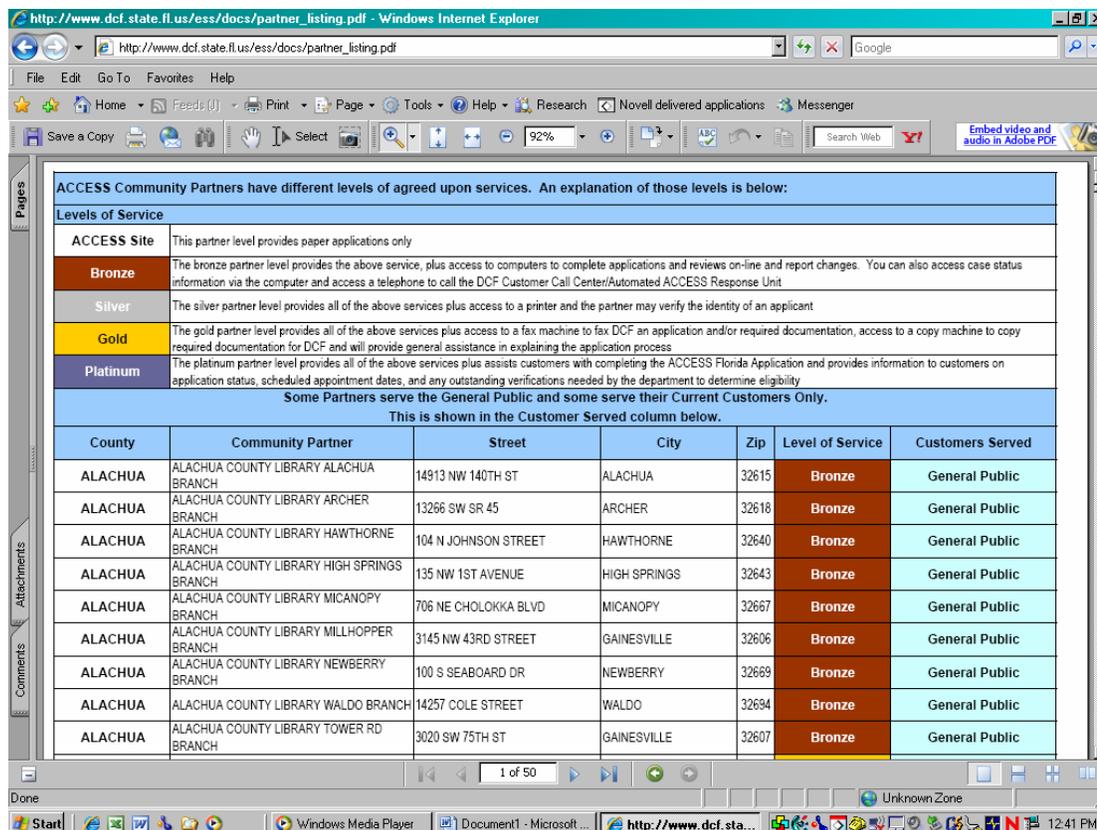
How to Locate Community Partner Sites

The Community Partner network for the entire state is available on the internet. It is updated monthly, and only those partners who have given their permission to be advertised will be included in this list. The lists are broken down by county, show the site's partnership level, and state if they serve their current customers only or general public.

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

To access this list, go to

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



ACCESS Community Partners have different levels of agreed upon services. An explanation of those levels is below:

Levels of Service

ACCESS Site	Description
Bronze	This partner level provides paper applications only
Silver	The bronze partner level provides the above service, plus access to computers to complete applications and reviews on-line and report changes. You can also access case status information via the computer and access a telephone to call the DCF Customer Call Center/Automated ACCESS Response Unit
Gold	The silver partner level provides all of the above services plus access to a printer and the partner may verify the identity of an applicant
Platinum	The gold partner level provides all of the above services plus access to a fax machine to fax DCF an application and/or required documentation, access to a copy machine to copy required documentation for DCF and will provide general assistance in explaining the application process
	The platinum partner level provides all of the above services plus assists customers with completing the ACCESS Florida Application and provides information to customers on application status, scheduled appointment dates, and any outstanding verifications needed by the department to determine eligibility

Some Partners serve the General Public and some serve their Current Customers Only.
This is shown in the Customer Served column below.

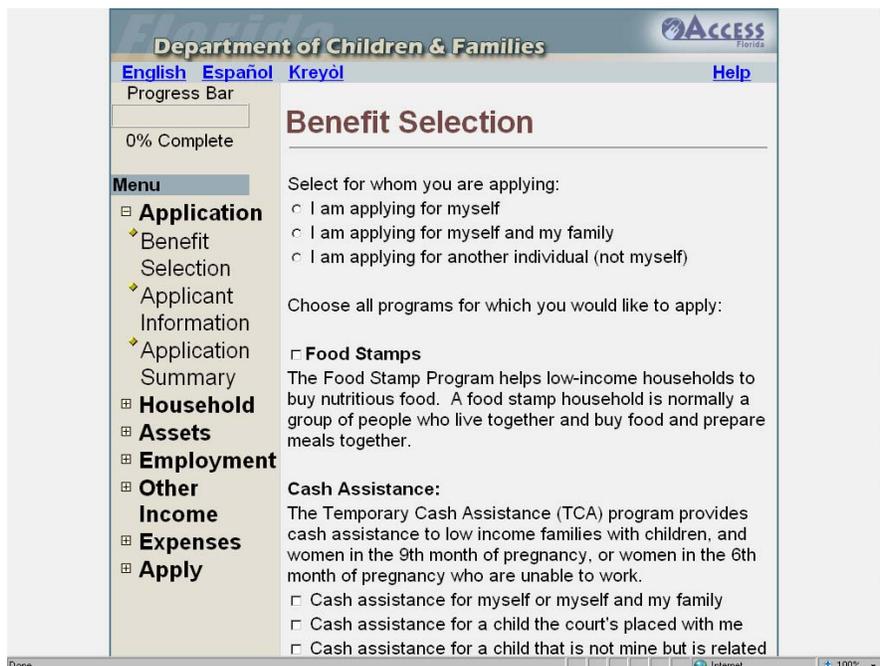
County	Community Partner	Street	City	Zip	Level of Service	Customers Served
ALACHUA	ALACHUA COUNTY LIBRARY ALACHUA BRANCH	14913 NW 140TH ST	ALACHUA	32615	Bronze	General Public
ALACHUA	ALACHUA COUNTY LIBRARY ARCHER BRANCH	13266 SW SR 45	ARCHER	32618	Bronze	General Public
ALACHUA	ALACHUA COUNTY LIBRARY HAWTHORNE BRANCH	104 N JOHNSON STREET	HAWTHORNE	32640	Bronze	General Public
ALACHUA	ALACHUA COUNTY LIBRARY HIGH SPRINGS BRANCH	135 NW 1ST AVENUE	HIGH SPRINGS	32643	Bronze	General Public
ALACHUA	ALACHUA COUNTY LIBRARY MICANOPIY BRANCH	706 NE CHOLOKKA BLVD	MICANOPIY	32667	Bronze	General Public
ALACHUA	ALACHUA COUNTY LIBRARY MILLHOPPER BRANCH	3145 NW 43RD STREET	GAINESVILLE	32606	Bronze	General Public
ALACHUA	ALACHUA COUNTY LIBRARY NEWBERRY BRANCH	100 S SEABOARD DR	NEWBERRY	32669	Bronze	General Public
ALACHUA	ALACHUA COUNTY LIBRARY WALDO BRANCH	14257 COLE STREET	WALDO	32694	Bronze	General Public
ALACHUA	ALACHUA COUNTY LIBRARY TOWER RD BRANCH	3020 SW 75TH ST	GAINESVILLE	32607	Bronze	General Public

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**. 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.

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. As the authorized representative, the advocate may e-sign the web application for the customer.



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

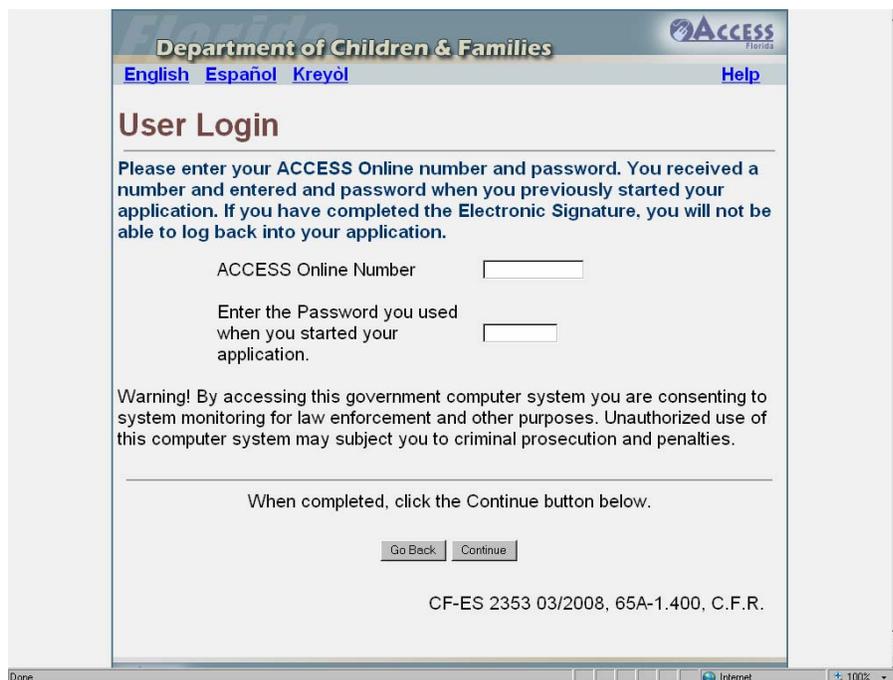
How to Complete an ACCESS Web Application Started by Someone Else on your Behalf

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.

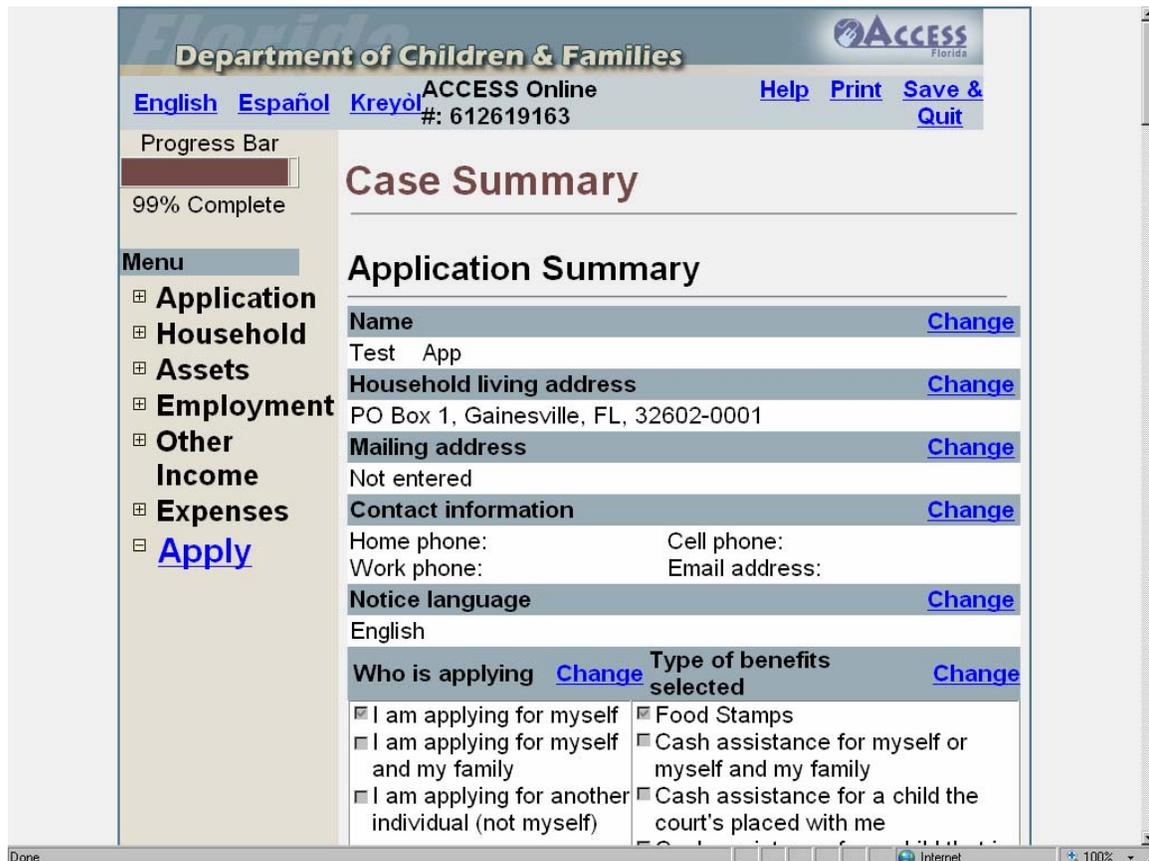
For you to review this application and complete the submission, you will need your ACCESS Application number _____ and password (this should have been set up with the person inputting the information for you).

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 includes a header with the department name and the ACCESS Florida logo. Below the header are links for 'English', 'Español', 'Kreyòl', and 'Help'. The main heading is 'User Login'. The instructions state: 'Please enter your ACCESS Online number and password. You received a number and entered and password when you previously started your application. If you have completed the Electronic Signature, you will not be able to log back into your application.' There are two input fields: one for 'ACCESS Online Number' and one for 'Enter the Password you used when you started your application.' Below the input fields is a warning: 'Warning! By accessing this government computer system you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use of this computer system may subject you to criminal prosecution and penalties.' At the bottom, there is a note: 'When completed, click the Continue button below.' and two buttons: 'Go Back' and 'Continue'. The footer 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 Kreyol Help Print Save & Quit

Progress Bar
99% Complete

Menu

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

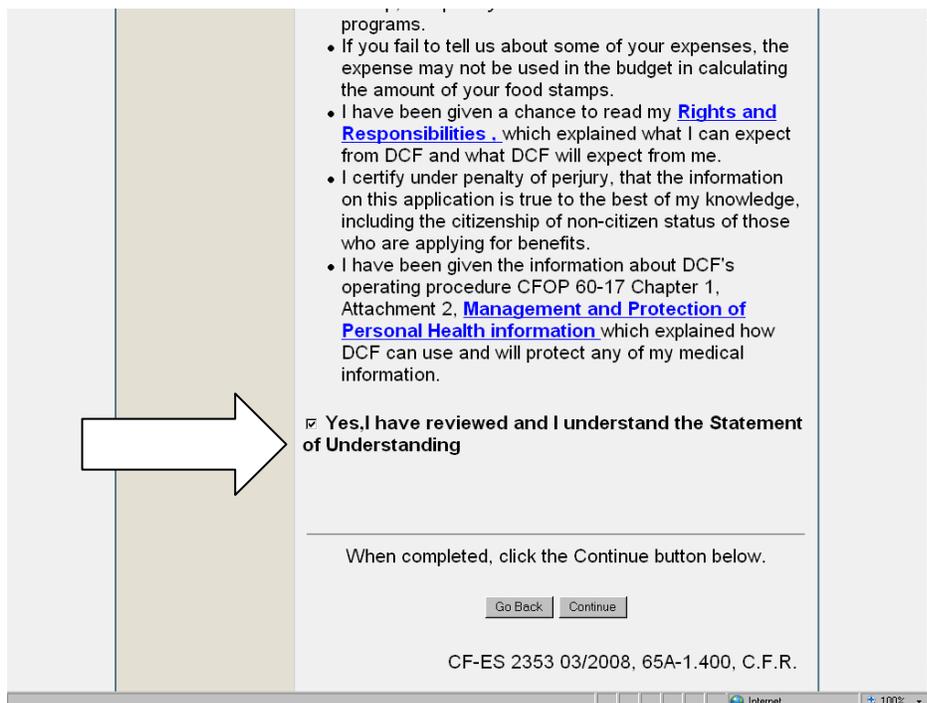
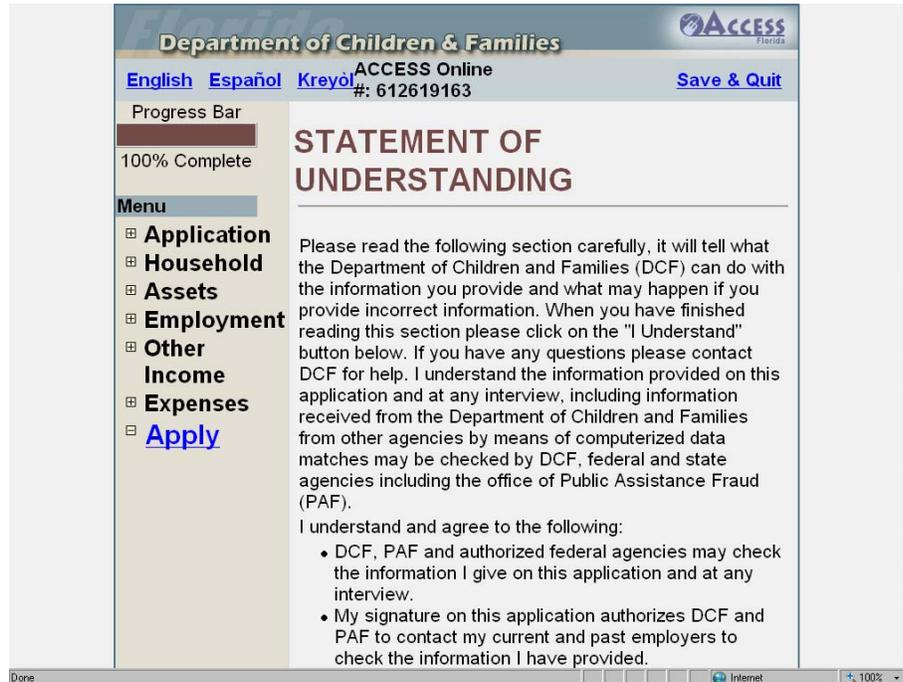
Case Summary

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

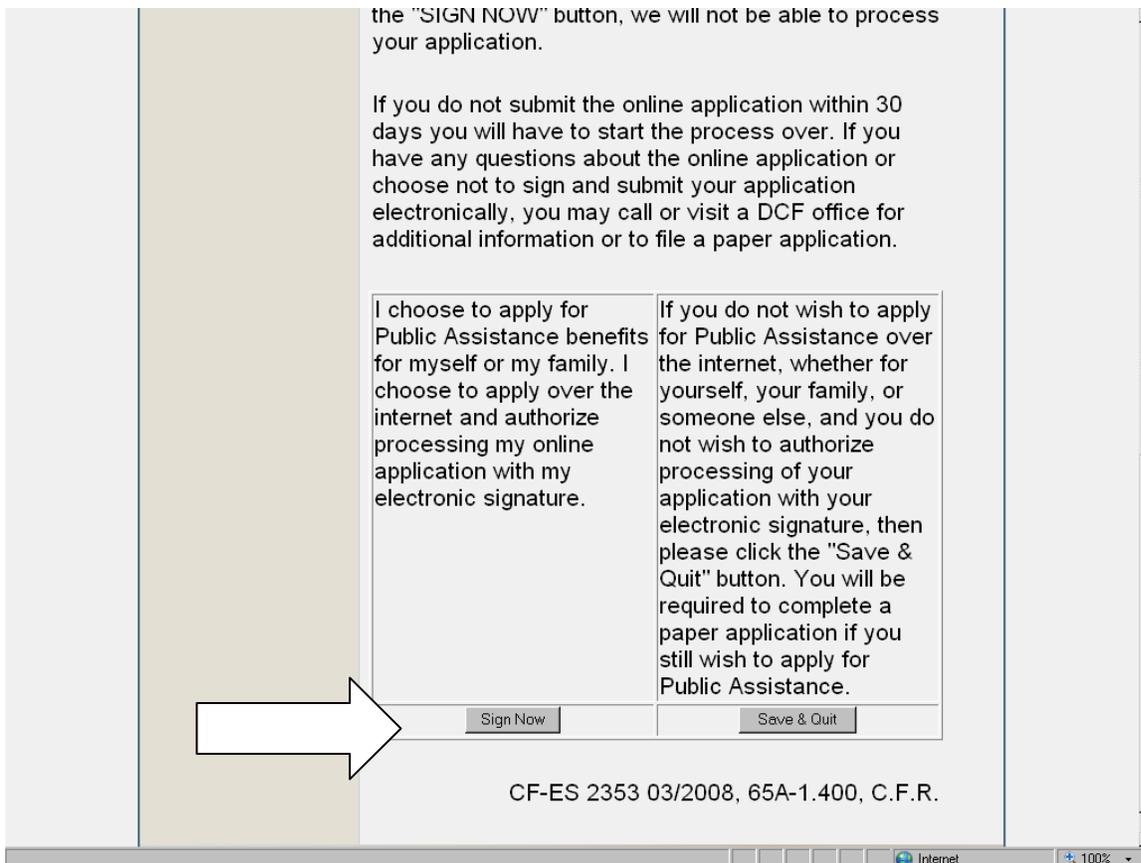
- Once all data has been reviewed and is correct, click on the continue button at the bottom of the summary page.
- Read the Statement of Understanding page carefully, including reviewing your **Rights and Responsibilities** and **Management and Protection of Personal Health Information (HIPPA)**, which 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 on-line at www.myflorida.com/accessflorida . You will need your social security number and date of birth in order to check your case status.

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 submitting an application from your site. It explains time standards, list potential verifications they 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 Customer Look-Up 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 that 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 at least annually.



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

This handout will explain the steps taken and the time frames for your worker to complete Food Stamp, Medicaid, and TCA (Cash Assistance) applications.

