Community Partner Resource Guide
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February 2011
**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](http://www.myflorida.com/accessflorida) and pulling up the program benefit information.

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

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

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

ACCESS Integrity Program (AIP)
Acts to combat fraud and reduce misspent dollars. Members of the AIP unit do investigations of error prone cases.

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

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

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

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

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

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

Case Number
The number assigned by the FLORIDA system to the case. This number can be found on notices DCF mails to the customer, through Partner View with a signed release by the customer, or by the customer calling the Customer Call Center at 866-762-2237.
Coverage Group
The type of Medicaid assistance for which an individual is eligible based on the make up of the household.

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

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

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

Electronic Benefits Transfer (EBT)
The electronic system used to deliver TCA and Food Stamp benefits. Clients receive a card that is used like a debit card.

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

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

Pended case
Refers to a case in which all of the information necessary to determine eligibility has not been received from the client.
**Redetermination**
For individuals already receiving assistance, a periodic review of eligibility. Time frames for redeterminations vary by program (category). Also known as eligibility reviews or, for food stamps recertifications.

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

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

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

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

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

**TCA**
Temporary Cash Assistance (see TANF).

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expedited Food Stamps</td>
<td>7 days</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>30 days</td>
</tr>
<tr>
<td>Temporary Cash Assistance</td>
<td>45 days</td>
</tr>
<tr>
<td>Medicaid</td>
<td>45 days</td>
</tr>
<tr>
<td>Disability Medicaid</td>
<td>90 days</td>
</tr>
</tbody>
</table>
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
The map below shows the breakdown of DCF Circuits and Regions.

<table>
<thead>
<tr>
<th>Region</th>
<th>Circuits in Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest Region</td>
<td>First, Fourteenth, Second</td>
</tr>
<tr>
<td>Northeast Region</td>
<td>Third, Eighth, Fourth, Seventh</td>
</tr>
<tr>
<td>Central Region</td>
<td>Fifth, Ninth, Tenth, Eleventh, Nineteenth</td>
</tr>
<tr>
<td>SunCoast Region</td>
<td>Sixth, Twelfth, Thirteenth, Twentieth</td>
</tr>
<tr>
<td>Southeast Region</td>
<td>Fifteenth, Seventeenth</td>
</tr>
<tr>
<td>Southern Region</td>
<td>Eleventh, Sixteenth</td>
</tr>
</tbody>
</table>

DCF Circuit | Counties in Circuit |
-----------|---------------------|
1          | Escambia, Okaloosa, Santa Rosa, Walton |
2          | Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla |
3          | Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor |
4          | Clay, Duval, Nassau |
5          | Citrus, Hernando, Lake, Marion, Sumter |
6          | Pasco, Pinellas |
7          | Flagler, Putnam, St. Johns, Volusia |
8          | Alachua, Baker, Bradford, Gilchrist, Levy, Union |
9          | Orange, Osceola |
10         | Hardee, Highlands, Polk |
11         | Miami-Dade |
12         | Desoto, Manatee, Sarasota |
13         | Hillsborough |
14         | Bay, Calhoun, Gulf, Holmes, Jackson, Washington |
15         | Palm Beach |
16         | Monroe |
17         | Broward |
18         | Brevard, Seminole |
19         | Indian River, Martin, Okeechobee, St. Lucie |
20         | Charlotte, Collier, Glades, Hendry, Lee |

Base Map courtesy of Florida Geographic Data Library (FGDL)
ACCESS Community Partner Liaisons

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

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

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

The liaisons are listed by county, and can be contacted initially by the email provided in this list.
### Breakdown of the Program Functions within DCF Case Maintenance Units, Customer Service Centers, and Call Centers