Once you apply, the next step is to complete a short interview with a DCF worker. You will receive either a phone call from your worker to complete your interview, or a letter will be mailed giving you instructions on how to reach your worker and complete the interview. Most Medicaid applications do not require this interview. Nursing Home Medicaid or Disability applications may require an interview.

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 Stamps-

Expedited Food Stamps are processed within 7 days as long as ID has been verified for the head of household and the intake interview completed.

Regular Food Stamp 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 relacionó 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 prorratan 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 Community Partner Customer Look-Up 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 Service Partner, we need to be made aware of these changes right away so that the former employee can be removed as a user in the Customer Look-Up System.

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

Assisted Service Partners that have access to the Customer Look-Up system are required to complete the on-line security training.

Any partner receiving funds from DCF is required to take Civil Rights Training to ensure their staff understand the rights and responsibilities related to Civil Rights compliance.

On-line Training

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

<http://www.dcf.state.fl.us/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.

Training for the ACCESS Customer Look-Up System

This course provides instructions on how to access and use the ACCESS Customer Look-Up System.

Approximate time to complete the course: 15 minutes.

ACCESS On-line Application Training

This course is a tool to help ACCESS Community Partners assist applicants applying for benefits use the on-line application.

Approximate time to complete the course: 22 minutes.

ACCESS Civil Rights Training

This course informs ACCESS Community Partners of their rights and responsibilities related to Civil Rights. It 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 2008 Training for Employees and Business Associates

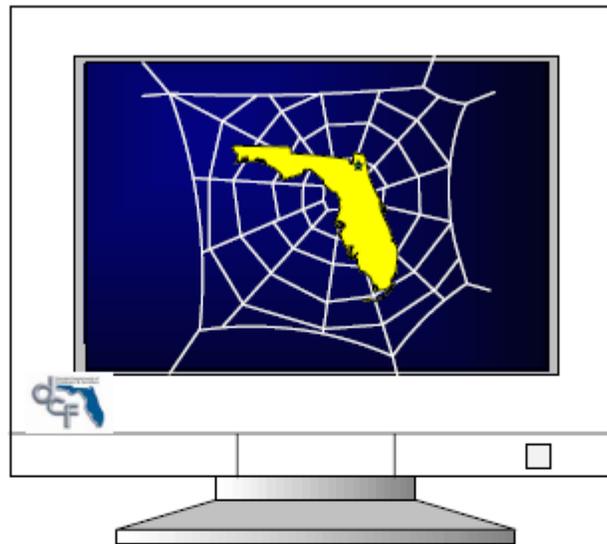
This course informs DCF employees, community partners, and other business associates of their responsibilities related to the implementation of the Health Insurance Portability and Accountability Act (HIPAA) legislation. It is mandatory for all Department employees, and business associates who use Protected 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.

Security Awareness Training

This course is mandatory for all Partner staff using the ACCESS Look-Up system. It provides a brief overview of the Department's rules and guidelines concerning computer security.

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

ACCESS Web Application Guide



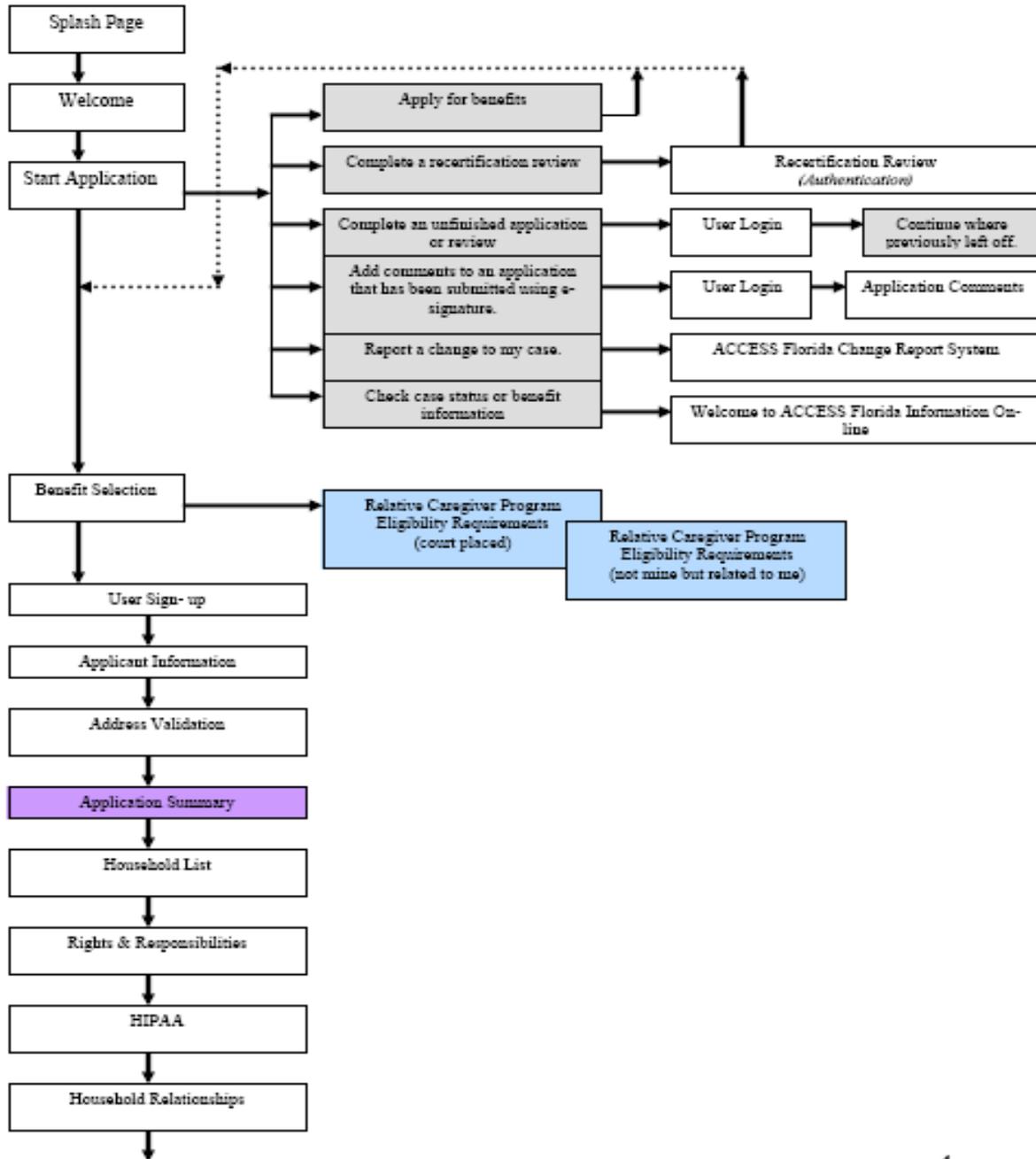
ACCESS Florida Web Application Guide

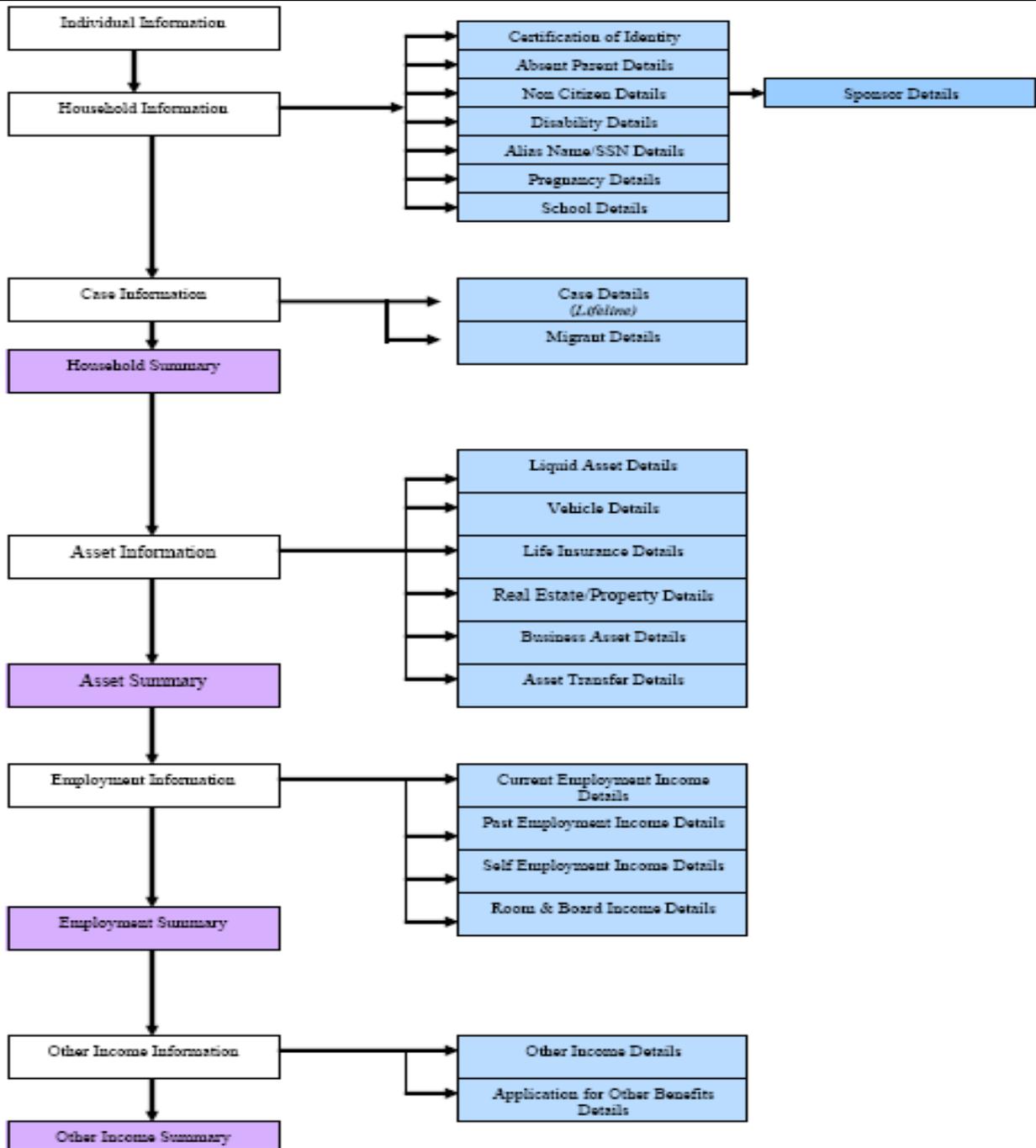
March 5, 2008

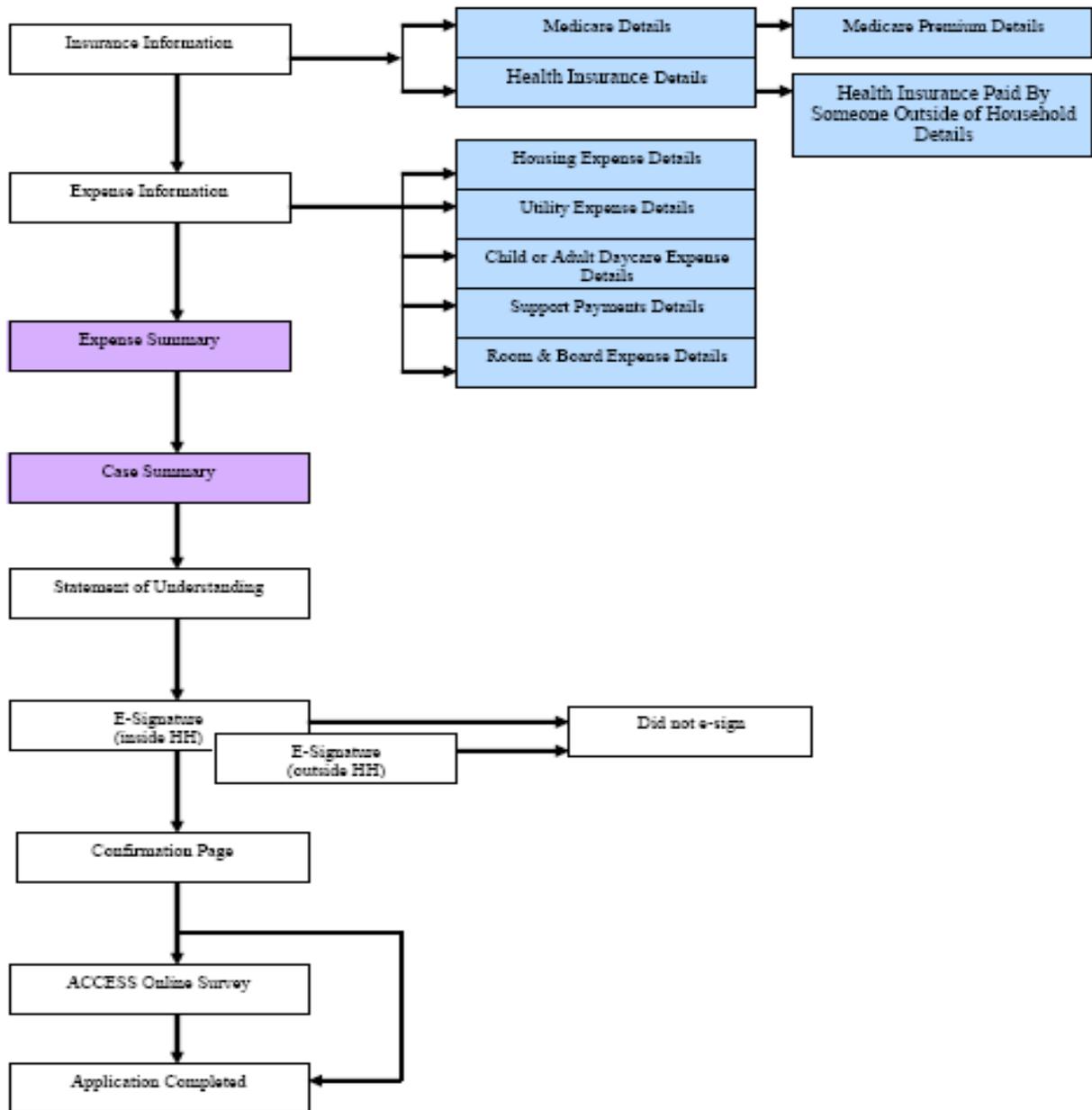
ACCESS Web Application training is available on-line at

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

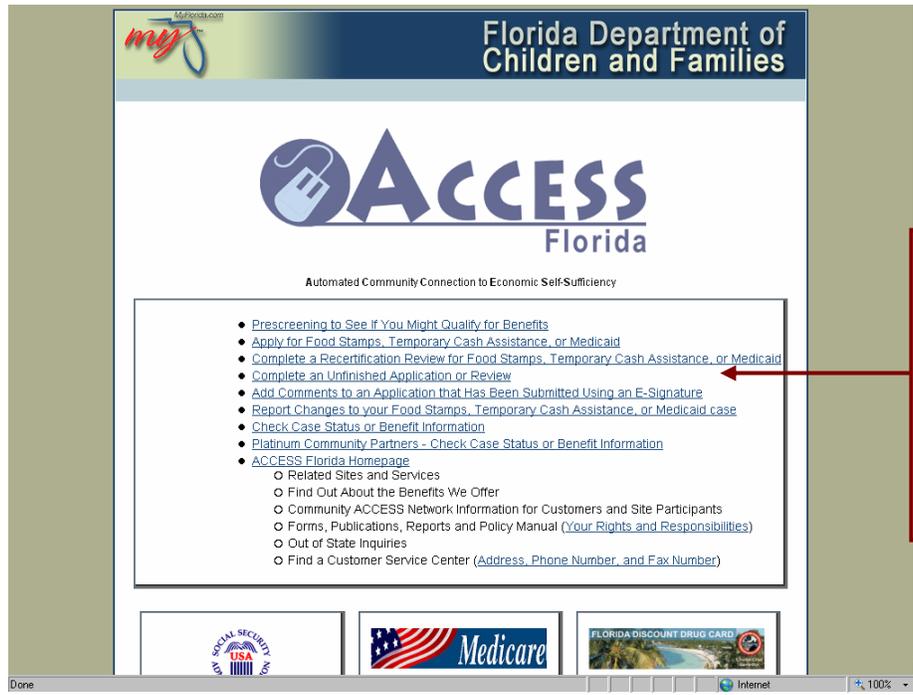
ACCESS Web Application Process Flow







Access Florida Splash Page



This section is where the customer chooses the process they wish to complete.

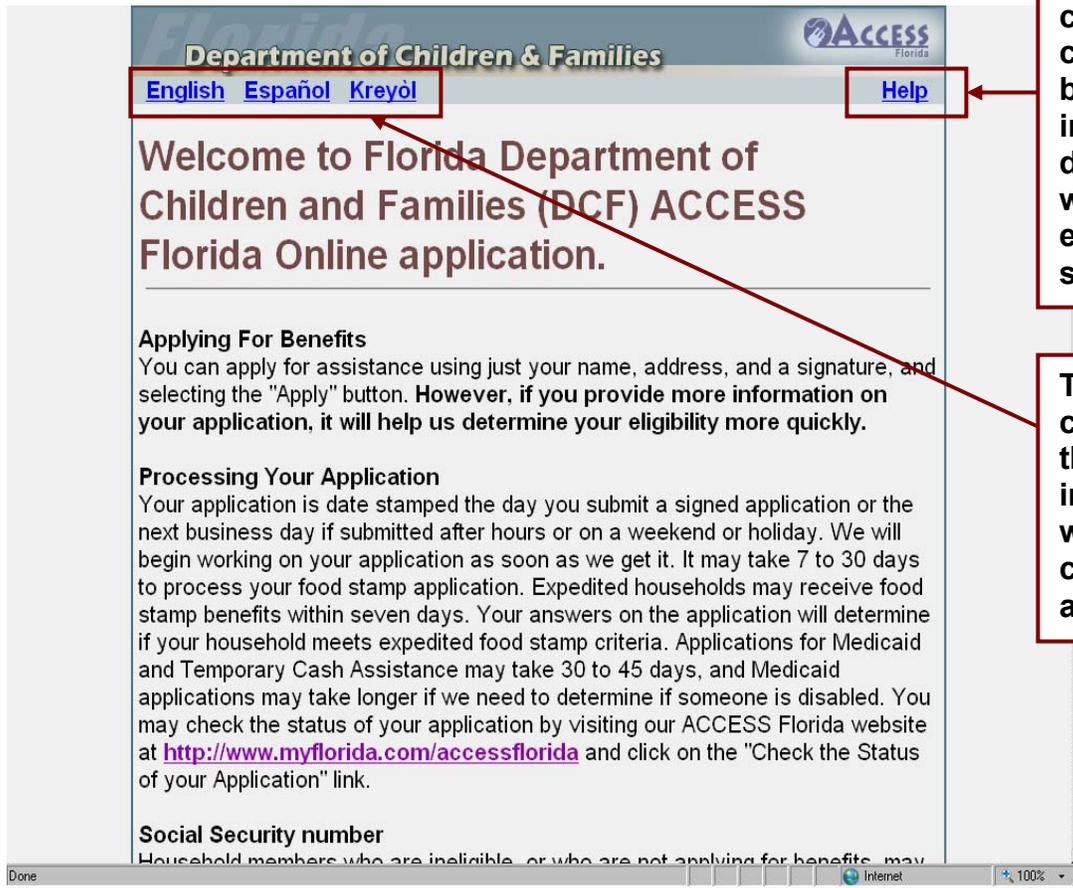


This section provides links to tools to assist the customers with problems using this website.

The customer can choose from one of the following

- Pre-screening
- Application
- Complete a review
- Complete an unfinished application or review
- Add comments to an application that has already been e-signed
- Check case status

Welcome Page



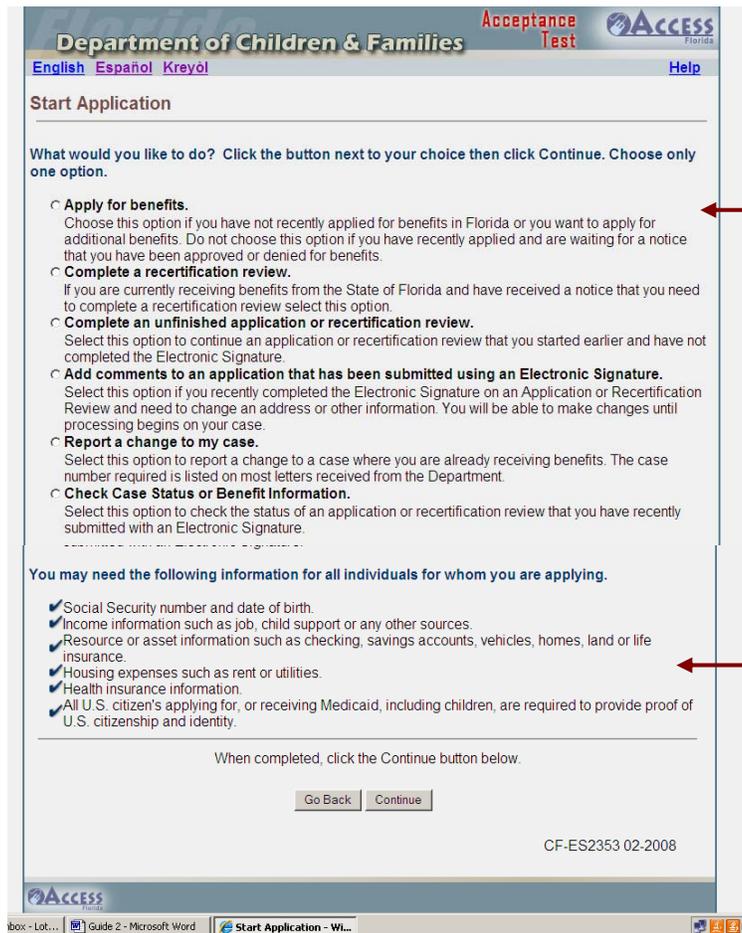
If the customer clicks on this button, information displays which explains the screen.