<table>
<thead>
<tr>
<th>Customer Service Center or Processing Centers</th>
<th>Customer Call Center</th>
<th>District Case Maintenance Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Applications **</td>
<td>• Inquiries</td>
<td>• Data Exchange information from other agencies</td>
</tr>
<tr>
<td>• Redeterminations</td>
<td>• Complaints</td>
<td>• Alerts</td>
</tr>
<tr>
<td>• Upfront diversion</td>
<td>• Temporary Medicaid card requests</td>
<td>• Sanctions / Lifts</td>
</tr>
<tr>
<td>• Relocation assistance</td>
<td>• EBT account reactivations</td>
<td>• Bill Tracking</td>
</tr>
<tr>
<td>• Severance payment</td>
<td>• EBT PIN unlocks</td>
<td>• Processes various ad hoc reports</td>
</tr>
<tr>
<td>• Time limits/extensions &amp; hardships</td>
<td>• Relative Caregiver conversions and changes</td>
<td></td>
</tr>
<tr>
<td>• Relative caregiver applications</td>
<td>• Reported Changes</td>
<td></td>
</tr>
<tr>
<td>• 2039 referrals from medical providers with applications</td>
<td>• Shelter, utilities</td>
<td></td>
</tr>
<tr>
<td>• Returned mail</td>
<td>• Dependent care</td>
<td></td>
</tr>
<tr>
<td>• SSI Denials, Retroactive, Expertes</td>
<td>• Income</td>
<td></td>
</tr>
<tr>
<td>** Includes retroactive Medicaid bill tracking</td>
<td>• Address (case transfers)</td>
<td></td>
</tr>
<tr>
<td>** Includes Buy-In applications</td>
<td>• Living arrangement</td>
<td></td>
</tr>
<tr>
<td>** Includes outstanding data exchanges and alerts</td>
<td>• Remove/add person</td>
<td></td>
</tr>
</tbody>
</table>

#### Common

- 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.
ACCESS Customer Service Center locations can be found by going on [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) and clicking on the link under Find an Office.
ACCESS Customer Service Centers can be located by selecting a County.

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

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

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

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

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

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

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

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

The Case Maintenance Units process:

- **Bill Tracking**
  - Customers on the Medically Needy program submit their bills to the CMU to have them tracked to determine if Medicaid will be able to pay for these medical expenses.

- **Sanction and Sanction Lift Requests**
  - Customers required to cooperate with Child Support Enforcement and/or the local Workforce Boards may have sanctions placed on their benefits due to failure to cooperate. The CMU can also process sanction lifts when an application is not required.

- **Process Alerts, Data Exchanges, and other Mass Change Reports received through data matches with other agencies.**
  - The CMUs process these potential changes as part of their case maintenance duties.

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

<table>
<thead>
<tr>
<th>County</th>
<th>District</th>
<th>Circuit</th>
<th>Case Maintenance Address</th>
<th>Counties Served</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Okaloosa</td>
<td>D01</td>
<td>C1</td>
<td>C1 Case Maintenance Unit</td>
<td>Escambia&lt;br&gt;Santa Rosa&lt;br&gt;Okaloosa&lt;br&gt;Walton</td>
<td>850-833-3756</td>
</tr>
<tr>
<td>Walton</td>
<td></td>
<td></td>
<td>340 Beal Pkwy N.W. Ft. Walton Bch, FL 32548</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D03</td>
<td>C3 and C8</td>
<td>C3 Case Maintenance Unit</td>
<td></td>
<td>386-758-1475</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1389 US 90 W. Ste. 100 Lake City, FL 32055</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duval</td>
<td>D4</td>
<td>C4</td>
<td>C4 Case Maintenance Unit</td>
<td>Clay&lt;br&gt;Duval&lt;br&gt;Nassau</td>
<td>904-723-5393</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>P.O. Box 2417 Jacksonville, FL 32231-0083</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange</td>
<td>D7</td>
<td>C9</td>
<td>C9 Case Maintenance Unit</td>
<td>Osceola, Seminole, Orange, Brevard</td>
<td>407-245-1604</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PO Box 575001 Orlando, FL 32857-5001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee</td>
<td>D8</td>
<td>C20</td>
<td>C20 Case Maintenance Unit</td>
<td>Hillsborough, Pinellas, Pasco, Manatee, Sarasota, Desoto, Lee, Collier, Hendry,Glades, Charlotte&lt;br&gt;(866)519-4810</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PO BOX 82779 Tampa, FL 33682</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palm Beach</td>
<td>D9</td>
<td>C15</td>
<td>C15 Case Maintenance Unit</td>
<td>Palm Beach</td>
<td>561-992-1981</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2990 N. Main St Belle Glade, FL 33430</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region</td>
<td>County</td>
<td>Address</td>
<td>City</td>
<td>FL Zip</td>
<td>Phone</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------</td>
<td>----------------------------------------------</td>
<td>---------------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Broward</td>
<td>D10 C17</td>
<td>C17 Case Maintenance Unit</td>
<td>Broward</td>
<td>33309</td>
<td>(954)267-2133</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1400 W. Commercial Blvd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suite 160</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fort Lauderdale, FL 33309</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dade</td>
<td>D11 C11</td>
<td>C11 Case Maintenance Unit</td>
<td>Dade</td>
<td>33010-9998</td>
<td>305-637-2981</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PO Box 110220</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hialeah, FL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volusia</td>
<td>D12 C7</td>
<td>C7 Case Maintenance Unit</td>
<td>Flagler, Putnam, St John, Volusia</td>
<td>33014</td>
<td>386-226-7851</td>
</tr>
<tr>
<td></td>
<td></td>
<td>210 N. Palmetto Ave, Ste 302</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daytona Beach, FL 32114</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sumter</td>
<td>D13 C5</td>
<td>C5 Case Maintenance Unit</td>
<td>Citrus, Hernando, Lake, Marion, Sumter</td>
<td>34785</td>
<td>866-367-4188</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PO Box 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wildwood, FL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polk</td>
<td>D14 C10</td>
<td>C10 Case Maintenance Unit</td>
<td>Polk</td>
<td>33859</td>
<td>866-296-9964</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PO Box 3710</td>
<td>Hardee, Highlands</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lake Wales, FL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Lucie, Martin, Okeechobee, and Indian River</td>
<td>D15 C19</td>
<td>C19 Case Maintenance Unit</td>
<td>St Lucie, Martin, Okeechobee, and Indican River</td>
<td>34952</td>
<td>866-658-2172</td>
</tr>
<tr>
<td></td>
<td></td>
<td>337 US Hwy 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fort Pierce, FL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hillsborough</td>
<td>SunCoast Region 23 C19</td>
<td>Suncoast Region Case Maintenance Unit</td>
<td>Hillsborough</td>
<td>33682</td>
<td>(866)519-4810</td>
</tr>
<tr>
<td></td>
<td>C06</td>
<td>PO BOX 82779</td>
<td>Pinellas, Pasco, Manatee, Sarasota, Desoto, Lee, Collier, Hendry, Glades, Charlotte</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C13 C20</td>
<td>Tampa, FL 33682</td>
<td></td>
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</tr>
</tbody>
</table>
Because of the Web-based ACCESS application, much of our interaction with the customer will happen by phone, mail and/or fax. When a customer is sending in verifications needed to complete their case, it is important that they include some identifying information so that the paperwork is correctly matched to that customer’s case record. As a community partner, you may be asked to assist the customer with faxing in their information. The following page is a fax coversheet that may be used. Completing this coversheet will give the ACCESS office important information to correctly identify the customer’s case number and the reason the information is being submitted.