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

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



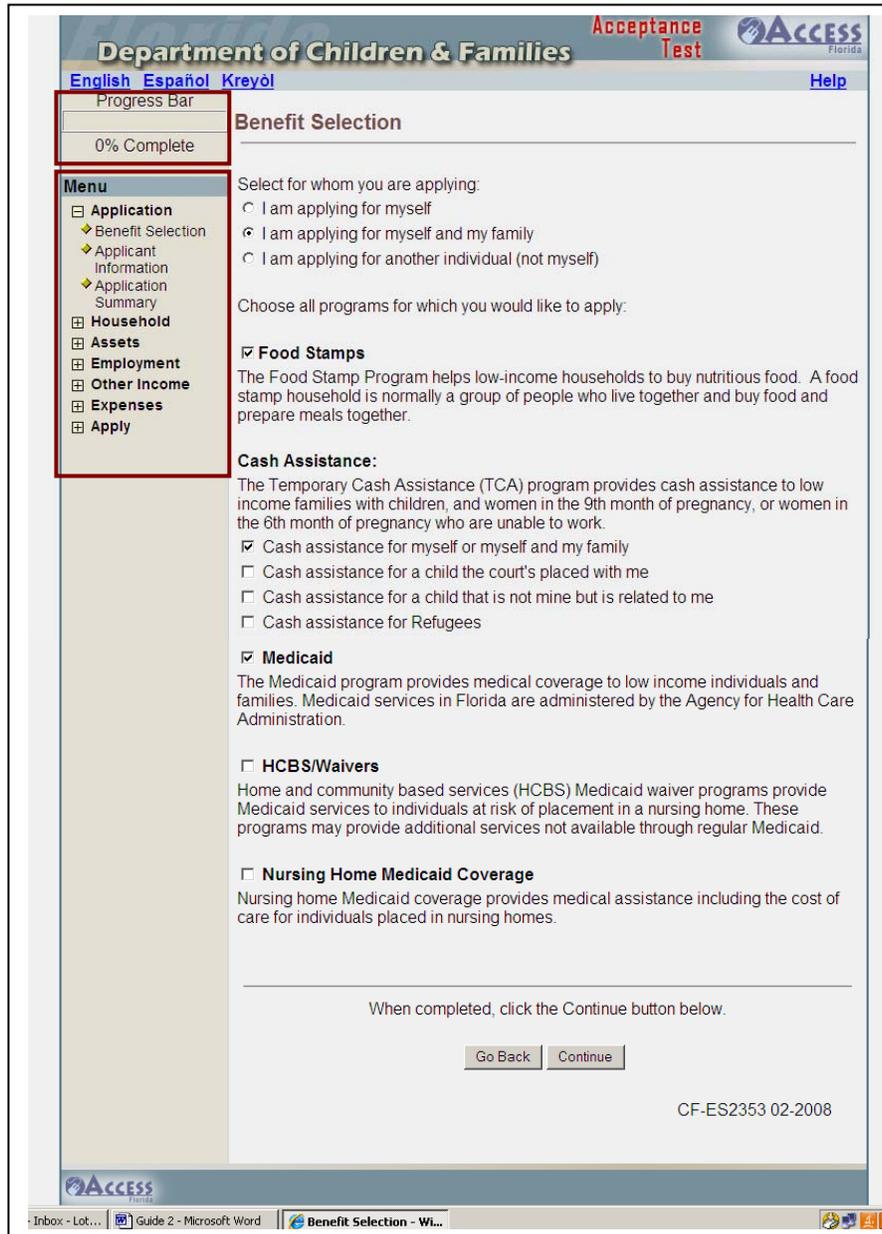
The customer chooses which process they wish to complete.

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 a recertification review” and the “Continue” button to begin the recertification 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.)
“Report a change to my case” this will drive them to the ACCESS FLORIDA change report system.
- “Check Case Status or Benefit Information” will allow the customer to check the status of case and to view benefit information.

Benefit Selection



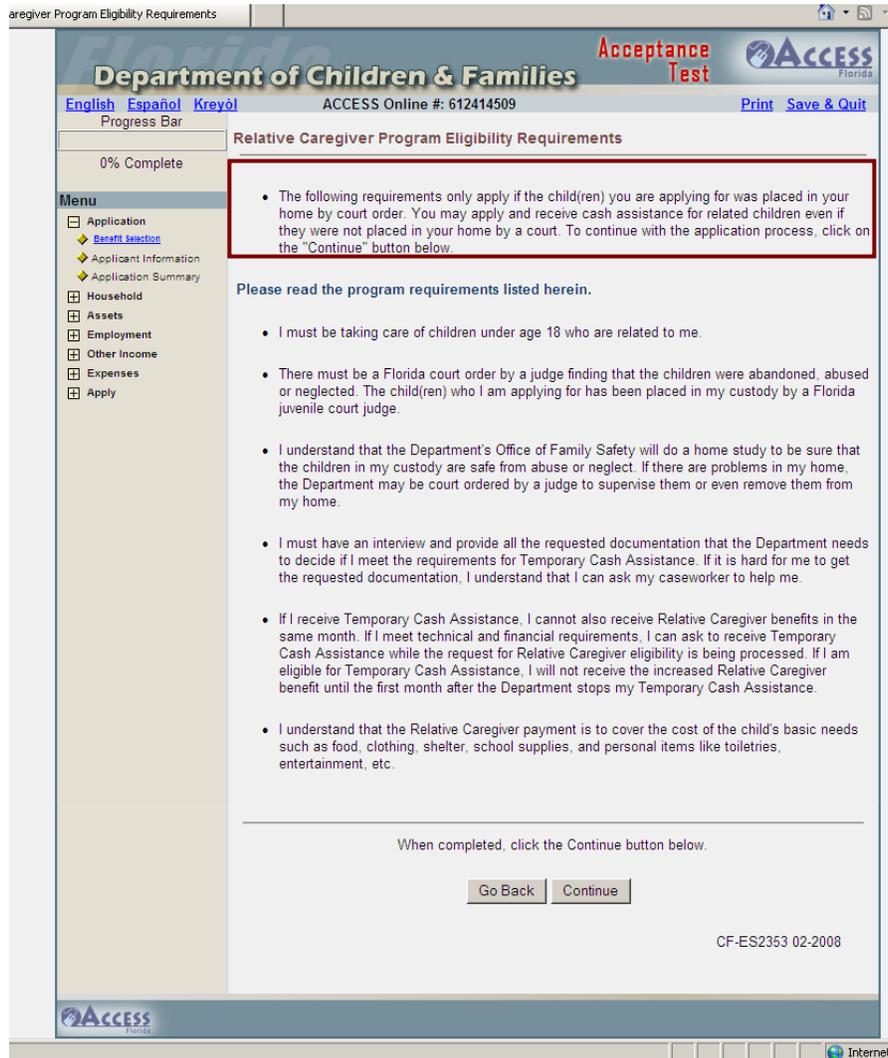
Progress Bar –
This is a new feature that tells the customer how far along they are in the application process

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 Stamps
- 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

Relative Caregiver Program Eligibility Requirements

0% Complete

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

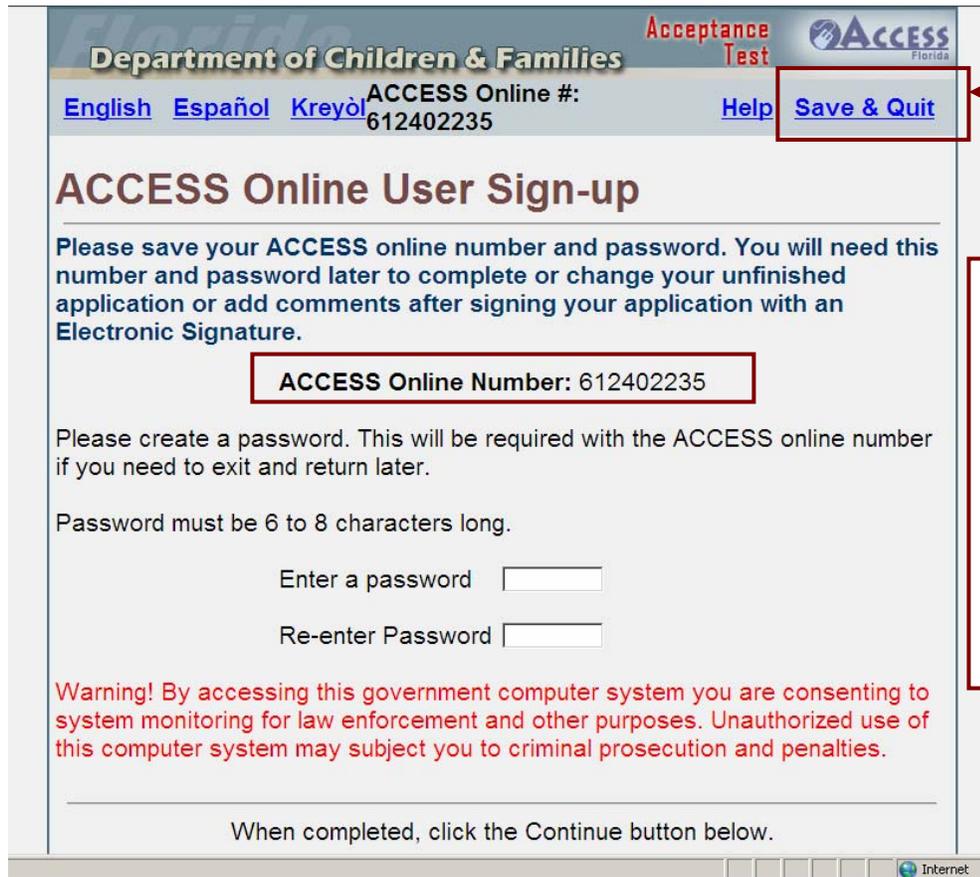
CF-ES2353 02-2008

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

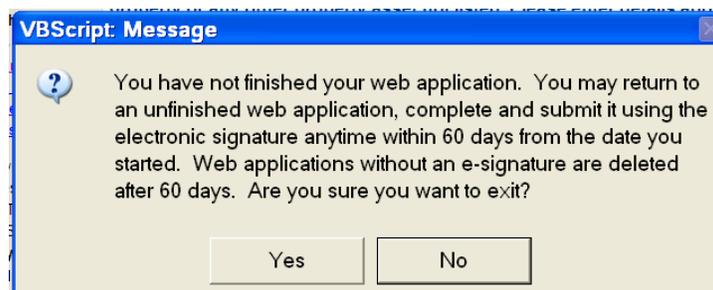


Once the customer has reached this screen, they have the ability to “SAVE & QUIT” the application, and return at a later time. **They must have their Application Number and Password to return.**

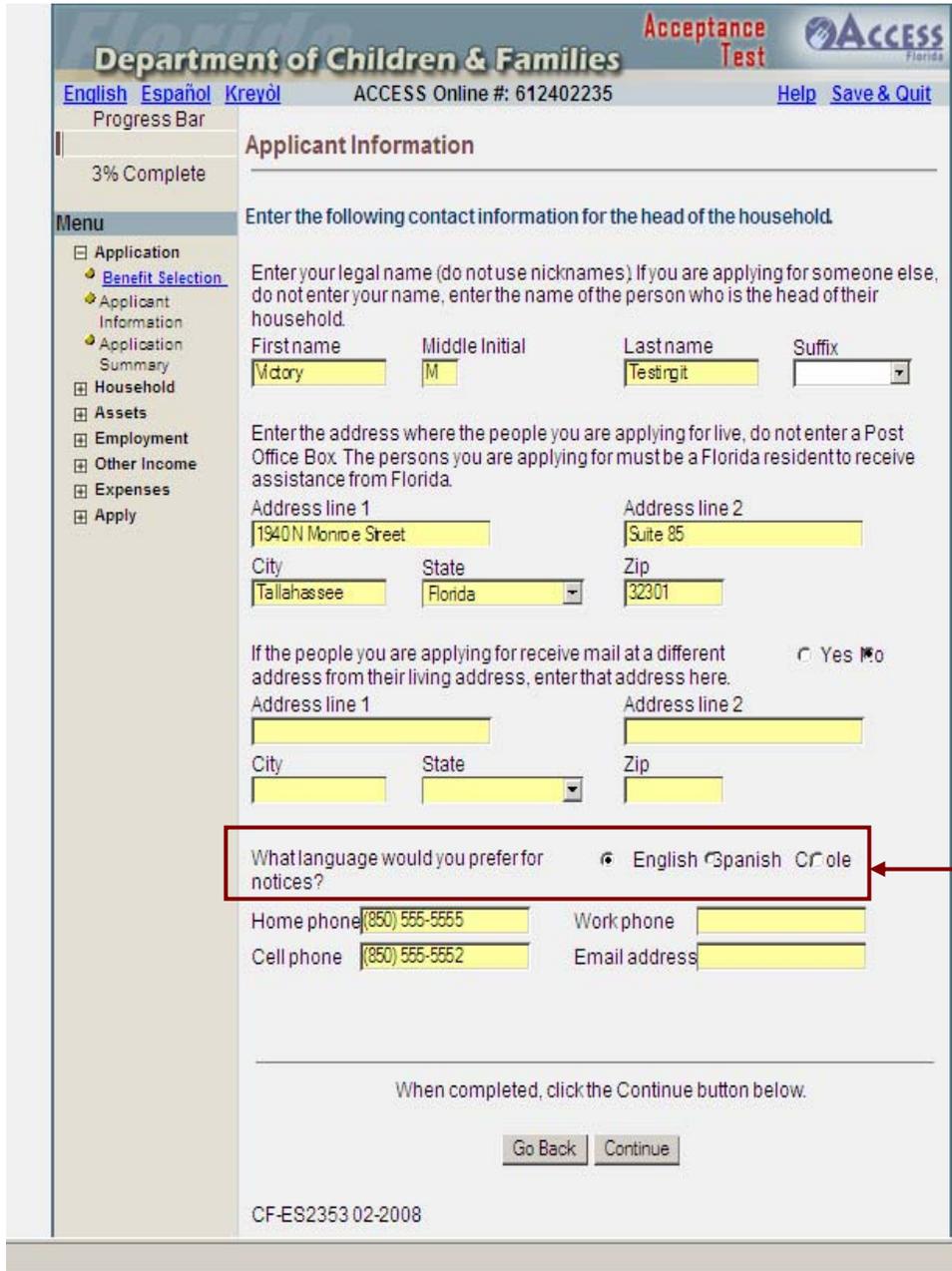
It is very important that the customer remember their password.

- 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

Menu

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

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: Work phone:

Cell phone: Email address:

When completed, click the Continue button below.

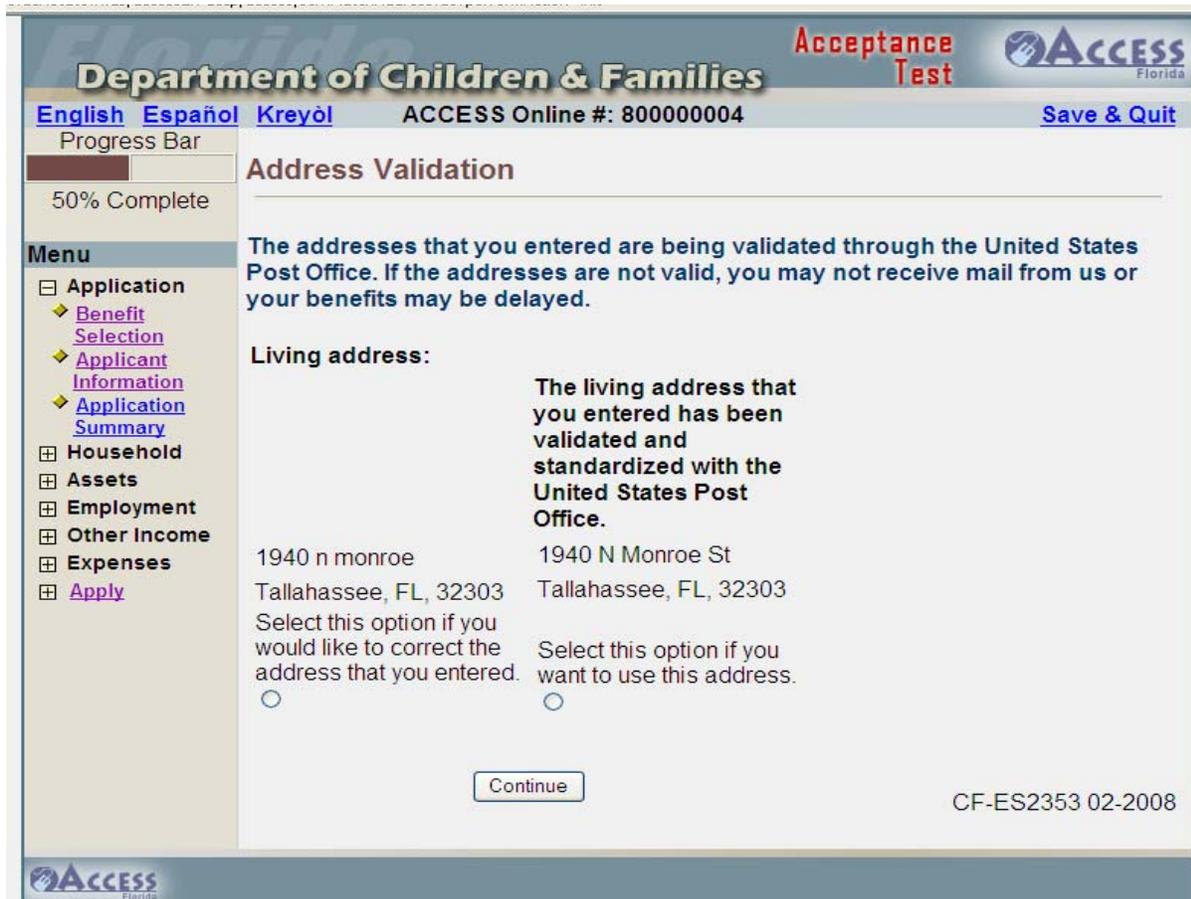
CF-ES2353 02-2008

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.

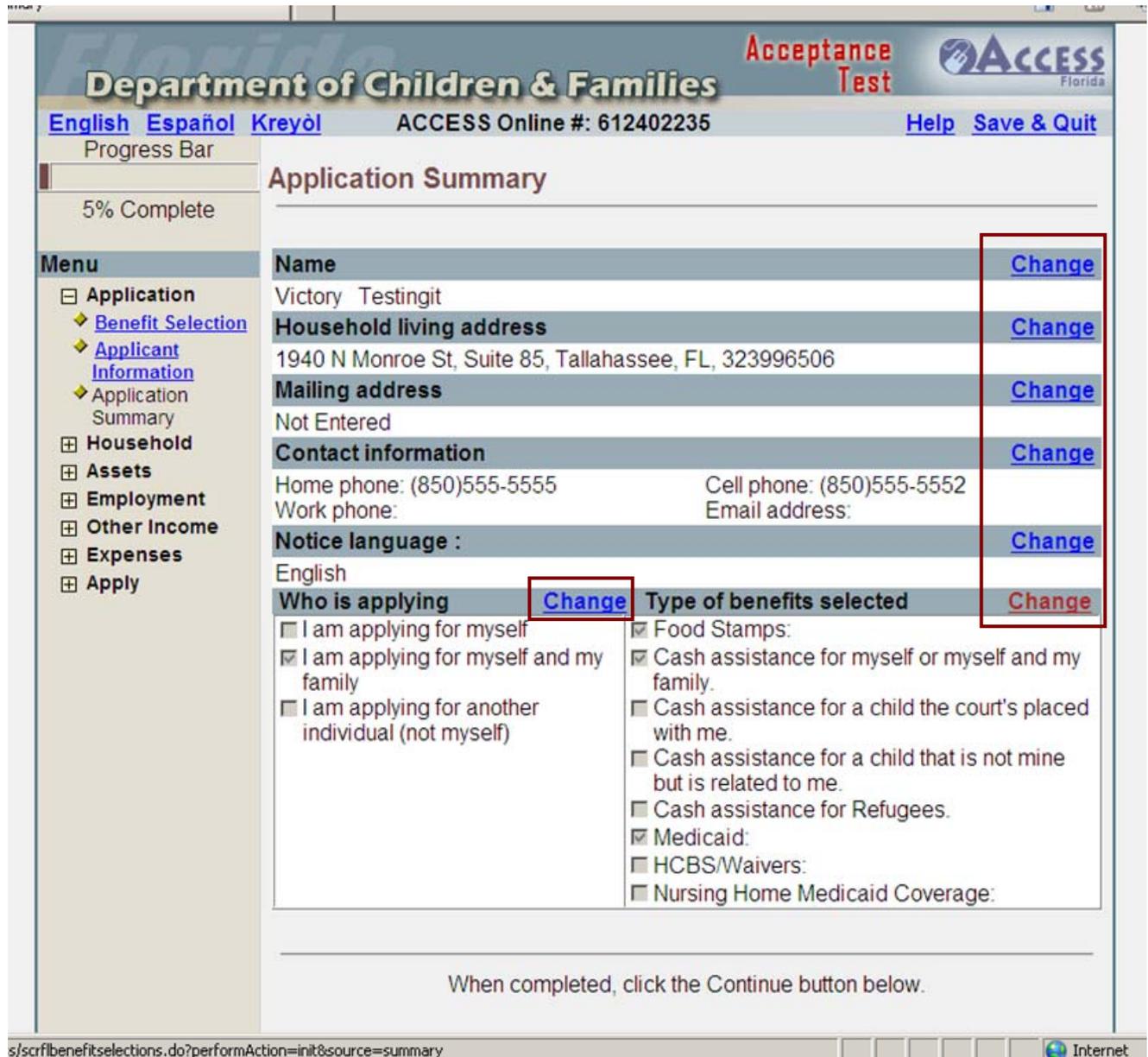
Living address:

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

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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

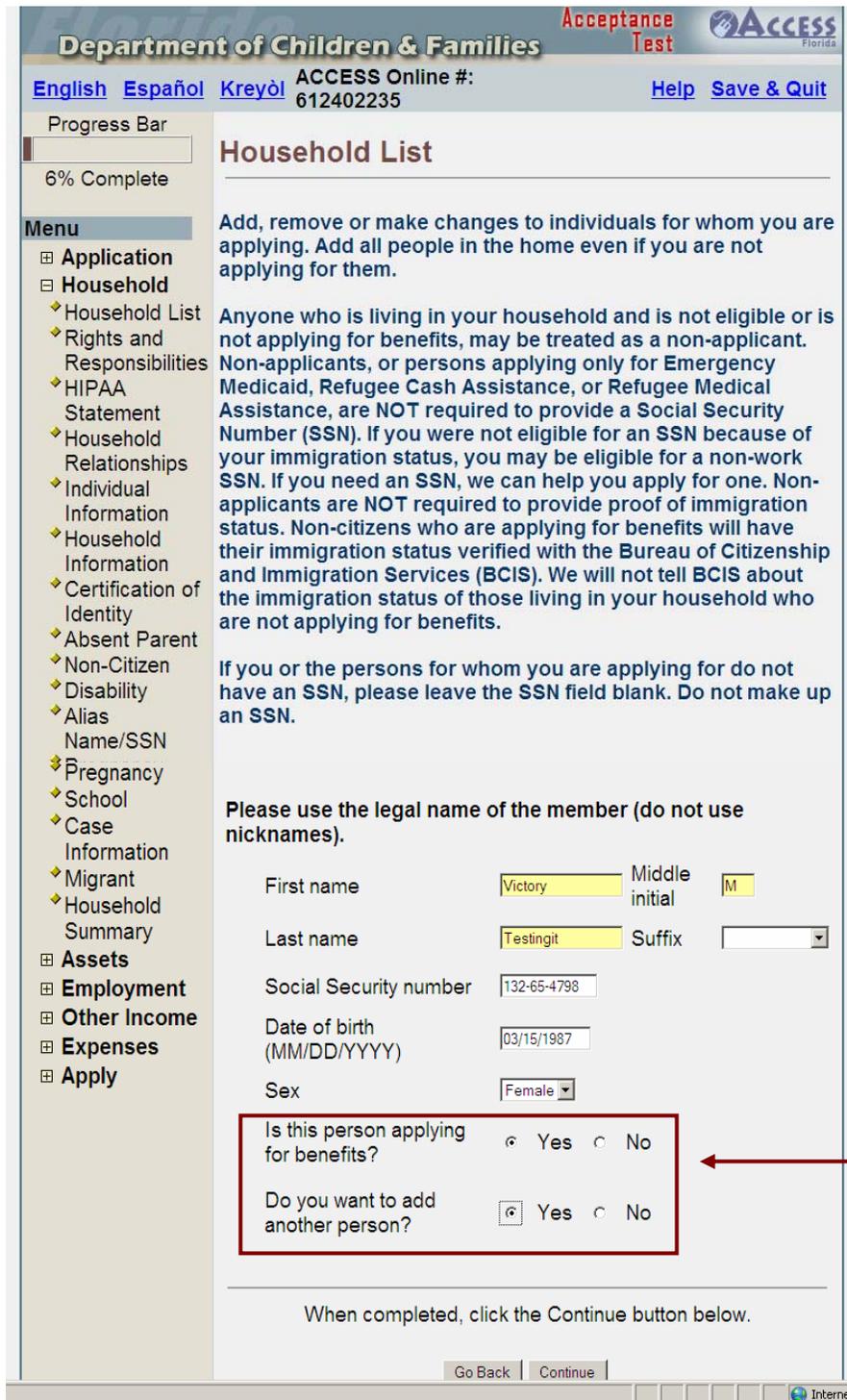
When completed, click the Continue button below.

s/scrflbenefitselections.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



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Progress Bar
6% Complete

Menu

- Application
- Household
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 - Household Relationships
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 - Household Information
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 - Non-Citizen
 - Disability
 - Alias Name/SSN
 - Pregnancy
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 - Case Information
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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

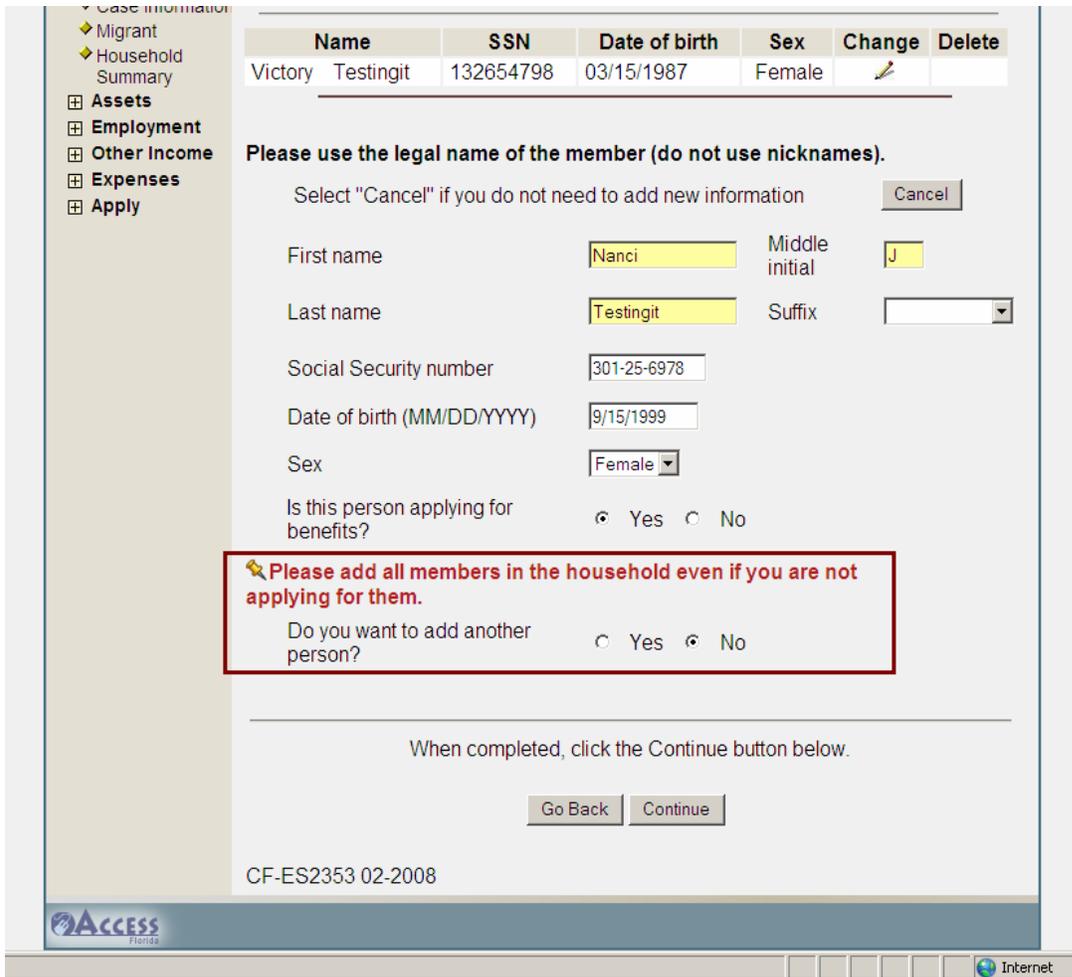
When completed, click the Continue button below.

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

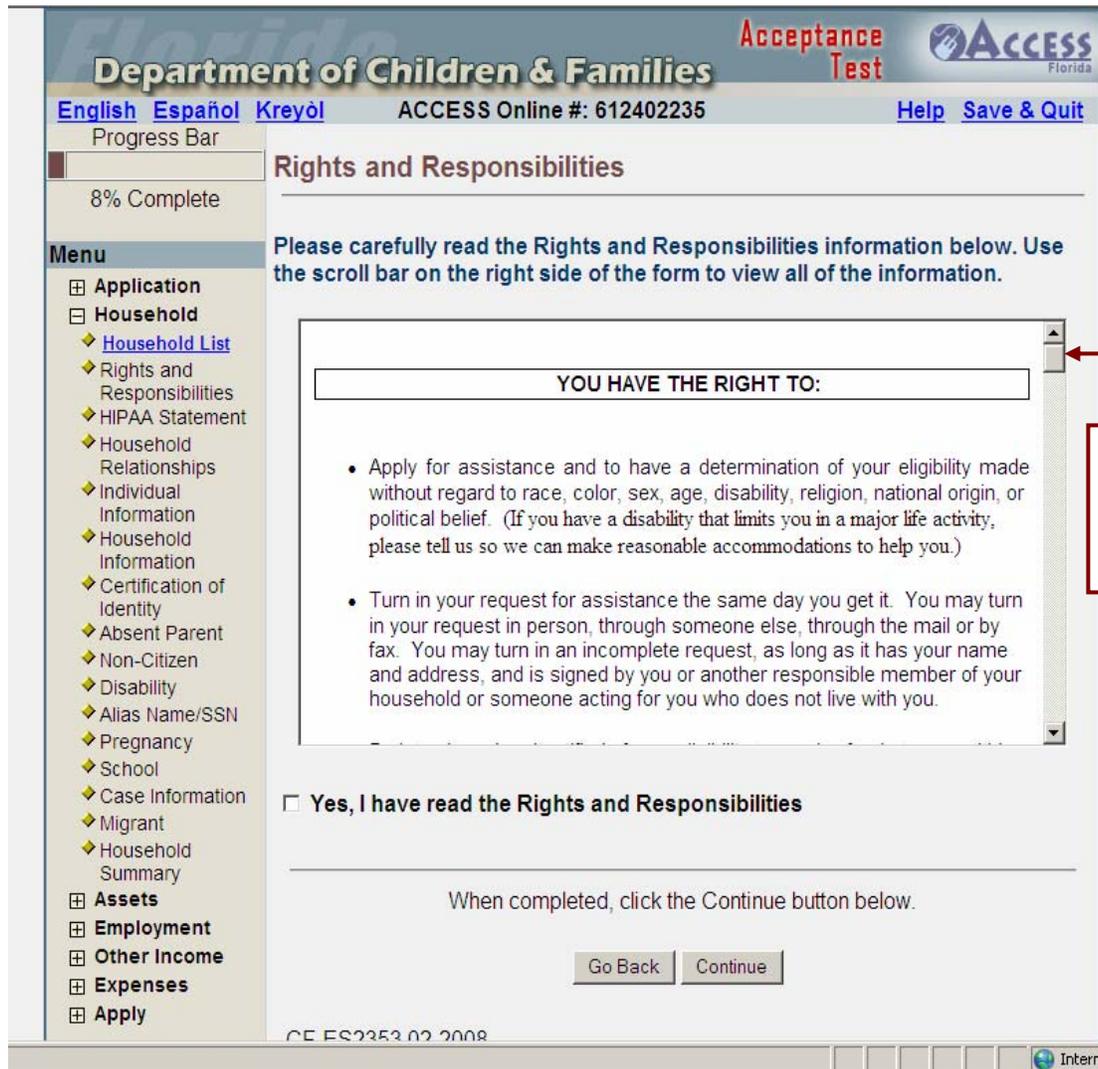
Please add all members in the household even if you are not applying for them.

Do you want to add another person? Yes No

When completed, click the Continue button below.

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Rights and Responsibilities



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Progress Bar
8% Complete

Menu

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

CE ES2353.02.2008

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](#)
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 - ◆ [HIPAA Statement](#)
 - ◆ [Household Relationships](#)
 - ◆ [Individual Information](#)
 - ◆ [Household Information](#)
 - ◆ Certification of Identity
 - ◆ Absent Parent
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 - ◆ Alias Name/SSN
 - ◆ Pregnancy
 - ◆ School
 - ◆ [Case Information](#)
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 - ◆ 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

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 - [Household Information](#)
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 - [School](#)
 - Case Information
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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
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 - ◆ [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

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Disability
Alias Name/SSN
Pregnancy
School
Case Information
Migrant
Household Summary
Assets
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Other Income
Expenses
Apply

Household Summary

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

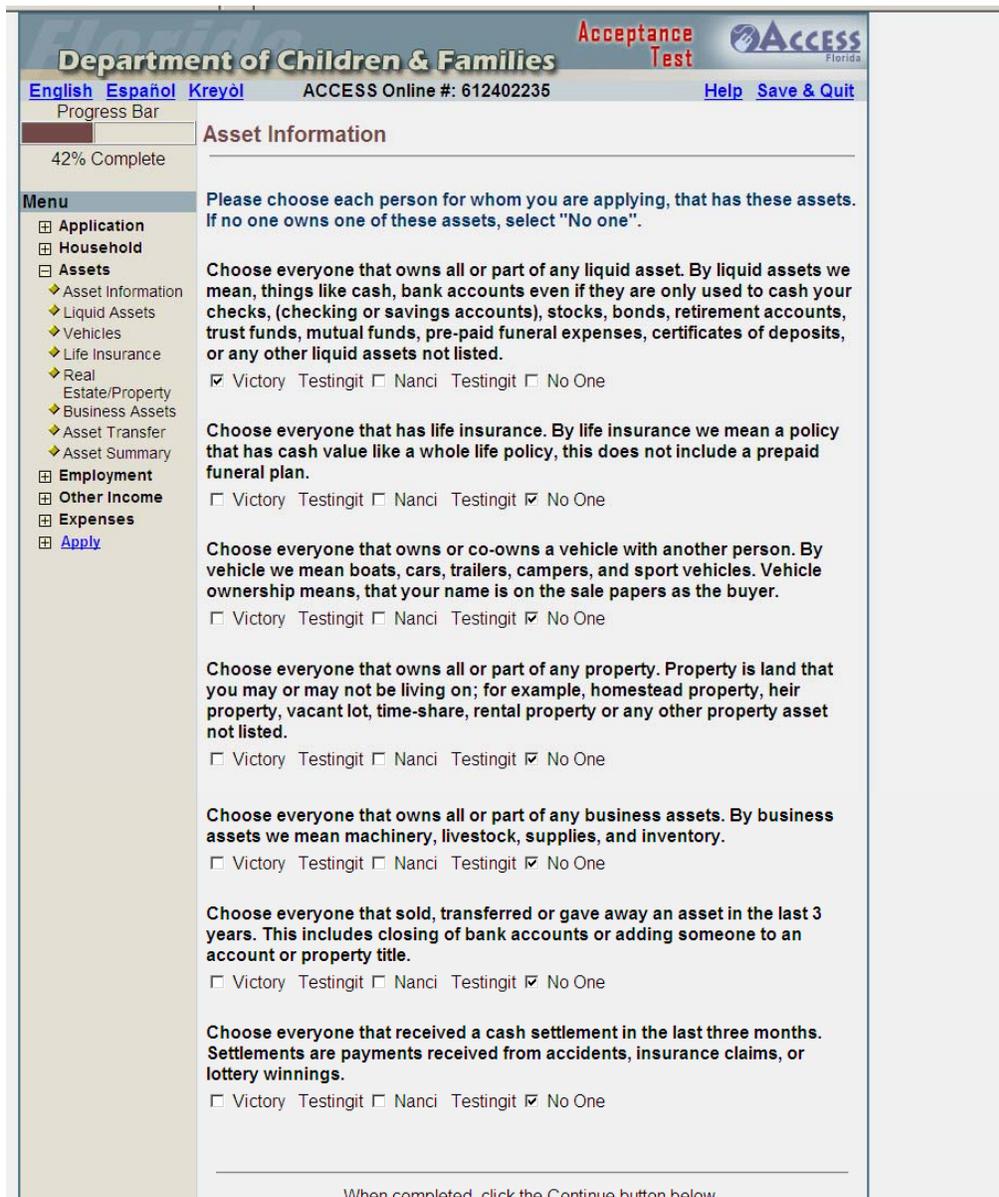
Migrant Information

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.

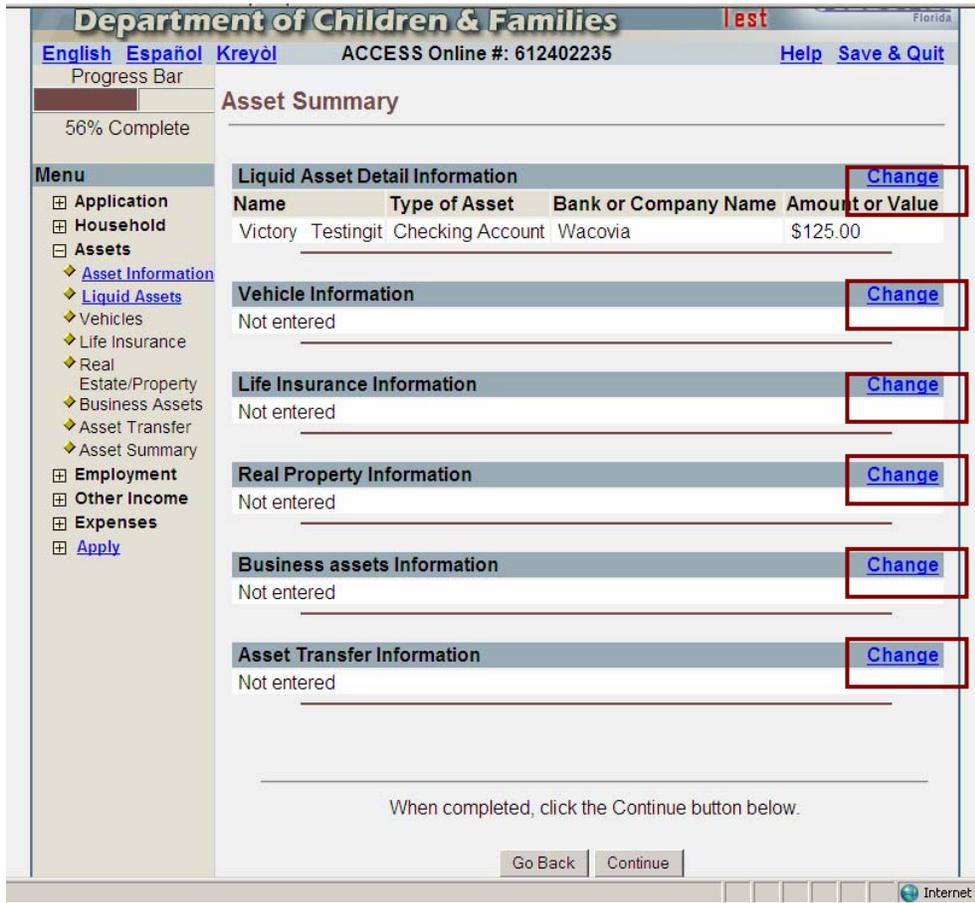
Victory Testingit Nanci Testingit No One

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

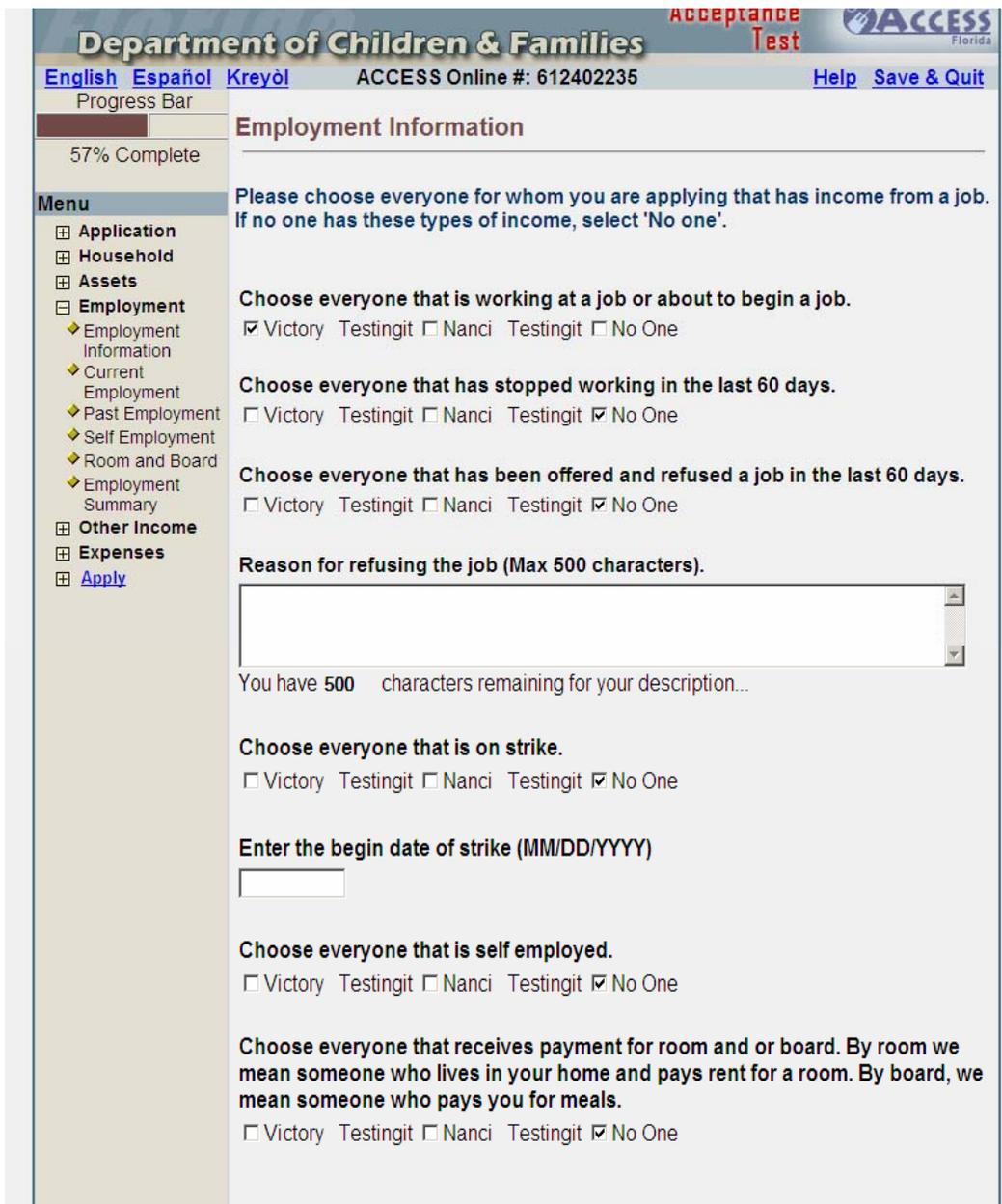
When completed, click the Continue button below.