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

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

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

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

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

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

| To: DCF ACCESS Program                                                                 | From: Agency Name: ____________________________ |
| Date: __________________________ | Community Contact Name: ____________________________ |
| Pages: _________ (Including Cover Page) | Partner Phone #: ____________________________ |
| Fax #: □ __________________________ | E-mail address: ____________________________ |
| Customer Case or ACCESS #: __________________________ | Re: Name: ____________________________ |
| Comment: __________________________ | SS #: ____________________________ |
| | Phone #: ____________________________ |
| | E-mail Address: ____________________________ |

Please check box for EACH document included with this fax

<table>
<thead>
<tr>
<th>Applications for Assistance/Recertification</th>
<th>Verifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Application for Assistance</td>
<td>Income:</td>
</tr>
<tr>
<td>□ Interim Contact Letter</td>
<td>□ Pay Stubs for ____________________________</td>
</tr>
<tr>
<td>□ Simplified Pregnancy Application or Medicare Buy-In</td>
<td>□ Income Award Letters (ex. SS)</td>
</tr>
<tr>
<td>□ Medicaid/Medicare Buy-In Application (QMB)</td>
<td>□ Verification of Income forms</td>
</tr>
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<table>
<thead>
<tr>
<th>Permanent Information</th>
<th>Expenses:</th>
</tr>
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<tbody>
<tr>
<td>Identification/Citizenship:</td>
<td>Verification of Shelter Expense</td>
</tr>
<tr>
<td>□ Driver’s License for ________________</td>
<td>□ Verification of Utility Expense</td>
</tr>
<tr>
<td>□ State ID for ________________</td>
<td>□ Verification of Dependent Care</td>
</tr>
<tr>
<td>□ Social Security Card for ________________</td>
<td></td>
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<tr>
<td>□ Birth Certificate for ________________</td>
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</table>

<table>
<thead>
<tr>
<th>Legal/Court Records:</th>
<th>Assets:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Marriage/Divorce Records</td>
<td>□ Bank Statements</td>
</tr>
<tr>
<td>□ Death Certificate</td>
<td>□ Life Insurance Policies</td>
</tr>
<tr>
<td>□ Authorization to Release Financial Information</td>
<td>□ Life Insurance Cash Values</td>
</tr>
<tr>
<td>□ Designated Representative Form</td>
<td>□ Annuities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
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<tbody>
<tr>
<td>□ Insurance Documents</td>
<td>□ __________________________</td>
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<td></td>
<td>□ __________________________</td>
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<td></td>
<td>□ __________________________</td>
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<table>
<thead>
<tr>
<th>Medical Section</th>
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<tbody>
<tr>
<td>Confidential Medical Records</td>
<td></td>
</tr>
<tr>
<td>Informed Consent for Long Term Care</td>
<td></td>
</tr>
<tr>
<td>Patient Transfer and Continuity of Care (3008)</td>
<td></td>
</tr>
<tr>
<td>Doctor’s statement for __________________________</td>
<td></td>
</tr>
<tr>
<td>Immunization records for __________________________</td>
<td></td>
</tr>
<tr>
<td>Authorization to Release Medical Information</td>
<td></td>
</tr>
<tr>
<td>Medical Bills for __________________________</td>
<td></td>
</tr>
<tr>
<td>Bill Tracking Needed</td>
<td></td>
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<tr>
<td>Information for Retroactive Medicaid Evaluation</td>
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⇒ Please provide as much information as possible to make it easier to associate these documents with the customer’s case.
ACCESS Community Partner Information

Community Partner Levels

**Informational Site**
Partner site provides paper applications as requested by a customer, and also provides informational materials related to the ACCESS application process.

**Self-Service Site**
Partner site offers the customer the ability to apply on-line, but does not provide staff assistance to the customer with the completion or submission of the web application. The site has the choice to provide other services such as access to a fax, phone, or copy machine. The site will also provide informational materials and paper applications when requested by a customer or if the internet site is temporarily not in service.

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>SERVICE COMPLIANCE REVIEW</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ACCESS signage displayed &amp; brochures visible and available to customers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Partner provides informational handouts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Partner provides paper applications as requested by customers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Partner provides access to telephone to call DCF Customer Call Center/Automated ACCESS Response Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Partner provides computer to apply for assistance on-line</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Partner provides printer for ACCESS documents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Partner provides fax machine to fax application, other documents to DCF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Partner provides copy machine to copy application-related documents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Partner provides personnel/staff to explain application process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Partner provides personnel/staff to assist customers in submitting their application and providing verification information and/or documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Site Identifier – URL or cookie being utilized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Have all the support staff received training related to the WEB Application?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGREEMENT COMPLIANCE REVIEW</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. The purpose for which the partner accesses customer information is to help with their ACCESS activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Partner protects confidential customer information received from the ACCESS system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Partner has signed consent or authorization to release confidential customer information from each customer that it makes inquiries on in our ACCESS system (attach review sheet)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Customer consent forms are retained for three years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Partner has all of the correct security forms and verification of annual security training on file for each of its employees that have access to the Partner View System?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Partner notifies the Department if customer case information in its possession, custody, or control is inconsistent with Department’s information.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Partner submits correct and timely invoices?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Items 13 through 18 are monitored on sites that have Partner View access.
Computer Desktop Link for the ACCESS Web Application at a Community Partner Site

Each Community Partner is given a site-specific URL (Uniform Resource Locator) address to utilize when customers are using their ACCESS computers. While many customers gain access to the web application by using the generic URL (www.myflorida.com/accessflorida), 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:


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

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

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

The icon will then appear on your desktop as Department of Children and Families.
Community Partner Site ID’s

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

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

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

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

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

This Site ID Link will only need to be used after initial set up if:
- The ID does not display on the Welcome screen.
- The ID was entered incorrectly.
- Cookies are cleared from the computer.

Contact your ACCESS Liaison if your site has any problems setting up the Site ID.
Confidentiality Rules and Information for ACCESS Community Partners

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

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

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

1. Community partner agrees to restrict the use or disclosure of confidential information to activities related to the performance of the services provided through the agreement.

2. Community partner agrees not to implement an intended use or disclosure of confidential information, unless approved by DCF.

3. Community partner agrees to communicate questions or concerns to the DCF contact person concerning the safeguarding of confidential information or intended use or disclosure.

4. Community partner agrees to notify the DCF contact person within 48 hours of a verbal or written request for information concerning a customer in accordance with Florida’s Public Records Act, Chapter 119, Florida Statutes (2004).

5. Community partner agrees to safeguard in accordance with applicable state and federal statutes, rules, regulations and court decisions.

6. Community partner agrees to have pertinent staff complete HIPAA training within 30 days of signing the ACCESS Florida Partnership Agreement. This training is computer based and the material is provided by DCF.

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

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

- Prohibits discrimination on the basis of race, color and national origin in federally funded programs.

- Applies to intentional discrimination and policies and practice or procedures that have a disparate impact on any portion of the population.