[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



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

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

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 - ◆ [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

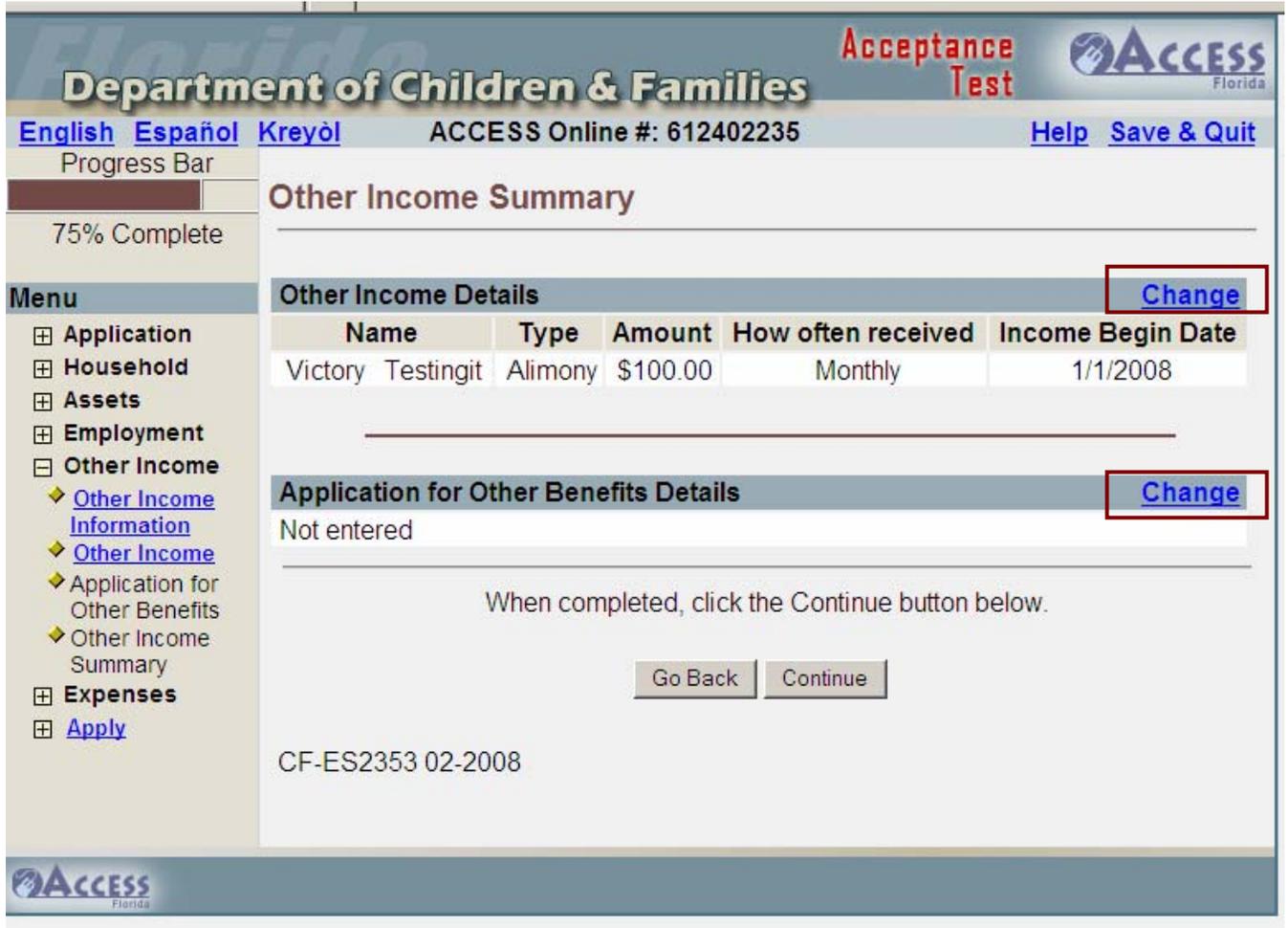
Choose everyone that has applied for any of these benefits and has not yet been approved.
 Victory Testingit Nanci Testingit No One

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



Department of Children & Families

English Español Kreyòl

ACCESS Online #: 612402235

Help Save & Quit

Acceptance Test



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.

Case Summary

Department of Children & Families
Acceptance Test


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

Progress Bar

99% Complete

Menu

- Application
- Household
- Assets
- Employment
- Other Income
- Expenses
- [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	Type of benefits selected: Change
<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)	<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

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

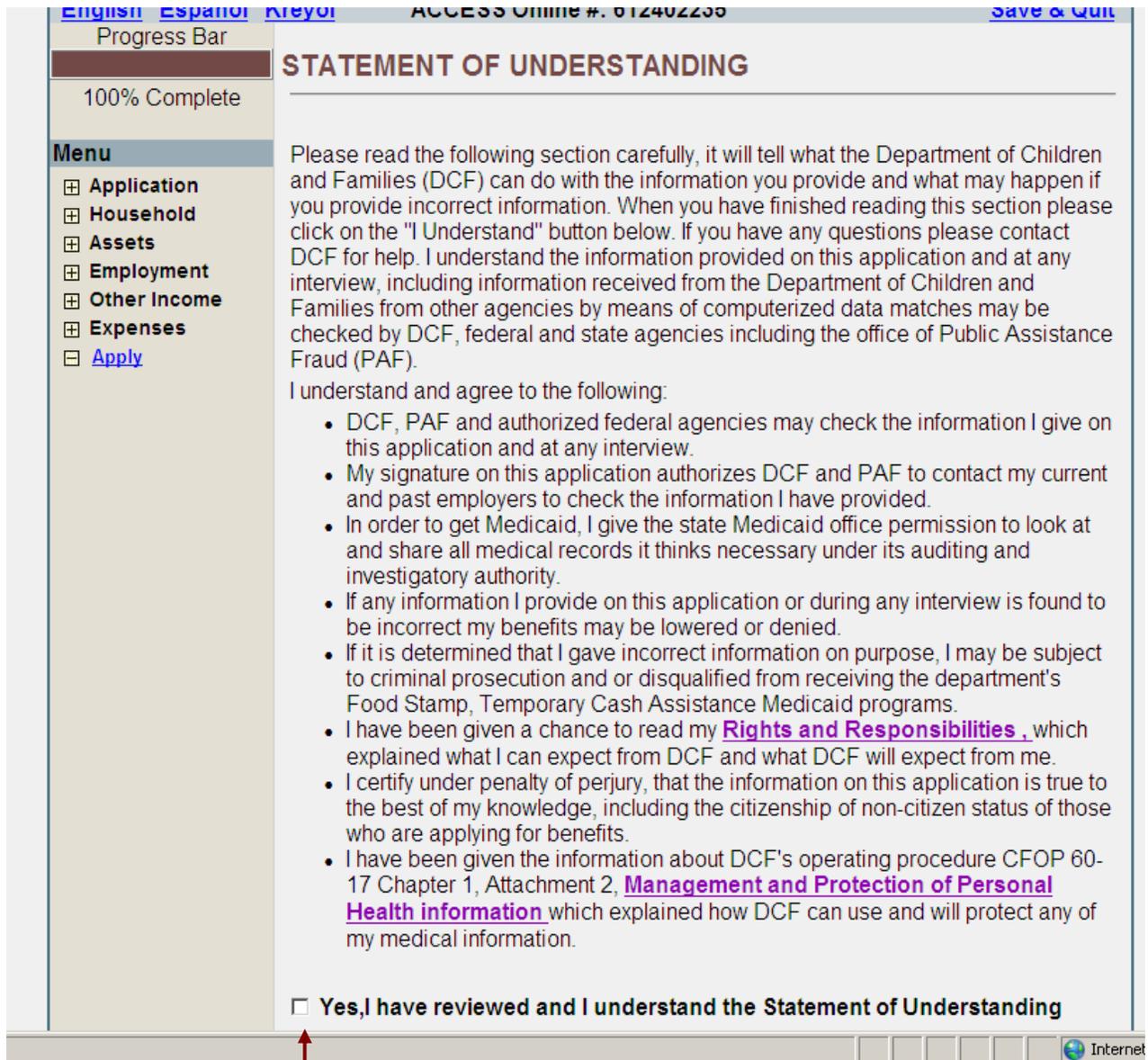
Support Payment Details [Change](#)
Not entered

Room and Board Expense Details [Change](#)

Expense Summary



Statement of Understanding



English Español Kreyol ACCESS Online #: 012402255 Save & Quit

Progress Bar
100% Complete

Menu

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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).

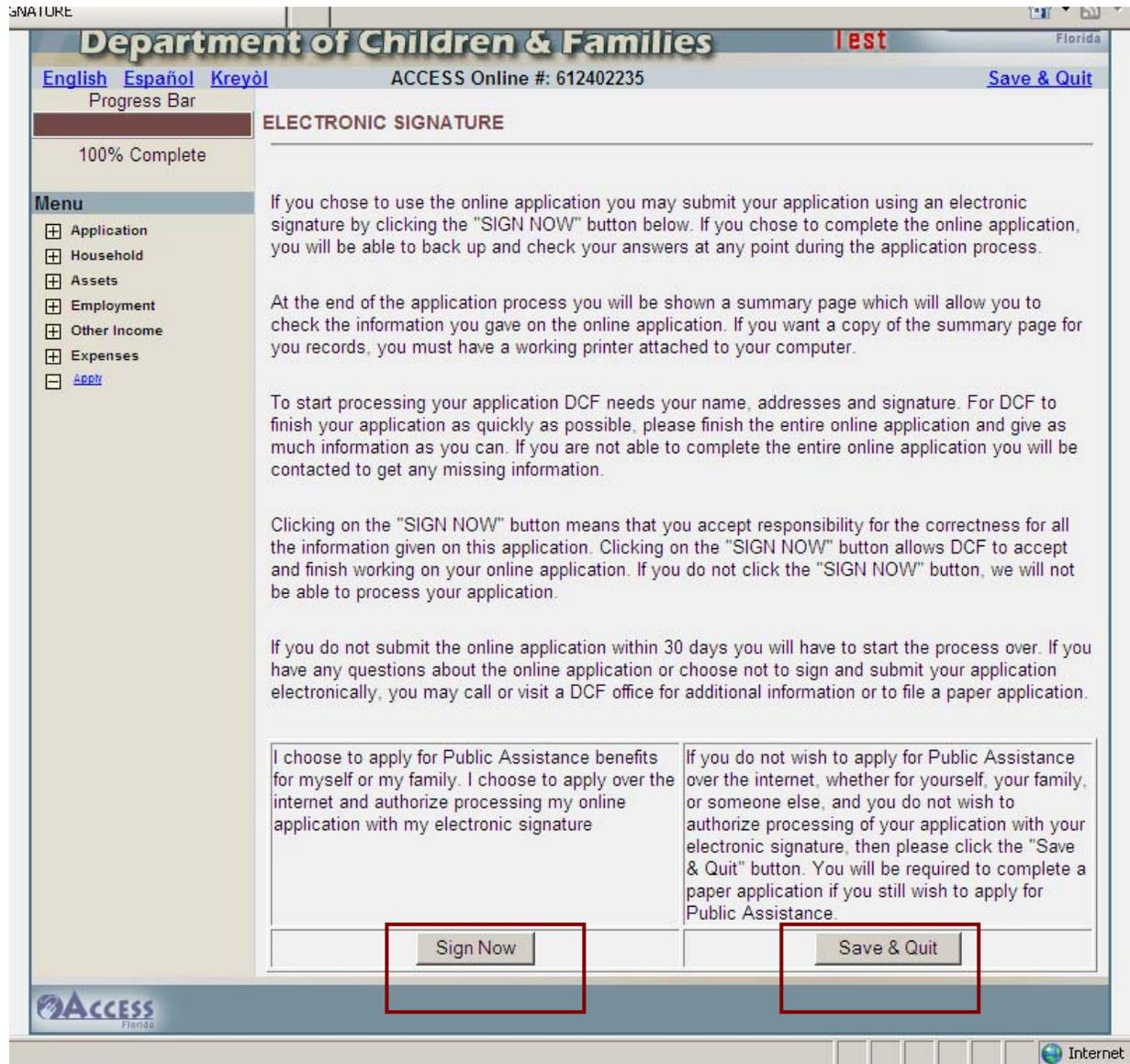
I understand and agree to the following:

- 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
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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.

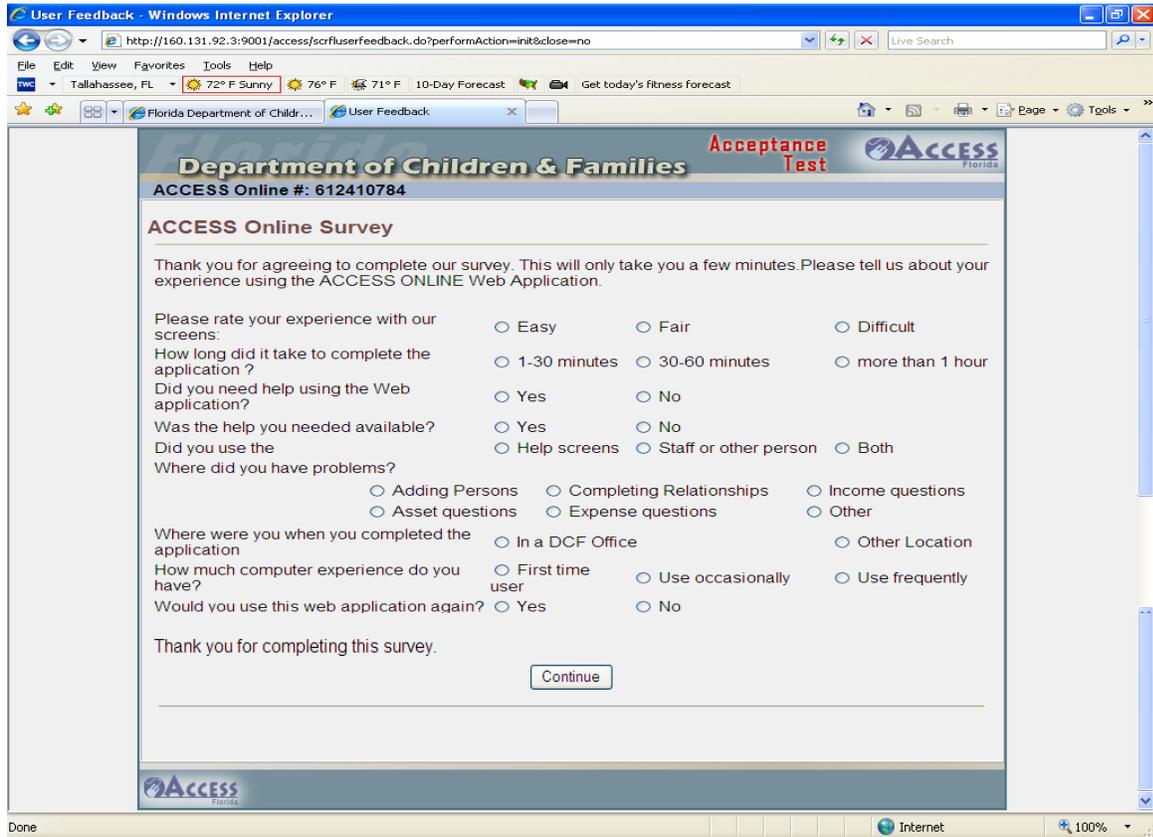
If you need to add comments to this application before it is processed, go back to the beginning of the application and select, "Add Comments to an Application that Has been Submitted With an E-signature". If the case is already being processed, you will receive a message when you enter the application 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 new section informs the customer if they are potentially eligible for expedited services and what to expect next in the process.

ACCESS Online Survey



User Feedback - Windows Internet Explorer
http://160.131.92.3:9001/access/scrifluserfeedback.do?performAction=init&close=no

File Edit View Favorites Tools Help
Tallahassee, FL 72° F Sunny 76° F 71° F 10-Day Forecast Get today's fitness forecast

Florida Department of Children & Families
Acceptance Test
ACCESS Florida

ACCESS Online Survey
ACCESS Online #: 612410784

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.

Please rate your experience with our screens: Easy Fair Difficult

How long did it take to complete the application? 1-30 minutes 30-60 minutes more than 1 hour

Did you need help using the Web application? Yes No

Was the help you needed available? Yes No

Did you use the Help screens Staff or other person Both

Where did you have problems?
 Adding Persons Completing Relationships Income questions
 Asset questions Expense questions Other

Where were you when you completed the application In a DCF Office Other Location

How much computer experience do you have? First time user Use occasionally Use frequently

Would you use this web application again? Yes No

Thank you for completing this survey.

ACCESS Florida

Done Internet 100%

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 

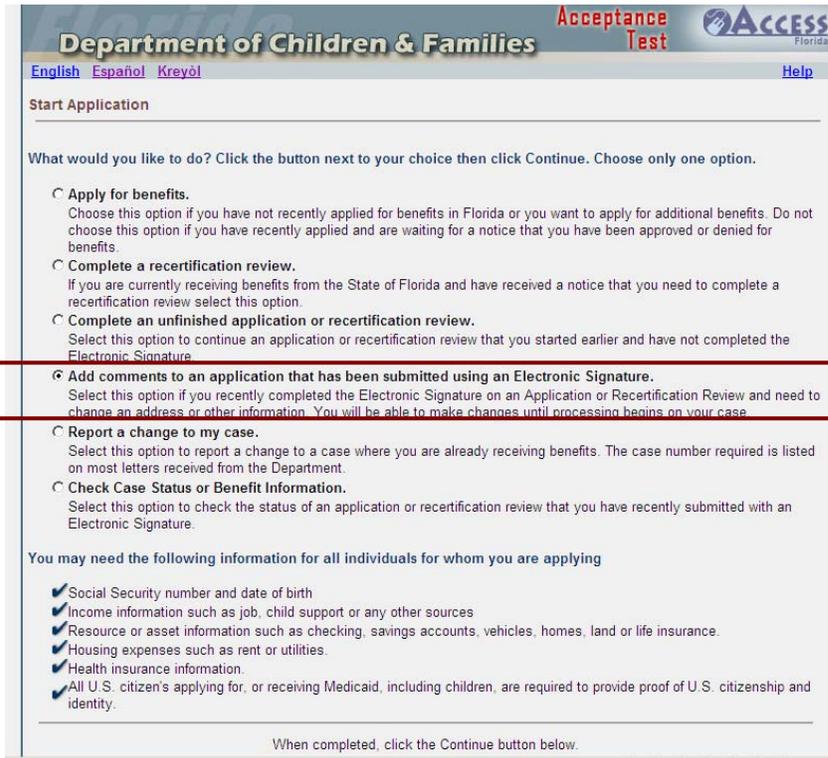
[English](#) [Español](#) [Kreyòl](#)

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



Department of Children & Families Acceptance Test ACCESS Florida

English Español Kreyòl Help

Start Application

What would you like to do? Click the button next to your choice then click Continue. Choose only one option.

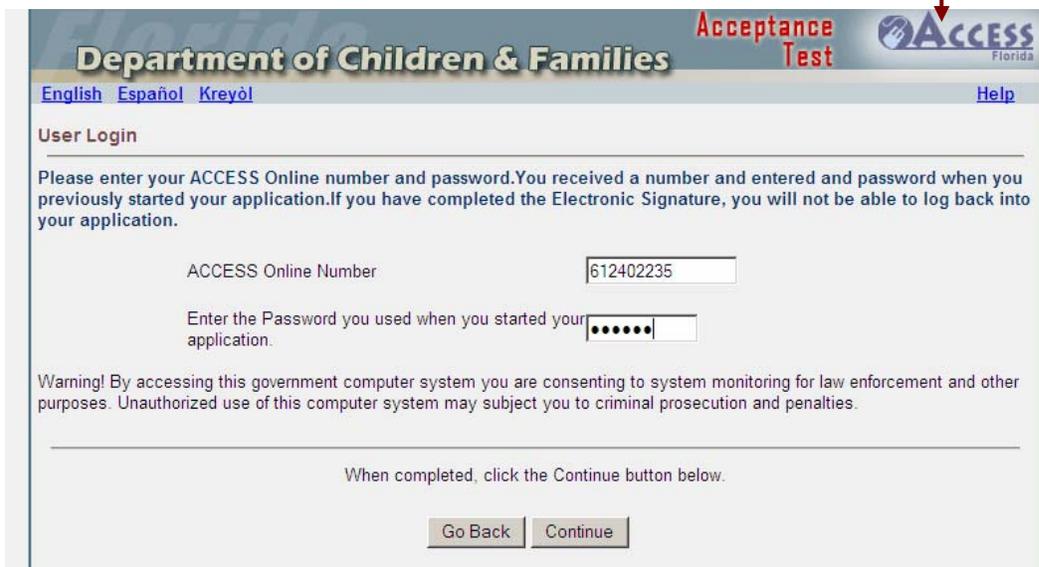
- Apply for benefits.**
Choose this option if you have not recently applied for benefits in Florida or you want to apply for additional benefits. Do not choose this option if you have recently applied and are waiting for a notice that you have been approved or denied for benefits.
- Complete a recertification review.**
If you are currently receiving benefits from the State of Florida and have received a notice that you need to complete a recertification review select this option.
- Complete an unfinished application or recertification review.**
Select this option to continue an application or recertification review that you started earlier and have not completed the Electronic Signature.
- Add comments to an application that has been submitted using an Electronic Signature.**
Select this option if you recently completed the Electronic Signature on an Application or Recertification Review and need to change an address or other information. You will be able to make changes until processing begins on your case.
- Report a change to my case.**
Select this option to report a change to a case where you are already receiving benefits. The case number required is listed on most letters received from the Department.
- Check Case Status or Benefit Information.**
Select this option to check the status of an application or recertification review that you have recently submitted with an Electronic Signature.