Individuals will not be discriminated against on any basis when requesting or receiving services from DCF.
ACCESS Civil Rights On-line Training:
This course has been developed to inform ACCESS Community Partners of their rights and responsibilities related to Civil Rights. This course is mandatory to be taken annually for all ACCESS Community Partner staff if the partner site receives funding from DCF or they have access to the Partner View system. At the end of the course, trainees should print their certificate of completion and submit to their liaison.
The training website is located at http://www.dcf.state.fl.us/admin/training.shtml

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

DO NOT discuss customer information with unauthorized personnel.
DO NOT sell or release information to third parties.
DO NOT allow unauthorized personnel to review customer information.

DO provide customers a private place to complete the paper or web application for public assistance.
DO maintain a secure place for paper applications or verification of customer information to be stored in accordance with state and federal statutes and rules.
DO forward all applications and information received from customers to DCF.
DO forward all verbal or written requests for customer information to the DCF contact person within 48 hours in accordance with Florida’s Public Records Act.
DO communicate questions or concerns to the DCF contact person.
How to Locate Community Partner Sites

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

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

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

http://www.dcf.state.fl.us/access/CPSLookup/search.aspx
When a County or Zip code is selected, the list of advertised partners for that area will then display.

By clicking on the Partner name, the information regarding hours of service, population served, and which ACCESS services are being offered at this site will display.
If Completing an ACCESS Web Application for Someone Else......

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

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

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

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

Only an advocate who knows the customer personally and is well acquainted with their situation should act as their authorized representative. The advocate will assume a level of liability for the information that they submit on the application and can indicate that “I am applying for another individual (not myself)” on the Benefit Selection screen. They should have a signed authorized representative form from the customer giving them permission to apply on their behalf. The Authorized Representative form MUST by submitted to the DCF with the application in order for it to be considered a validly signed application. As the authorized representative, the advocate may e-sign the web application for the customer. The Authorized Representative is required to send in a copy of their photo ID with the authorized Representative form.
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.
5. 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.

6. Once all data has been reviewed and is correct, click on the continue button at the bottom of the summary page.

7. Read the Statement of Understanding page carefully, including reviewing your Rights and Responsibilities and Management and Protection of Personal Health Information (HIPPA), which can be accessed by clicking on them. Once reviewed, click on continue at the bottom of the page.
8. The next page is the Statement of Understanding. This page should be read as it explains what DCF will do with the information submitted on the application and what your rights and responsibilities are regarding your application. Once reviewed, click on the box that states you have read and understand the information.

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

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

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

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

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

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

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

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

- **Community Partner Survey**-
  This form is used by the partner to let the ACCESS program know how we are doing supporting you as a Community Partner. Your liaison may ask for a survey from you on an annual basis.
The purpose of this handout is to explain the process and the expected time standards for processing Food Stamp, Medicaid, and TCA (Cash Assistance) applications.

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

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

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

What will I need to turn in?

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

How long will it take?

Food Assistance Program (formerly Food Stamps)-
- Expedited Food Assistance benefits are processed within 7 days as long as ID has been verified for the head of household.
- Regular Food Assistance applications are processed within 30 days.

Cash Assistance-
- Cash assistance applications are processed within 45 days.
- The initial month’s benefits are prorated from date of approval, but no more than 30 days from the date of application.

Medicaid –
- Medicaid applications are processed within 45 days.
- Medicaid applications which require a Disability determination are processed within 90 days.
Este folleto le explicará 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 temporal 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 los miembros que solicitan Seguro médico (menos esos solicitantes de Seguro médico ya recibiendo SSI o el cuidado Médico).

Comprobación del Embarazo y la fecha de vencimiento para el embarazo relacionado 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 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 necesitará proveer el formulario completado por su médico indicando Nivel de Cuidado. Este formulario se puede obtener a través del albergue para ancianos o través de nuestras oficinas.

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

Estándares de Tiempo para Procesar

Estampillas para Alimentos (Food Stamps)-
Casos de emergencia se procesan dentro de 7 días, tan pronto la identidad del cabeza de familia haya sido verificada y completar una corta entrevista con su trabajador de DCF.

Solicitudes regulares se procesan dentro de 30 días.

Asistencia Financiera (Cash Assistance)-
Solicitudes para asistencia financiera se procesan dentro de 45 días. Los beneficios iniciales del mes de solicitud se prorratean desde la fecha de aprobación, pero no más de 30 días de la fecha de solicitud.

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

Solicitudes para seguro medico requiriendo determinación de desabilidad se procesan dentro de 90 días.
## FLORIDA COMMUNITY PARTNERSHIP SUPPLY REQUISITION

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

### Agency Information
- **Agency Name:**
- **Address:**
- **City, State, Zip:**
- **Contact Person:**
- **Telephone Number:**
- **Special Instructions:**
- **Date:**

### Submit your order to:
- **Email:**
- **Fax:**
- **Mail:**
Request to add or remove an authorized person on the Partner View System or to report changes in the site’s primary contact person

<table>
<thead>
<tr>
<th>Liaison:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Partner Site:</td>
</tr>
<tr>
<td>Requester’s Name and Title:</td>
<td></td>
</tr>
<tr>
<td>Add:</td>
<td>Effective:</td>
</tr>
<tr>
<td>Remove:</td>
<td>Effective:</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

Organization’s Name (optional): ________________________________

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

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

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

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

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

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

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

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

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

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

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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

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

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

### On-line Training

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

[http://www.dcf.state.fl.us/admin/training.shtml](http://www.dcf.state.fl.us/admin/training.shtml)

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

**Security Awareness Training**

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

*Approximate time to complete the course: 23 minutes*
ACCESS Program Overview (Breaking News)
This presentation provides an overview of the public assistance programs that the Department administers.


My ACCESS Account Training (My Account - Customer)
This course has been developed to help Customers and Staff in using the My Account System. There are four trainings:

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

ACCESS On-line Application Training
This course has been developed as a tool to help ACCESS Community Partners assist applicants applying for benefits using the on-line application.
Approximate time to complete the course: 22 minutes.

ACCESS Civil Rights Training
This course has been developed to inform ACCESS Community Partners of their rights and responsibilities related to Civil Rights. This course is mandatory for all ACCESS Community Partners who receive funding from the Department. At the end of the course, partners may print and sign their certificate of completion.
Approximate time to complete the course: 37 minutes.

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

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

Community Partner Resource Guide
ACCESS Florida Web Application Guide

March 5, 2008
ACCESS Web Application training is available on-line at

http://www.dcf.state.fl.us/admin/training.shtml
Access Florida Splash Page

The customer can choose from one of the following:

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

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

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

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

The customer has the following options:

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

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

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

- Food Assistance
- Cash Assistance
- Medicaid
- HCBS / Waivers (Home and Community Based Services)
Relative Caregiver Eligibility Requirements

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.

- 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 here:

- 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 last 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.

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.
Access Online User Sign-Up

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:

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.
Application Information

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.

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

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

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

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

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

The customer must click “yes” they read the Rights and Responsibilities.
Certification of Identity

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

Additional information regarding the household is captured on this screen.
Case Details

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

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

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
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

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

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

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
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

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
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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Date of birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victory</td>
<td>132654708</td>
<td>3/15/1987</td>
<td>Male</td>
</tr>
<tr>
<td>Nanci</td>
<td>301256978</td>
<td>9/15/1999</td>
<td>Female</td>
</tr>
</tbody>
</table>

#### Household Relationships

<table>
<thead>
<tr>
<th>Name &amp; Name</th>
<th>Relationship</th>
<th>Buys and eats food with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nanci</td>
<td>Daughter</td>
<td>Yes</td>
</tr>
<tr>
<td>Victory</td>
<td>Mother</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Individual Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Marital status</th>
<th>Living arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nanci</td>
<td>Single - Never Married</td>
<td>Home/Apartment/Trailer</td>
</tr>
<tr>
<td>Victory</td>
<td>Divorced</td>
<td>Home/Apartment/Trailer</td>
</tr>
</tbody>
</table>

#### Household Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Florida Resident</th>
<th>US Military</th>
<th>Emancipated Efter</th>
<th>Foster Child</th>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victory</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Nanci</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

- Is anyone in the home fleeing the law due to a felony or probation or parole violation? No
- Has anyone in your home been convicted of a drug trafficking felony? No
- Has anyone in your home been convicted of receiving Food Stamps, Temporary Cash Assistance or Medicaid in more than one state at the same time? No

#### Certification of Identity

<table>
<thead>
<tr>
<th>Nanci</th>
<th>Identity Certified</th>
</tr>
</thead>
</table>

#### Absent Parent Details

<table>
<thead>
<tr>
<th>Absent parent's name</th>
<th>Child</th>
<th>Reason for absence</th>
<th>Employed</th>
<th>Medical Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walter</td>
<td>Nanci</td>
<td>Divorced</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Non-Citizen Details

- Not entered

#### Disability Details

- Not entered

#### Alias Name/SSN Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Alias Name</th>
<th>Alias SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victory</td>
<td>Testington</td>
<td>Atsea</td>
</tr>
</tbody>
</table>