You may need the following information for all individuals for whom you are applying

- Social Security number and date of birth
- Income information such as job, child support or any other sources
- Resource or asset information such as checking, savings accounts, vehicles, homes, land or life insurance.
- Housing expenses such as rent or utilities.
- Health insurance information.
- All U.S. citizen's applying for, or receiving Medicaid, including children, are required to provide proof of U.S. citizenship and identity.

When completed, click the Continue button below.

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”



Department of Children & Families Acceptance Test ACCESS Florida

English Español Kreyòl Help

User Login

Please enter your ACCESS Online number and password. You received a number and entered a password when you previously started your application. If you have completed the Electronic Signature, you will not be able to log back into your application.

ACCESS Online Number

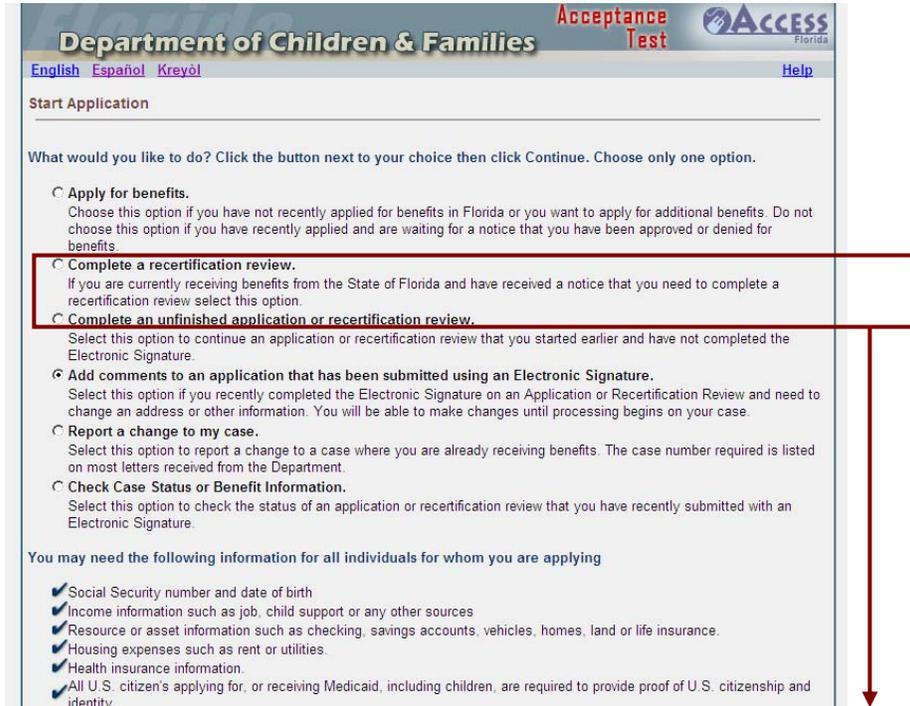
Enter the Password you used when you started your application.

Warning! By accessing this government computer system you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use of this computer system may subject you to criminal prosecution and penalties.

When completed, click the Continue button below.

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

Recertification Review



Department of Children & Families Acceptance Test ACCESS Florida

English Español Kreyòl Help

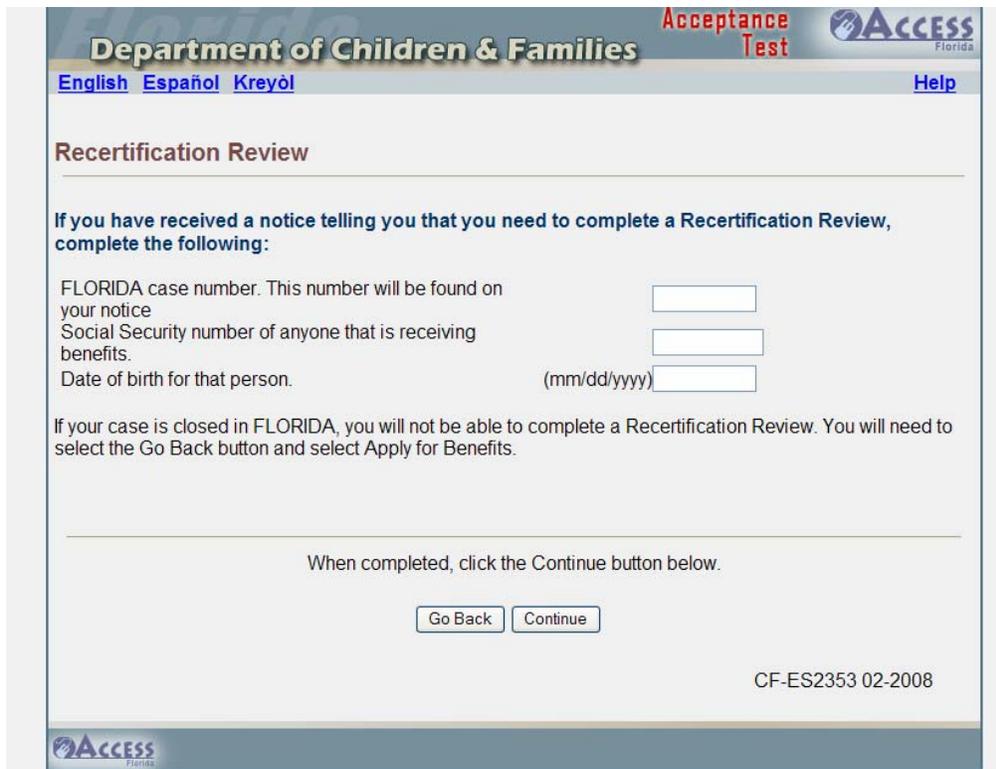
Start Application

What would you like to do? Click the button next to your choice then click Continue. Choose only one option.

- Apply for benefits.**
Choose this option if you have not recently applied for benefits in Florida or you want to apply for additional benefits. Do not choose this option if you have recently applied and are waiting for a notice that you have been approved or denied for benefits.
- Complete a recertification review.**
If you are currently receiving benefits from the State of Florida and have received a notice that you need to complete a recertification review select this option.
- Complete an unfinished application or recertification review.**
Select this option to continue an application or recertification review that you started earlier and have not completed the Electronic Signature.
- Add comments to an application that has been submitted using an Electronic Signature.**
Select this option if you recently completed the Electronic Signature on an Application or Recertification Review and need to change an address or other information. You will be able to make changes until processing begins on your case.
- Report a change to my case.**
Select this option to report a change to a case where you are already receiving benefits. The case number required is listed on most letters received from the Department.
- Check Case Status or Benefit Information.**
Select this option to check the status of an application or recertification review that you have recently submitted with an Electronic Signature.

You may need the following information for all individuals for whom you are applying

- Social Security number and date of birth
- Income information such as job, child support or any other sources
- Resource or asset information such as checking, savings accounts, vehicles, homes, land or life insurance.
- Housing expenses such as rent or utilities.
- Health insurance information.
- All U.S. citizen's applying for, or receiving Medicaid, including children, are required to provide proof of U.S. citizenship and identity.



Department of Children & Families Acceptance Test ACCESS Florida

English Español Kreyòl Help

Recertification Review

If you have received a notice telling you that you need to complete a Recertification Review, complete the following:

FLORIDA case number. This number will be found on your notice

Social Security number of anyone that is receiving benefits.

Date of birth for that person. (mm/dd/yyyy)

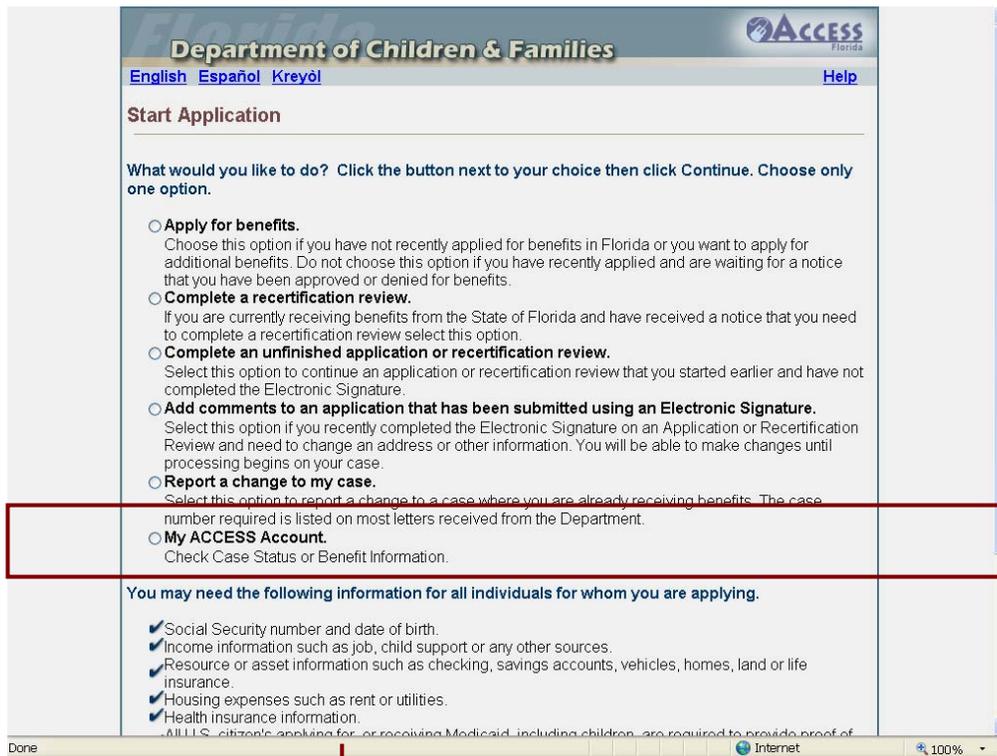
If your case is closed in FLORIDA, you will not be able to complete a Recertification Review. You will need to select the Go Back button and select Apply for Benefits.

When completed, click the Continue button below.

CF-ES2353 02-2008

ACCESS Florida

Check case status or benefit information



Department of Children & Families
English Español Kreyòl Help

Start Application

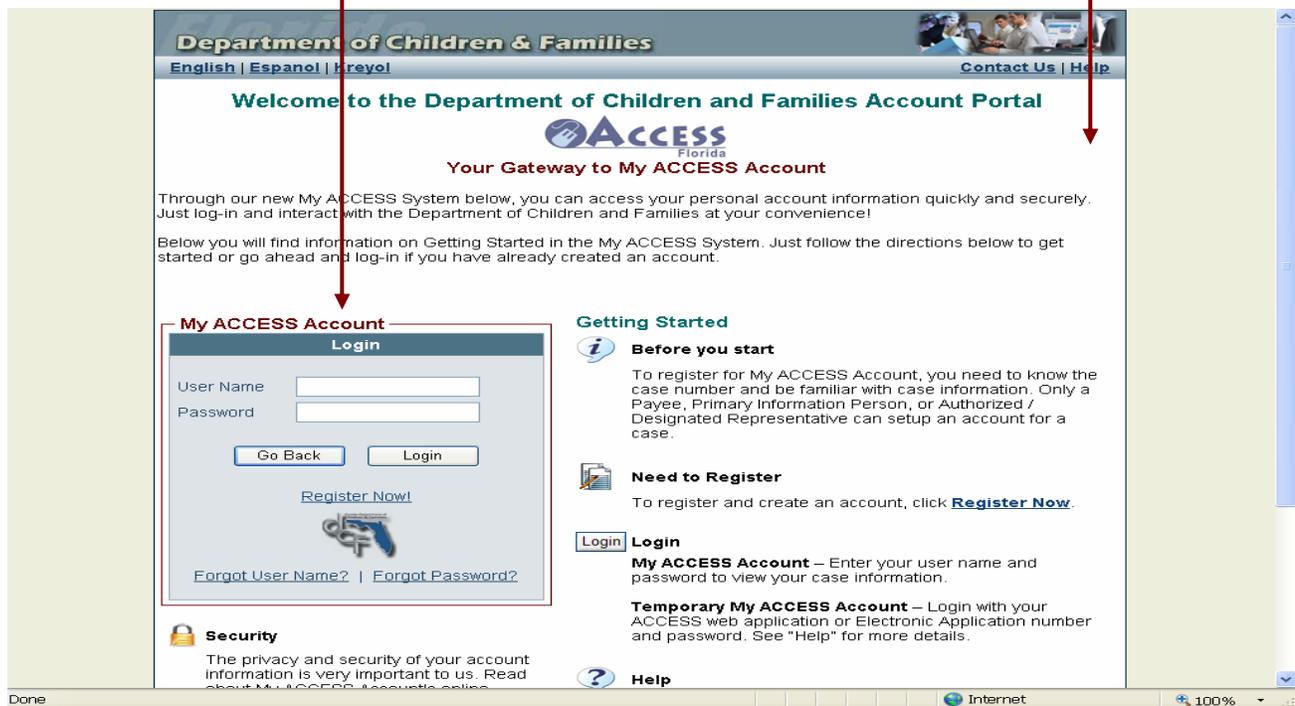
What would you like to do? Click the button next to your choice then click Continue. Choose only one option.

- Apply for benefits.**
Choose this option if you have not recently applied for benefits in Florida or you want to apply for additional benefits. Do not choose this option if you have recently applied and are waiting for a notice that you have been approved or denied for benefits.
- Complete a recertification review.**
If you are currently receiving benefits from the State of Florida and have received a notice that you need to complete a recertification review select this option.
- Complete an unfinished application or recertification review.**
Select this option to continue an application or recertification review that you started earlier and have not completed the Electronic Signature.
- Add comments to an application that has been submitted using an Electronic Signature.**
Select this option if you recently completed the Electronic Signature on an Application or Recertification Review and need to change an address or other information. You will be able to make changes until processing begins on your case.
- Report a change to my case.**
Select this option to report a change to a case where you are already receiving benefits. The case number required is listed on most letters received from the Department.
- My ACCESS Account.**
Check Case Status or Benefit Information.

You may need the following information for all individuals for whom you are applying.

- Social Security number and date of birth.
- Income information such as job, child support or any other sources.
- Resource or asset information such as checking, savings accounts, vehicles, homes, land or life insurance.
- Housing expenses such as rent or utilities.
- Health insurance information.

ALL U.S. citizens applying for, or receiving Medicaid, including children, are required to provide proof of



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

Welcome to the Department of Children and Families Account Portal

ACCESS Florida
Your Gateway to My ACCESS Account

Through our new My ACCESS System below, you can access your personal account information quickly and securely. Just log-in and interact with the Department of Children and Families at your convenience!

Below you will find information on Getting Started in the My ACCESS System. Just follow the directions below to get started or go ahead and log-in if you have already created an account.

My ACCESS Account

Login

User Name

Password

[Register Now!](#)



[Forgot User Name?](#) | [Forgot Password?](#)

Getting Started

Before you start

To register for My ACCESS Account, you need to know the case number and be familiar with case information. Only a Payee, Primary Information Person, or Authorized / Designated Representative can setup an account for a case.

Need to Register

To register and create an account, click [Register Now](#).

Login

My ACCESS Account – Enter your user name and password to view your case information.

Temporary My ACCESS Account – Login with your ACCESS web application or Electronic Application number and password. See "Help" for more details.

Help

My Account (cont.)

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.

The new link My ACCESS Account (Check Case Status or Benefit Information) allows you to:

- View current benefits
- View the date benefits will be available
- Print a Temporary 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

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 view the either the My Account set up training or to view the My Account Guide, go to

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

If you have been authorized to use the Customer Look-up System, you will have access to a separate system to review basic customer information. You must have a signed and dated release from the customer giving you permission to review their case information through that system. These releases should have time limited validity periods (no longer than 90 days), and the Community Partner can only view the customer’s information during that validity period.

Release Form for the Customer Look-Up System

Below is an example of the information that should be included in your site's Customer Look-Up 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,

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

- Status of application (approved, denied, enrolled or pending)
- Reason for closure or denial
- Scheduled interview dates and time
- Verifications requested and dates due

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

Dated: _____ day of _____, 20xx

Signed: _____

Printed Name: _____

Date of Birth: _____

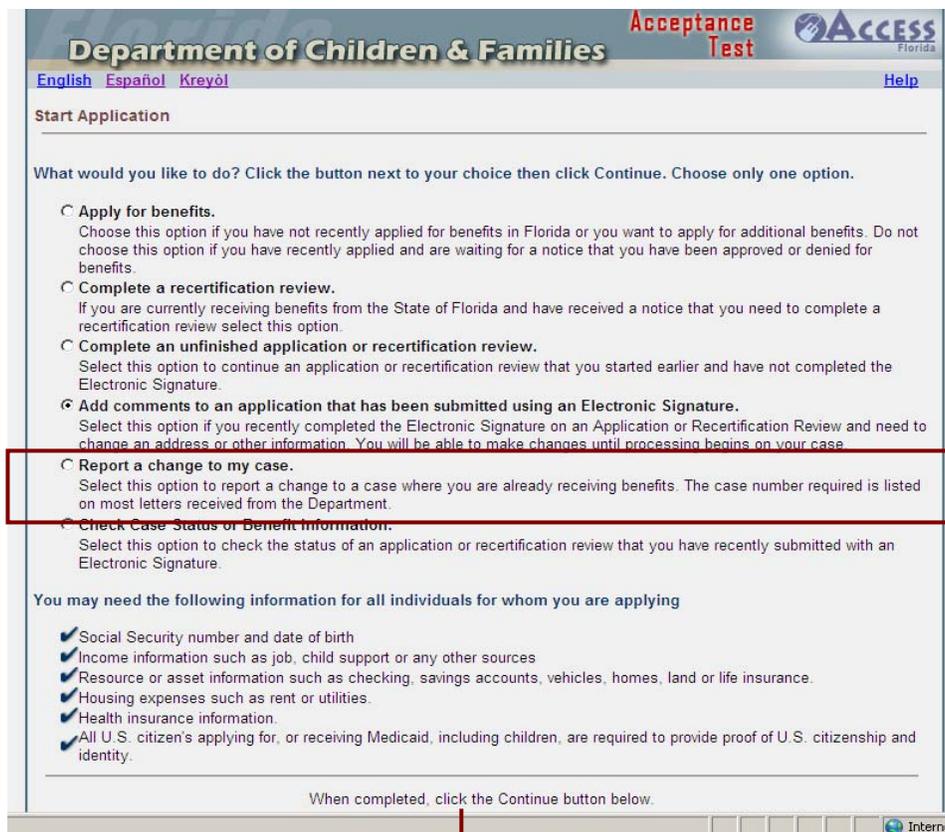
Last Four Numbers of my Social Security Number _____

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**. They can also be reported on-line by going to www.myflorida.com/accessflorida , and selecting on the report changes option.



Department of Children & Families Acceptance Test

English Español Kreyòl Help

Start Application

What would you like to do? Click the button next to your choice then click Continue. Choose only one option.

Apply for benefits.
Choose this option if you have not recently applied for benefits in Florida or you want to apply for additional benefits. Do not choose this option if you have recently applied and are waiting for a notice that you have been approved or denied for benefits.

Complete a recertification review.
If you are currently receiving benefits from the State of Florida and have received a notice that you need to complete a recertification review select this option.

Complete an unfinished application or recertification review.
Select this option to continue an application or recertification review that you started earlier and have not completed the Electronic Signature.

Add comments to an application that has been submitted using an Electronic Signature.
Select this option if you recently completed the Electronic Signature on an Application or Recertification Review and need to change an address or other information. You will be able to make changes until processing begins on your case.

Report a change to my case.
Select this option to report a change to a case where you are already receiving benefits. The case number required is listed on most letters received from the Department.

Check Case Status or Benefit Information.
Select this option to check the status of an application or recertification review that you have recently submitted with an Electronic Signature.