#### Pregnancy Details

- Not entered

#### School Details

<table>
<thead>
<tr>
<th>Name</th>
<th>School type</th>
<th>Graduation date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nanci</td>
<td>Elementary</td>
<td></td>
</tr>
</tbody>
</table>

#### Case Information

<table>
<thead>
<tr>
<th>Register Vote</th>
<th>Interested in Lifeline Assistance</th>
<th>Migrant or Seasonal Farm Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Currently Have Phone service</th>
<th>SSN</th>
<th>Phone Service Provider</th>
<th>Phone Number</th>
<th>Name on the Phone Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>132654708</td>
<td>Embarq</td>
<td>(650)555-5555</td>
<td>Testington Victory</td>
</tr>
</tbody>
</table>

#### Migrant Details

<table>
<thead>
<tr>
<th>Income Terminated</th>
<th>New Income Source</th>
<th>Paid Date</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td>Not entered</td>
<td>Not entered</td>
<td>Not entered</td>
</tr>
</tbody>
</table>
### Asset Summary

<table>
<thead>
<tr>
<th>Liquid Asset Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Victory</td>
<td></td>
</tr>
<tr>
<td>Type of Asset: Testing</td>
<td></td>
</tr>
<tr>
<td>Bank or Company Name: Checking Account, Wiscova</td>
<td></td>
</tr>
<tr>
<td>Amount or Value: $125.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Life Insurance Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Real Estate/Property Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Asset Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asset Transfer Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

### Employment Summary

<table>
<thead>
<tr>
<th>Current Employment Income Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Victory</td>
<td></td>
</tr>
<tr>
<td>Employer: Testing</td>
<td></td>
</tr>
<tr>
<td>Income: CVS Pharmacy: $225.00</td>
<td></td>
</tr>
<tr>
<td>Schedule: Monthly</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past Employment Income Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self Employment Income Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Room and Board Income Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strike Date</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for refusing the job</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### Other Income Summary

<table>
<thead>
<tr>
<th>Other Income Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Victory</td>
<td></td>
</tr>
<tr>
<td>Type: Testing</td>
<td></td>
</tr>
<tr>
<td>Amount: $100.00</td>
<td></td>
</tr>
<tr>
<td>How often received: Monthly</td>
<td></td>
</tr>
<tr>
<td>Income Begin Date: 1/1/2008</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Application for Other Benefits Details</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entered</td>
<td></td>
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</table>
### Expense Summary

#### Health Insurance Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Expense amount</th>
<th>Other payer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>Testingt</td>
<td>$75.00</td>
<td>Yes</td>
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</tbody>
</table>

#### Medicare Details

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#### Medicare Premium Details

Not entered

#### Housing Expense Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Expense type</th>
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</thead>
<tbody>
<tr>
<td>Victory</td>
<td>Rent</td>
<td>$175.00</td>
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</table>

#### Utility Expense Details

<table>
<thead>
<tr>
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<th>Expense type</th>
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<th>Other payer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victory</td>
<td>Electricity</td>
<td>$75.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone</td>
<td>$45.00</td>
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</tr>
</tbody>
</table>

#### Child or Adult Daycare Expense Details

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#### Support Payment Details

Not entered

#### Room and Board Expense Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Expense type</th>
<th>Expense amount</th>
<th>Other payer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement of Understanding

The customer must check the box stating they have reviewed and understand the Statement of Understanding.
Electronic Signature (applicant in household)

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

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

I have just been notified that I will begin working full time March 18, 2008.
Adding Comments after Application Submitted

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

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

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

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

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

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

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

My ACCESS Account allows the customer to:

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

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

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

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

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

An Abbreviated Desk Guide to My Account can be found beginning on page 128. It contains information about recovering a lost password (pg. 144) or lost user ID (pg 146).
If you have been authorized as an Assisted Service partner to look up information on the Partner View System, you will have access to review basic customer information to assist a customer with their access application processing. You must have a signed and dated release from the customer giving you permission to review their case information through the Partner View system. These releases should have time limited validity periods (no longer than 90 days from the date signed), and the Community Partner can only view the customer’s information for limited reasons during that validity period.

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

My ACCESS Partner View is found by going to [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) and clicking on the link under the Community Partner box.