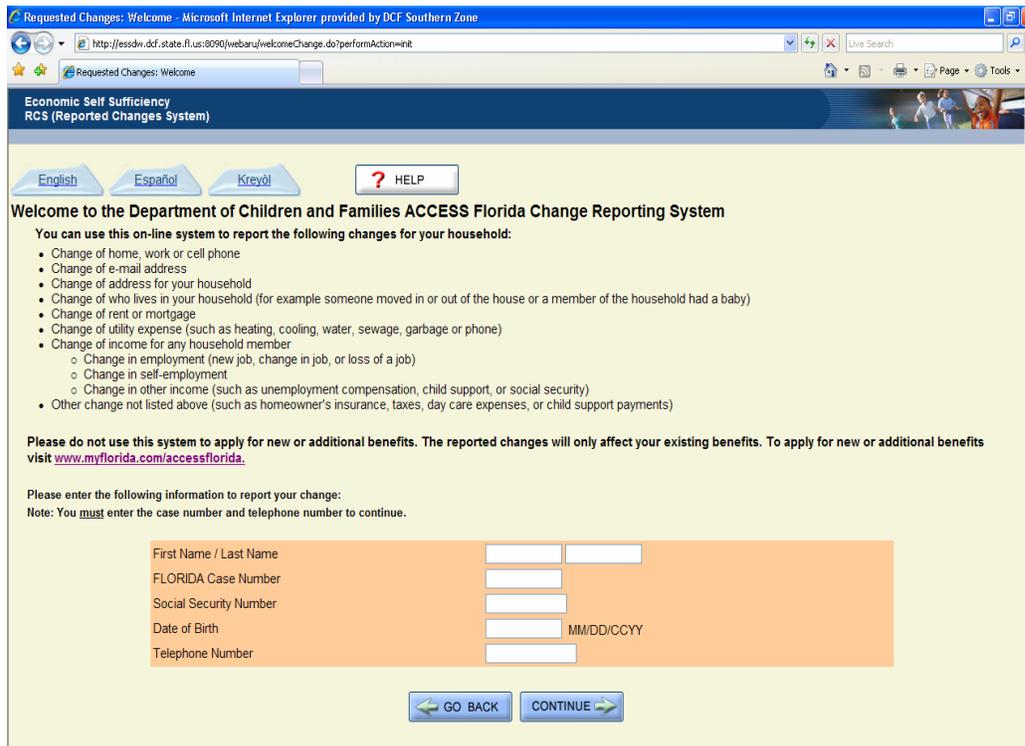
You may need the following information for all individuals for whom you are applying

- Social Security number and date of birth
- Income information such as job, child support or any other sources
- Resource or asset information such as checking, savings accounts, vehicles, homes, land or life insurance.
- Housing expenses such as rent or utilities.
- Health insurance information.
- All U.S. citizen's applying for, or receiving Medicaid, including children, are required to provide proof of U.S. citizenship and identity.

When completed, click the Continue button below.

Internet

Change Reporting System



Requested Changes: Welcome - Microsoft Internet Explorer provided by DCF Southern Zone

http://essdsv.dcf.state.fl.us:8090/webaru/welcomeChange.do?performAction=init

Requested Changes: Welcome

Economic Self Sufficiency
RCS (Reported Changes System)

English Español Kreyòl ? HELP

Welcome to the Department of Children and Families ACCESS Florida Change Reporting System

You can use this on-line system to report the following changes for your household:

- Change of home, work or cell phone
- Change of e-mail address
- Change of address for your household
- Change of who lives in your household (for example someone moved in or out of the house or a member of the household had a baby)
- Change of rent or mortgage
- Change of utility expense (such as heating, cooling, water, sewage, garbage or phone)
- Change of income for any household member
 - Change in employment (new job, change in job, or loss of a 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)

Please do not use this system to apply for new or additional benefits. The reported changes will only affect your existing benefits. To apply for new or additional benefits visit www.myflorida.com/accessflorida.

Please enter the following information to report your change:
Note: You must enter the case number and telephone number to continue.

First Name / Last Name	<input type="text"/>	<input type="text"/>
FLORIDA Case Number	<input type="text"/>	
Social Security Number	<input type="text"/>	
Date of Birth	<input type="text"/>	MM/DD/CCYY
Telephone Number	<input type="text"/>	

GO BACK CONTINUE

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.

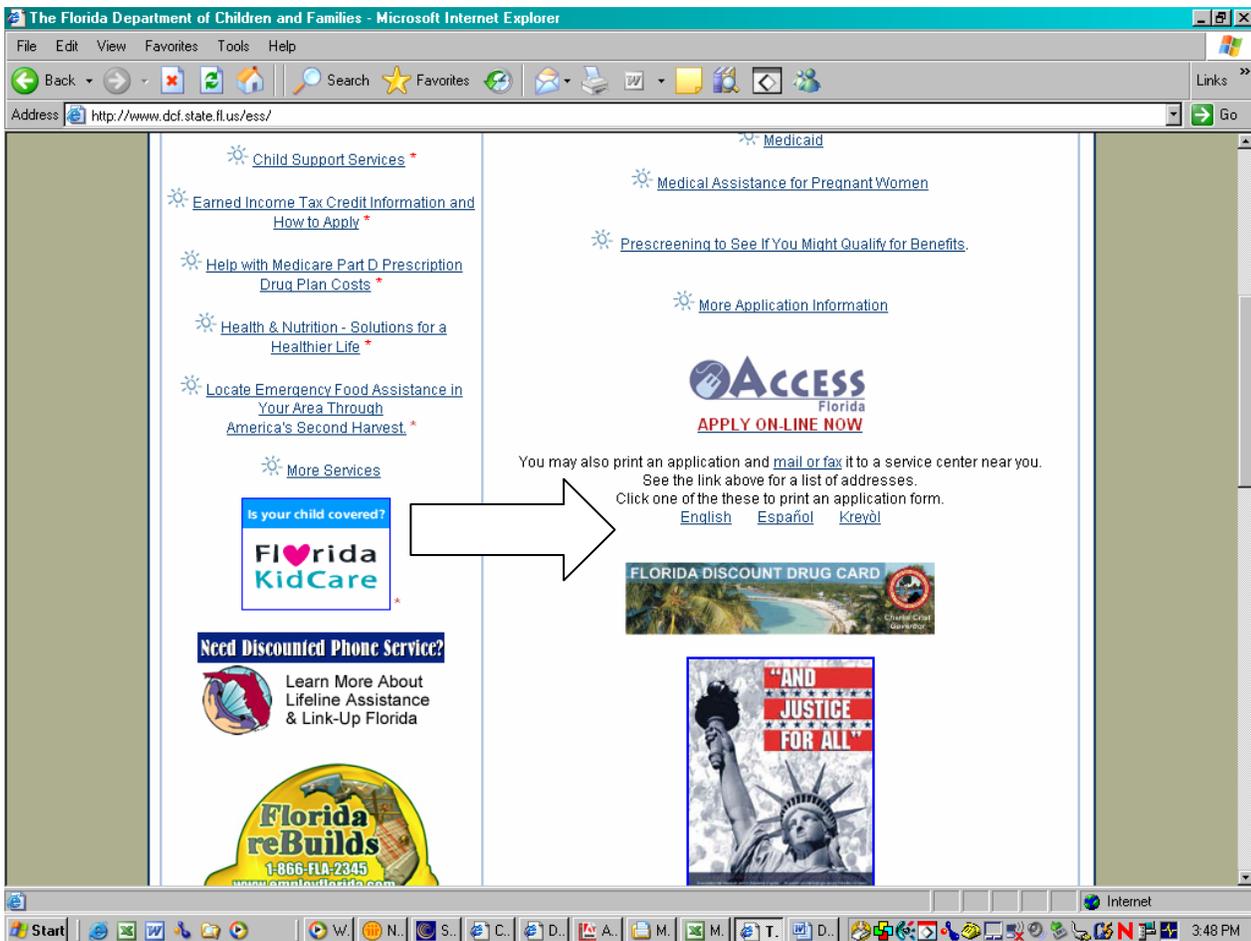
The change reporting system on-line cannot be used to apply for new or additional benefits. The reported changes will only affect existing benefits. To apply for additional benefits, visit www.myflorida.com/accessflorida and select apply.

How to Print a Paper Application for Assistance

Go to the ACCESS Florida Related Sites and Services Page at

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

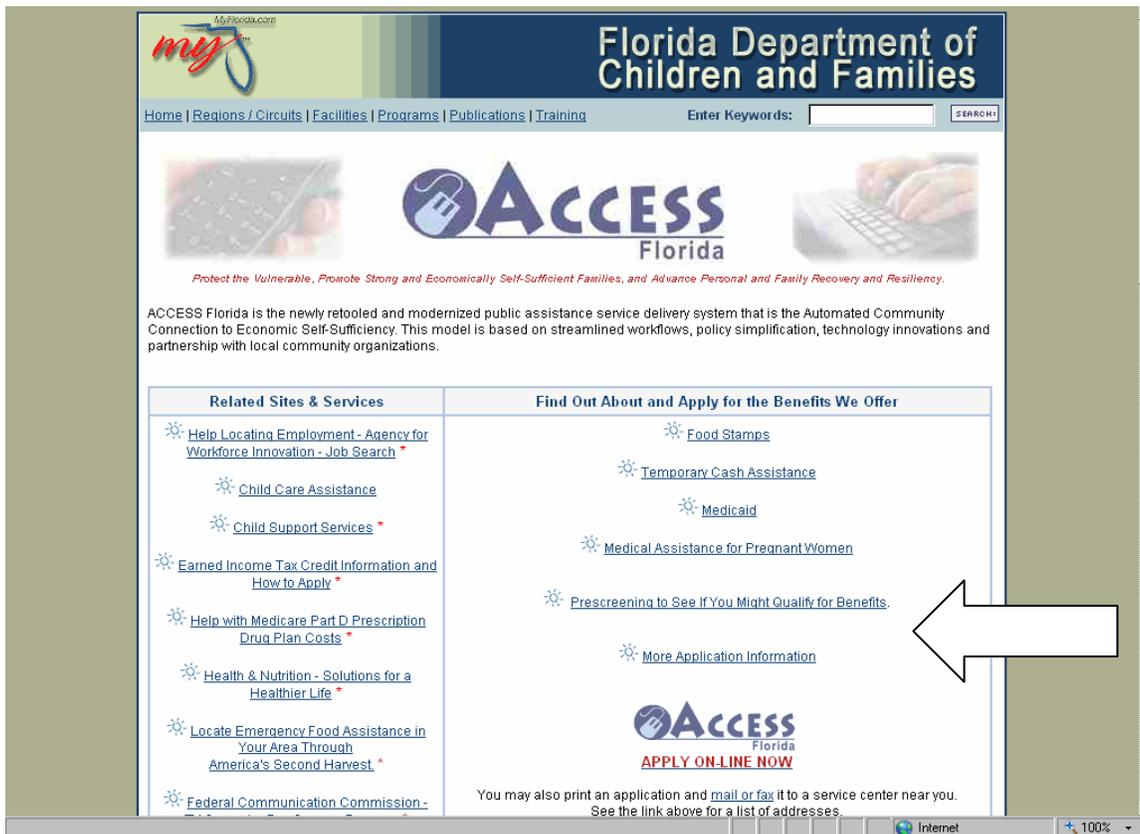
On the right side of this page is the link to print a paper application in a choice of three languages.



Click on the selected language, and print the application.

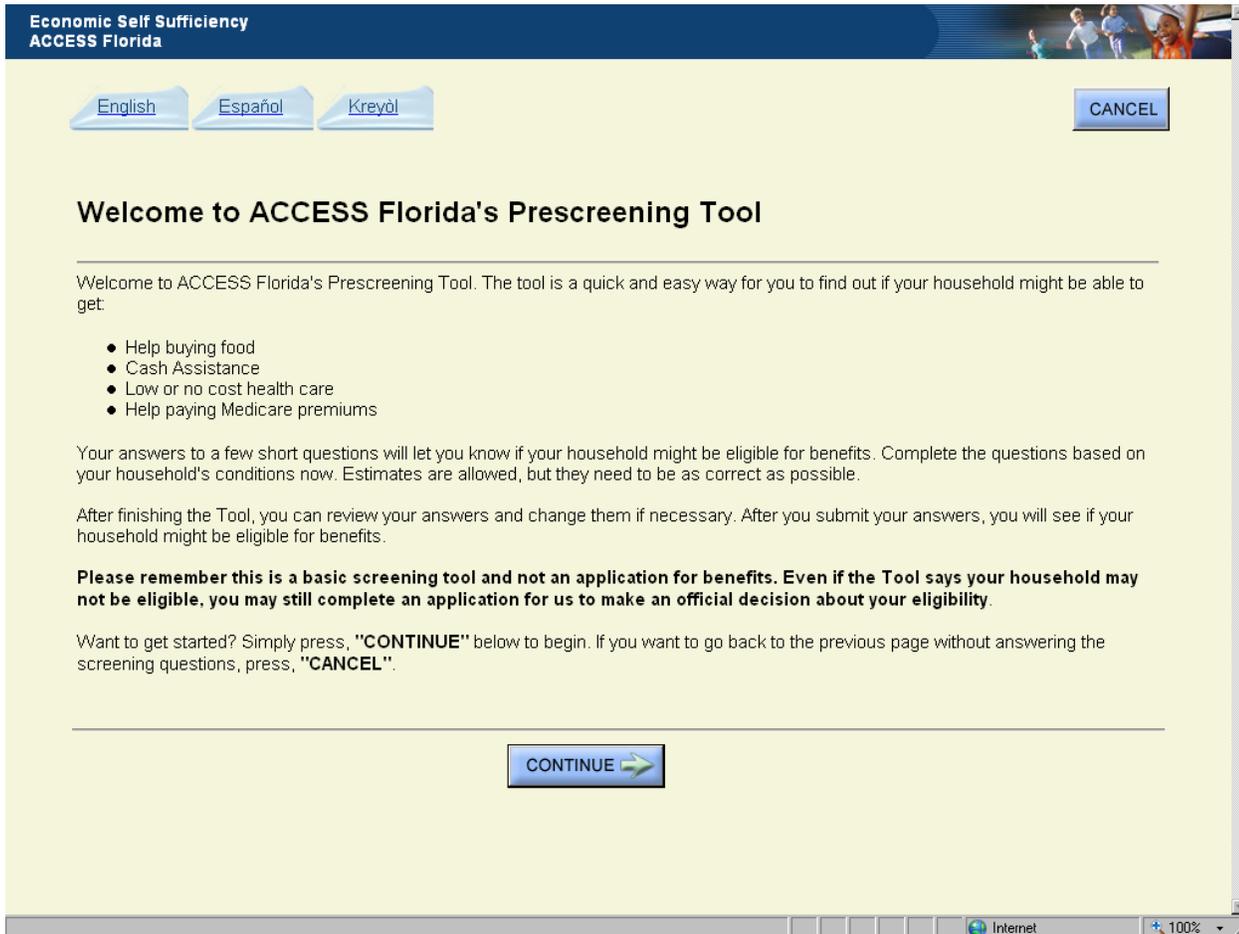
Prescreening Tool On-line

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 inputting some basic information about their situation, the system will provide them with 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



Economic Self Sufficiency
ACCESS Florida

English Español Kreyòl CANCEL

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".

CONTINUE →

Internet 100%

Once the family's basic information is submitted, the screening tool will let them know about 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

Food Stamps – Questions & Answers

1. What happens after I apply for Food Stamps?

You must have a brief interview in person or by phone before Food Stamps 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/ess/fsfactsheet.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). Unless you meet an exemption from the work program, you will be required to register and comply with work requirements. **For information about the Food Stamp work program, go to: <http://www.dcf.state.fl.us/ess/fsfactsheet.pdf>**

3. How will I know if I am eligible for Food Stamps 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 Food Stamp application is denied, the letter will give the reason for the denial.

4. When will I receive my Food Stamps?

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

5. If eligible for Food Stamps how do I receive them?

An electronic benefit transaction (EBT) card will come in the mail with instructions to call the 1-800 # on the back to activate the card and select a personal identification number (PIN).

Once activated and a PIN is selected the card can be used at the store to purchase food and non-alcoholic beverages. **For more information about the EBT card, go to the EBT section located on page 111 in this guide.**

6. How long can I receive Food Stamps?

Most people can receive Food Stamps for six months before having to reapply. There are some exceptions: (1) A single person household who is able bodied, aged 18 – 49, who does not have children under 18 in the home may have a 3 month time limit if an exception to the time limit is not met. (2) Someone who is elderly (60 or older) or disabled, has no earned income, and has a stable living situation may receive Food Stamps 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>.

8. When you get a job will your Food Stamps be cancelled?

The total income for everyone in your Food Stamp 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 Food Stamps may be reduced or closed depending on how high the total income is for the household. Food Stamps are not automatically closed because you get a job. You can do an income test at <http://www.dcf.state.fl.us/ess>.

9. Why does my neighbor, who has more income than me, receive more Food Stamps?

Food Stamp eligibility is based on the whole household situation. The amount of Food Stamps 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 am I ineligible for Food Stamps?

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 Food Stamps is \$2,000 or \$3,000 if the household includes someone who is elderly (60 or older) or disabled. Items such as cars, bank accounts, and property (not including homestead) count in your total asset value.

11. How can I apply for and use Food Stamps 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/ess/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 activate the card and select a personal identification number (PIN). Once activated and a PIN is selected the card can be used at ATMs that display the QUEST, STAR, or PRESTO logos & at stores who display the QUEST logo. 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 (except for child only cases which 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>.

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 Gold 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 17 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 clicking on check case status. 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: Call the Customer Call Center at 1-866-762-2237, and a representative can explain your benefit amount to you. You will also receive written notice of the case action that will explain the eligibility factors your benefits were based on.

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 120 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 119 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

- [Referral Services](#)
- [Seeking Employment](#)
- [Workforce Innovation Job Search](#)
- [Need Housing Assistance](#)
- [Refugee Assistance](#)
- [Lifeline Assistance & Link Up Florida](#)
- [American Public Human Services Association](#)
- [Voter Registration](#)
- [Welfare Information Network](#)
- [Workforce Florida, Inc.](#)
- [Florida Department of Veteran's Affairs](#)
- [Emergency Financial Assistance for Housing Program](#)
- [Department of Children and Families, ACCESS Florida](#)

Child-Related Services

- [KidCare - Low Cost Health Insurance for Children](#)
- [Florida Healthy Kids](#)
- [Children's Medical Services](#)
- [About Child Care](#)
- [Child Support Information](#)

Health & Nutrition

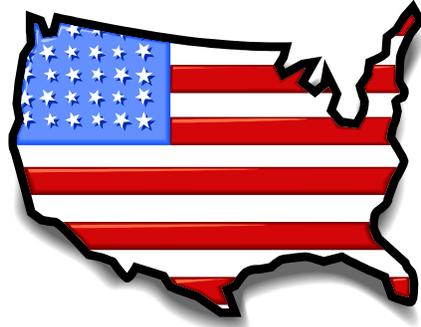
- [Florida Discount Drug Card Program](#)
- [Food Resources in Your Area](#)
- [Florida Health Services](#)
- [Your Local Health Department](#)
- [Department of Health](#)
- [Maternal and Child Health](#)
- [Florida WIC – Good Nutrition for Woman, Infants & Children](#)
- [Agency for Health Care Administration](#)
- [Solutions for a Healthier Life](#)

Elderly & Disabled Services

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

Federal Government Sites

- [Internal Revenue Service - Information on the Earned Income Tax Credit \(EITC\)](#)
- [Department of Agriculture](#)
- [Food & Nutrition Services](#)
- [Health & Human Services](#)
- [Administration for Children & Families](#)
- [Administration on Aging](#)
- [Centers for Medicare & Medicaid Services](#)
- [Housing & Urban Development \(HUD\)](#)
- [Department of Labor](#)
- [Medicare](#)
- [Federal Communication Commission - TV Converter Box Coupon Program](#)



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 Stamps, 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.

Food Stamp Income Limits and Maximum Benefit Tables

FOOD STAMP GROSS AND NET INCOME LIMITS

ASSISTANCE GROUP SIZE	MONTHLY GROSS INCOME LIMIT	MONTHLY NET INCOME LIMIT
1	\$1,127	\$867
2	\$1,517	\$1,167
3	\$1,907	\$1,467
4	\$2,297	\$1,767
5	\$2,687	\$2,067
6	\$3,077	\$2,367
7	\$3,467	\$2,667
8	\$3,857	\$2,967
9	\$4,247	\$3,267
10	\$4,637	\$3,567
EACH ADDITIONAL MEMBER ADD	\$390	\$300
EFFECTIVE	10/01/2008	10/01/2008

FOOD STAMP MAXIMUM BENEFIT TABLE

ASSISTANCE GROUP SIZE	MAXIMUM BENEFIT
1	\$176
2	\$323
3	\$463
4	\$588
5	\$698
6	\$838
7	\$926
8	\$1,058
9	\$1,190
10	\$1,322
EACH ADDITIONAL MEMBER ADD	+\$132
EFFECTIVE	10/01/2008

Food Stamp 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 obtain the income/benefit charts on-line at <http://www.dcf.state.fl.us/ess/fsfactsheet.pdf> .

Temporary Cash Assistance Payment Standards

Temporary Cash Assistance Income Standards					
			TIER I	TIER II	TIER III
			\$50.01 & Up	.01-\$50	\$0
Filing Unit Size	185% of FPL	CNS	Payment Standard	Payment Standard	Payment Standard
.5			90	77	48
1	1,604	867	180	153	95
1.5			211	179	119
2	2,159	1,167	241	205	158
2.5			272	231	182
3	2,714	1,467	303	258	198
3.5			334	284	222
4	3,269	1,767	364	309	254
4.5			395	335	278
5	3,824	2,067	426	362	289
5.5			457	388	313
6	4,379	2,367	487	414	346
6.5			518	440	370
7	4,934	2,667	549	467	392
7.5			580	493	416
8	5,489	2,967	610	519	438
8.5			641	545	462
9	6,044	3,267	671	570	485
9.5			702	596	509
10	6,599	3,567	733	623	534
10.5			764	649	557
11	7,154	3,867	795	676	582
11.5			826	702	606
12	7,709	4,167	857	728	630
12.5			888	754	654
13	8,264	4,467	919	781	678
13.5			950	807	702
14	8,819	4,767	981	834	726
14.5			1,012	860	750
15	9,374	5,067	1,043	887	774
15.5			1,074	913	798
16	9,929	5,367	1,105	940	822
16.5			1,136	966	846
17	10,484	5,667	1,167	993	870
17.5			1,198	1,019	894
18	11,039	5,967	1,229	1,046	918
18.5			1,260	1,072	942
19	11,594	6,267	1,291	1,099	966
19.5			1,322	1,125	990
20	12,149	6,567	1,353	1,152	1,014
20.5			1,384	1,178	1,038
21	12,704	6,867	1,415	1,205	1,062
21.5			1,446	1,231	1,086
22	13,259	7,167	1,477	1,258	1,110
22.5			1,508	1,284	1,134
23	13,814	7,467	1,539	1,311	1,158
23.5			1,570	1,337	1,182
24	14,369	7,767	1,601	1,364	1,206
Additional Person	+555	+300	(.5) +31 (1) +62	(.5) +26 (1) +52	(.5) +24 (1) +48
Effective Date	March 2008	March 2008	July 1996	July 1996	July 1996

Note: Cases with members subject to family cap receive the half increment payment standard.

Appendix A-5

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

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 6-18	133% Ages 1-5	185% PEPW PW	200% Ages <1	CNS	Income Level	MEDS	Family Medicaid (1931)	Medically Needy
1	867	1,153	1,604	1,734	867	180	NONE	2,000	5,000
2	1,167	1,552	2,159	2,334	1,167	241	NONE	2,000	6,000
3	1,467	1,951	2,714	2,934	1,467	303	NONE	2,000	6,000
4	1,767	2,350	3,269	3,534	1,767	364	NONE	2,000	6,500
5	2,067	2,749	3,824	4,134	2,067	426	NONE	2,000	7,000
6	2,367	3,148	4,379	4,734	2,367	487	NONE	2,000	7,500
7	2,667	3,547	4,934	5,334	2,667	549	NONE	2,000	8,000
8	2,967	3,946	5,489	5,934	2,967	610	NONE	2,000	8,500
9	3,267	4,345	6,044	6,534	3,267	671	NONE	2,000	9,000
10	3,567	4,744	6,599	7,134	3,567	733	NONE	2,000	9,500
11	3,867	5,143	7,154	7,734	3,867	795	NONE	2,000	10,000
12	4,167	5,542	7,709	8,334	4,167	857	NONE	2,000	10,500
13	4,467	5,941	8,264	8,934	4,467	919	NONE	2,000	11,000
14	4,767	6,340	8,819	9,534	4,767	981	NONE	2,000	11,500
15	5,067	6,739	9,374	10,134	5,067	1,043	NONE	2,000	12,000
16	5,367	7,138	9,929	10,734	5,367	1,105	NONE	2,000	12,500
17	5,667	7,537	10,484	11,334	5,667	1,167	NONE	2,000	13,000
18	5,967	7,936	11,039	11,934	5,967	1,229	NONE	2,000	13,500
19	6,267	8,335	11,594	12,534	6,267	1,291	NONE	2,000	14,000
20	6,567	8,734	12,149	13,134	6,567	1,353	NONE	2,000	14,500
21	6,867	9,133	12,704	13,734	6,867	1,415	NONE	2,000	15,000
22	7,167	9,532	13,259	14,334	7,167	1,477	NONE	2,000	15,500
23	7,467	9,931	13,814	14,934	7,467	1,539	NONE	2,000	16,000
24	7,767	10,330	14,369	15,534	7,767	1,601	NONE	2,000	16,500
Additional Person	+300	+399	+555	+600	+300	+62	NONE	SAME	+500
Effective Date	March 2008	March 2008	March 2008	March 2008	March 2008	April 1992			April 1992

Adult Related Medicaid Program Income/Asset Chart

**ELIGIBILITY STANDARDS FOR SSI-RELATED PROGRAMS
July 2008**

COVERAGE GROUP	INCOME LIMIT	ASSET LIMIT
Supplemental Security Income (SSI) Individual*	\$ 637	\$ 2,000
Supplemental Security Income (SSI) Couple*	\$ 956	\$ 3,000
ICP/HCBS/HOSPICE/HCDA Individual	\$ 1,911	\$ 2,000
ICP/HCBS/HOSPICE/HCDA Couple	\$ 3,822	\$ 3,000
MEDS-AD/ICP-MEDS/Individual (88% FPL)	\$ 763	\$ 5,000
MEDS-AD/ICP-MEDS/Couple	\$ 1,027	\$ 6,000
QMB Individual (100% FPL)	\$ 867	\$ 5,000
QMB Couple	\$ 1,167	\$ 6,000
SLMB Individual (100-120% FPL)	\$ 1,040	\$ 5,000
SLMB Couple	\$ 1,400	\$ 6,000
QI1 Individual (120-135% FPL)	\$ 1,170	\$ 5,000
QI1 Couple	\$ 1,575	\$ 6,000
Working Disabled Individual (200% FPL)	\$ 1,734	\$ 5,000
Working Disabled Couple	\$ 2,334	\$ 6,000
Protected Medicaid	See A-11 and policy in Chapter 2000	

Medicare Part B Premium	\$ 96.40	
Medicare Part A Premium	Number of Qualifying Quarters of Employment	
	Free	40 or more
	\$ 233	30 to 39
	\$ 423	Less than 30
Personal Needs Allowance	ICP/ICP-MEDS/HOSPICE (Institution) \$ 35 HOSPICE (Community) 100% FPL \$ 867 ASSISTED LIVING WAIVER \$ 715.40 LTC COMMUNITY DIVERSION/PACE (resident of assisted living facility) Facility Room and Board Charge, plus 20% of the FPL (\$174 individual, \$348 couple)	
Spousal Impoverishment	Minimum Monthly Maintenance Income Allowance (MMMIA)** \$ 1,750 Excess Shelter Standard** \$ 525 Maximum Community Spouse Income Allowance (MMMIA plus excess shelter allowance cannot exceed this figure) \$ 2,610 Community Spouse Asset Allocation Standard \$104,400	

Eligibility for SSI is determined by the Social Security Administration. **Updated July 1 each year.**

Program Overviews

Food Stamps

There is a more detailed overview for the **Food Stamp program** available on-line at <http://www.dcf.state.fl.us/ess/foodstamps.shtml> .

General Information about Food Stamps and SUNCAP

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. If your household passes the Food Stamp Program's eligibility rules, the amount of food stamp benefits you get will depend on the number of people in your household and how much monthly income is left after certain expenses are deducted.

Eligibility Requirements

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

- **Identity** - A person must show proof that they are the person as claimed.
- **Work Rules** - Able-bodied adults, 18 to 50 years of age, who do not have dependent children, can only get food stamps in 3 months in a 3-year period, if they are not working or participating in a work or workfare program, at least 20 hours per week.
- **Income and Deductions** - Households must have monthly gross income less than or equal to 130% of the federal poverty level and net income less than or equal to 100% of the federal poverty level. Households containing individuals, age 60 or older or disabled must only meet the net monthly income limit. Some household expenses may be subtracted from the monthly income in the food stamp budget. Deductions are given for shelter expenses, child-care, medical, child support, and earnings.

Other Eligibility Requirements:

- An individual must live in the state of Florida.
- An individual must be a U.S. citizen or an individual who has a qualified noncitizen status.
- Individuals must provide the number from the Social Security Administration or proof that application has been submitted for the number.
- Certain individuals are required to cooperate with the state's child support enforcement agency to establish paternity and obtain child support.
- Households may have up to \$2000 in assets (ex. Bank accounts and property, but not the home you live in or cars worth less than \$8500) or if at least one person is age 60 or older or disabled, their household may have up to \$3000 in assets.

Causes of Ineligibility

Individuals that are convicted of drug trafficking, fleeing felons, intentional program violators, ineligible noncitizens, and some students in institutions of higher education are not eligible for food stamps.

Food Stamp Purchases

Food stamp benefits can only be used for food and for plants and seeds to grow food for your household to eat. Food stamp benefits cannot be used to buy:

- Any nonfood item, such as pet foods; soaps, paper products, and household supplies; grooming items, toothpaste, and cosmetics
- Alcoholic beverages and tobacco
- Vitamins and medicines
- Any food that will be eaten in the store
- Hot foods

SUNCAP

The SUNCAP Program is a special Food Stamp Program for individuals who receive Supplemental Security Income (SSI). You may be eligible to receive food stamps through the SUNCAP Program without any additional application, paperwork or interviews. If you already receive food stamps, you may be converted automatically to the SUNCAP Program when you

become SSI eligible. If your food stamp benefits will decrease as a result of SUNCAP, you may choose to continue receiving your food stamps under the regular Food Stamp 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/ess/tanf.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 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 6th month if unable to work, or in the 9th month of pregnancy. Parents, children and minor siblings who live together must apply together.

Time Limits

Cash assistance under the TCA program is limited to a lifetime cumulative total of 48 months as an adult (except for child only cases which have no time limit). Temporary Cash Assistance is a temporary support program that encourages and moves families toward self-sufficiency.

Work Requirements

In order to receive TCA individuals are required to participate in work activities unless exempted from these requirements. Work activities and services needed to obtain or retain employment are provided by Regional Workforce Boards.

Income

Almost all types of income are counted to determine if a household is eligible. Some deductions are allowed. Countable income cannot exceed the payment standard for the family size. (Example: \$303 monthly for a family of three). As an incentive to employment, earnings are allowed deductions not applied to any other types of income. The deductions include \$200 plus one half of the remainder.

Other Eligibility Requirements:

- Individuals must be US citizens or qualified non-citizens.
- Individuals must be residents of Florida.
- Everyone applying for TCA must have a social security number or submit an application for one.
- 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.
- A child must be living in the home maintained by a parent or a relative who is a blood relative of the child.

- The parent or the caretaker relative of the children must cooperate with child support enforcement to identify and locate the non-custodial parent(s), assist in establishing the paternity of the child, and assist in establishing support payments for the child.
- Children under age 5 must be current with childhood immunizations.
- Children age 6 to 18 must attend school and parents/caretakers must attend school conferences.

TCA - Relative Caregiver Program

This program provides monthly financial support to relatives who meet eligibility requirements and have custody of a child under age 18 who has been adjudicated 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 payment is more than the Temporary Cash Assistance for one child, but less than the amount paid for a foster care child.

Only the needs, income, and assets of the child(ren) are considered 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 Requirements

- Child must be a US citizen or qualified non-citizen.
- Child must be a resident of Florida.
- Child must have a social security number or proof application for one.
- Child's countable assets must be equal to or less than \$2000.
- Relative caregiver must be within the specified degree of relationship to the parent or stepparent of the child.
- Child's net countable income cannot exceed the payment standard for the child's age (see payment amounts above).
- Caretaker relative must cooperate with child support enforcement to identify and locate the non-custodial parents, assist in establishing paternity and establishing support payment for the children.
- Child under age 5 must be current with immunizations.
- Children age 6 to 18 must attend school.

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/ess/medicaid.shtml> .

General Information About Medicaid

Medicaid is a program that 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.

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

The State of Florida has several programs designed to provide Medicaid to parents or specified relatives and children in low income families. Specified relatives include grandparents, aunts, uncles, first cousins, and others who are within the fifth degree of relationship to the child.

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

- Individuals that are receiving Temporary Cash Assistance (TCA) are eligible for Medicaid. Individuals that are eligible for TCA, but choose not to receive it, may still be eligible for Medicaid.
- Families that 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

The State of Florida has several programs designed to provide Medicaid for children only. The income limits for most of these programs vary based on the age of the child. Only the income of the child and parent(s) is counted when determining the child's eligibility.

Families that wish to apply for Medicaid just for their children may do so through the KidCare program. The KidCare application can be mailed in and does not require an interview with DCF. Children who do not qualify for Medicaid may be eligible for other KidCare coverage if income is less than 200% of the Federal Poverty Level and will be referred to Florida Healthy Kids for this determination. To apply for KidCare, go to <http://www.doh.state.fl.us/AlternateSites/KidCare/>.

Medicaid for Pregnant Women

The State of Florida has several programs designed to provide Medicaid for pregnant women. When determining eligibility for pregnant women, the unborn child is always counted when looking at the income limit for the family. Women that are found eligible for Medicaid remain eligible throughout the pregnancy and for the two months following the birth of the child, as long as the mother remains a resident of Florida. The baby will automatically receive the first year of Medicaid.

For more information, please see the [Family-Related Medicaid Factsheet](#).

There are three ways to apply:

1. Presumptively Eligible Pregnant Women (PEPW): A temporary coverage for prenatal care only. 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. This application can be printed on-line at <http://www.dcf.state.fl.us/publications/eforms/es2700.pdf>. Print the application and mail, fax or return it in person to the nearest ACCESS office.

3. ACCESS application: This is an application for regular Medicaid, including children, cash assistance and/or food stamps. Please visit this link to begin:
<http://www.myflorida.com/accessflorida/>.

Women over the income 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 on the next page about Emergency Medicaid for Aliens.

Emergency Medical Assistance For Non-Citizens

Non-citizens that would be Medicaid eligible on all factors other than their citizenship status may be eligible for Medicaid to cover medical emergencies, including the birth 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. Non-citizens that are in the United States for a temporary reason, such as tourists, students, or those traveling for business, are not eligible for Emergency Medical Assistance.

Medicaid for Aged or Disabled

The State of Florida has several programs designed to provide Medicaid to low income individuals who are either aged (65 or older) or disabled. This is referred to as SSI-Related Medicaid.

Florida residents who are eligible for Supplemental Security Income from the Social Security Administration are automatically eligible for basic Medicaid coverage. 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 on-line 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) were created to 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 savings depending on the amount of an individual or couple's income. Individuals may apply exclusively for Medicare Buy-In by completing a Medicaid/Medicare Buy-In Application. The completed form must be printed and mailed or faxed to a local Customer Service Center.

Individuals eligible for full 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.

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

Prescription Help for Those Who Are Not Eligible for Full Medicaid

Individuals who are not eligible for full Medicaid may receive help with the cost of prescription drugs through the [Florida Discount Drug Card Program](#).

Medically Needy

Individuals that are not eligible for Medicaid because their income or assets exceed the Medicaid program limits may qualify for the Medically Needy program. Individuals enrolled in Medically Needy must incur a certain amount of medical bills each month before Medicaid can be approved. This is referred to as a "share of cost" and it varies depending on the household's size and income. Once an individual incurs enough medical bills to meet the share of cost for the month, the individual should 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](#).

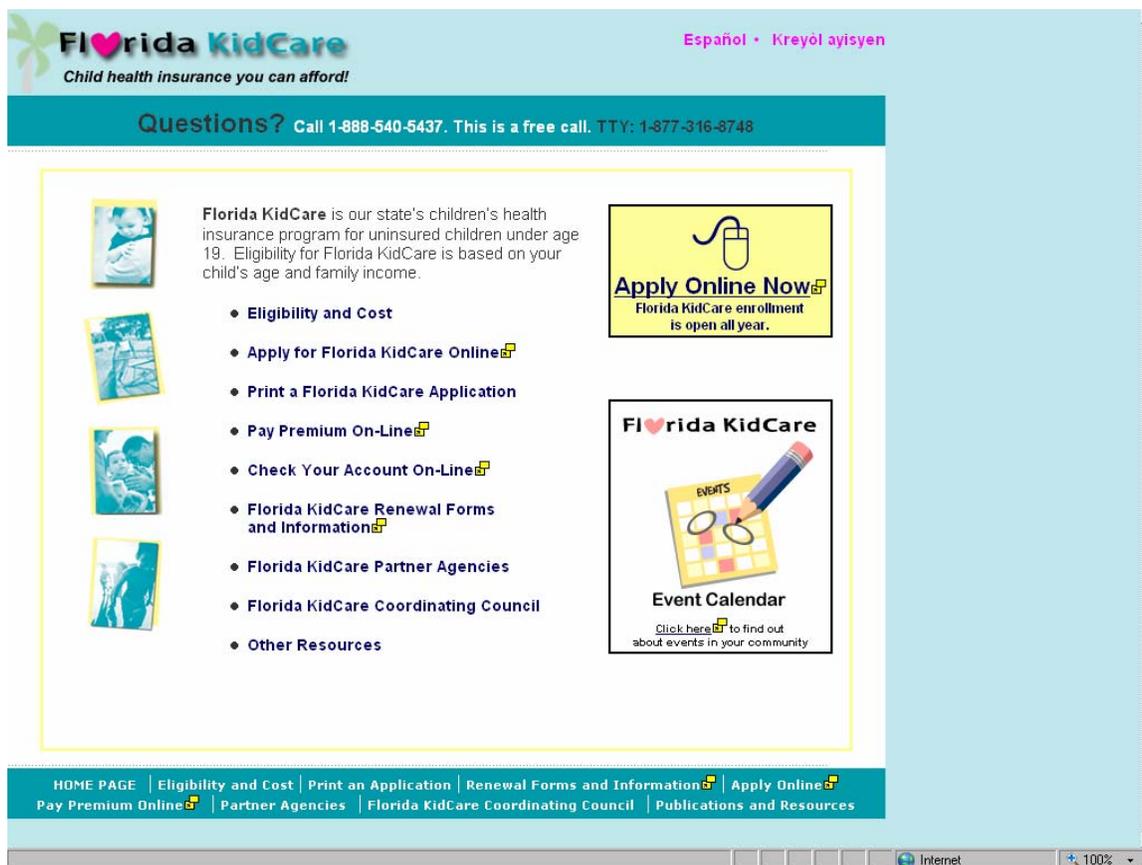
Medicaid Cards

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. The providers verify current eligibility and bill Medicaid directly for the cost of care. Further information on Medicaid services is available from the Agency for Health Care Administration.

Kidcare Health Insurance for Children

Kidcare Health Insurance

Kidcare is the State run Health Insurance program for Florida's uninsured children. Program information can be found at www.floridakidcare.org. 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 interface. At the top left is the logo "Florida KidCare" with the tagline "Child health insurance you can afford!". To the right, there are language options: "Español" and "Kreyòl ayisyen". Below the logo is a teal banner with the text "Questions? Call 1-888-540-5437. This is a free call. TTY: 1-877-316-8748".

The main content area is enclosed in a yellow border and contains the following elements:

- Florida KidCare** is our state's children's health insurance program for uninsured children under age 19. Eligibility for Florida KidCare is based on your child's age and family income.
- A vertical list of five small images on the left side of the main content area.
- A central list of links:
 - Eligibility and Cost
 - Apply for Florida KidCare Online
 - Print a Florida KidCare Application
 - Pay Premium On-Line
 - Check Your Account On-Line
 - Florida KidCare Renewal Forms and Information
 - Florida KidCare Partner Agencies
 - Florida KidCare Coordinating Council
 - Other Resources
- Two promotional boxes on the right:
 - Apply Online Now**: Florida KidCare enrollment is open all year. (Accompanied by a mouse cursor icon).
 - Event Calendar**: Click here to find out about events in your community. (Accompanied by a calendar icon with a pencil).

At the bottom of the page is a teal navigation bar with the following links: HOME PAGE | Eligibility and Cost | Print an Application | Renewal Forms and Information | Apply Online | Pay Premium Online | Partner Agencies | Florida KidCare Coordinating Council | Publications and Resources.

The browser's taskbar at the bottom shows "Internet" and a zoom level of "100%".

Florida KidCare

- KidCare is our state’s children’s health insurance program for uninsured children under age 19
- There are four service areas: MediKids, Healthy Kids, Children’s Medical Services and Medicaid
- Upon application and eligibility determination a service program will be selected for the child(ren)
- Year round open enrollment!! Applying is easy, it takes 4 to 6 weeks to process 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)
- For many the coverage is free!
- There may be small charges or co-payments for some services
- Families with uninsured children, regardless of income, can qualify for low-cost KidCare premiums
- Helpful info: 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. • 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. 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) • Renew online (coming 7/31/07): www.healthykids.org 		<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)

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.jpmmorgan.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 choose 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 Stamps 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 Stamps 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 the EBT Call number, 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 get 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.

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 stamp 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 stamp 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 stamps or cash benefits.

Each food stamp 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 benefits deposited directly into your bank account. Contact the EBT Customer Service.

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 Customer Service 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 benefits that have been issued.

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

Valid QUEST locations

- Contact the EBT Helpline 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 the EBT Helpline 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 1-888-356-3281.
- 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.

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

EMPLOY FLORIDA LOCAL AFFILIATE ONE-STOP CENTER DIRECTORY

<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
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one stop directory

► Access a [complete listing](#) of all One-Stop Centers.
 Contact us for changes to this directory.

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:

- \$30,636 (for an individual)
- \$41,076 (for a family of two)
- \$61,956 (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 \$30,000 (\$60,000 for a family of four)
8. Must be a legal resident of the United States or Puerto Rico

Call 1-800-250-2839 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.pfizerforliving.com

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: www.lillyanswers.com

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.

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

Internet address: www.lillycares.com/index.jsp

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 \$18,000 annual income.
7. Couples must have less than \$24,000 annual income.
8. A family of four must have less than \$35,000 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

1/800-96-ABUSE or 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.nefin.org/cp/findhelp/findhelpbasic.php>

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

- ACCESS Application English/Spanish
- SEPW Application English/Spanish
- Medicaid/Medicare Buy-In Application English/Spanish
- Hearing Request English/Spanish
- Authorized Representative Form English/Spanish
- Income Verification Form
- Loan/Vender/Contributions Verification Form
- Rights and Responsibilities English/Spanish
- Attestation Form for ID
- Attestation Form for Citizenship

Brochures

- ACCESS Brochure
- Temporary Cash Assistance Brochure
- Medically Needy Brochure
- Link Up Florida Phone Assistance Brochure
- Kidcare Brochure