On-line Training for using the Partner View system and a system guide can be viewed by going to [http://www.dcf.state.fl.us/admin/training.shtml](http://www.dcf.state.fl.us/admin/training.shtml).
Release Form for the Partner View System

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

Customer’s Name_______________________  ACCESS Case#___________________

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

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

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

Dated: __________ day of _____________, 20___

Signed: _________________________________

Printed Name: ___________________________

Date of Birth: ___________________________

Community Partner Staff Signature: __________________________

February 2011
Reporting a Change

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

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

Changes can be reported two ways. They can be reported by calling the Customer Call Center at 1-866-762-2237. A change can also be reported on-line through a customer’s My ACCESS Account. The link can be found at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida).
Failure to report changes timely may cause a case to be overpaid in benefits or to receive fewer benefits than they may be entitled to.

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

To apply for additional benefits, click on the Request for Additional Assistance link located in the customer’s My ACCESS Account.
How to Print a Paper Application for Assistance

Go to the ACCESS Florida Home Page at

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

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

Click on the selected language, and print the application.

To find the address and fax number of your local county office, go to

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

The prescreening tool is available at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida).
Prescreening Tool Main Page

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
- Lower 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 current status. 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”.

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

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

1. What happens after I apply for FAP Benefits?

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

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

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

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

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

4. When will I receive my FAP Benefits?

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

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

If this is the first time you are applying for cash or food assistance, you will receive your EBT card in the mail with instructions on how to use it once your case is approved. If you have received benefits in the past and still have your EBT card, you can still use that card as long as your case number stays the same.
If you are reapplying for benefits and no longer have your EBT card, please call the EBT Customer Service anytime at 1-888-356-3281 to get a replacement card. Another EBT card will not automatically be mailed to you once your case is approved. For more information about the EBT card, go to the EBT section located on page 115 in this guide.

6. How long can I receive FAP benefits?

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

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

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

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

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

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

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

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

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

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

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

1. What happens after I apply for Cash Assistance?

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

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

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

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

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

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

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

5. How long can I receive Temporary Cash Assistance?

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

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

Any change can be reported by calling 1-866-762-2237 or on the internet at http://www.myflorida.com/accessflorida through the customer’s My ACCESS Account.
7. **When you get a job will your Temporary Cash Assistance get cancelled?**

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

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

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

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

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

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

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

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

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

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

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

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

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

Answer: You can review all actions taken on your case through your My ACCESS Account (see page 126 in this guide). You will also receive a written notice of the case action that will explain the eligibility factors your benefits were based on. If you cannot get into your my ACCESS Account, you may call the Customer Call Center at 1-866-762-2237, and a representative can explain your benefit amount to you.
5. How can I find out if I am potentially eligible for benefits before I submit an application on-line?
Answer: There is a prescreening tool that is available on-line at www.myflorida.com/accessflorida (see page 87 of this guide). This tool allows you to answer some basic information and will screen your family for potential benefits you may be eligible for. This is not a determination of eligibility. Even if the tool states you do not appear eligible for any programs, you may still want to apply and let an ACCESS worker review your information and make a final determination of eligibility.

6. How can I obtain a paper application if I am unable to complete an application on-line?
Answer: See page 86 of this guide. Paper applications can be printed in three languages (English, Spanish, and Creole) from the ACCESS web site. You can also request a paper Application from the Customer Call Center at 1-866-762-2237.

7. How can I locate other services I may need in addition to those offered by the ACCESS program (housing assistance, utility assistance, food assistance, etc.)?
Answer: When you are on the ACCESS web page (www.myflorida.com/accessflorida), you can click on the link to ACCESS Florida Homepage. Through this page, you can access links to a variety of other services including daycare, housing assistance, employment services, elderly and disabled programs, as well as many others. You can get directly to the page displaying the list of links available by going to http://www.dcf.state.fl.us/ess/services.shtml.

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

General

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

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

Health & Nutrition

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

Elderly and Disabled

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

Federal Government Sites

- Administration for Children & Families
- Administration on Aging
- Centers for Medicare & Medicaid Services
- Department of Agriculture
- Department of Labor
- Department of Veteran's Affairs
- Food & Nutrition Services
- Health & Human Services
- Housing & Urban Development (HUD)
- Internal Revenue Service - Information on the Earned Income Tax Credit (EITC)
- Medicare
What can be Considered Acceptable Documentation of U.S. Citizenship and Identity for Medicaid?

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

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

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

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

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

- Extract of hospital record, established at birth, on hospital letterhead (not a souvenir “birth certificate”)
- Life or health insurance record
- Early school record or
- Religious record (Baptism) within 3 months of birth.
Acceptable Documentation of
U.S. Citizenship and Identity for Medicaid con’t

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

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

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

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

Special ways to document identity for children under age 16:

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

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

No customer should ever be denied the right to apply based on their apparent ineligibility.
Updated Food Assistance Income and Benefit Charts can be found at [http://www.dcf.state.fl.us/programs/access/esspolicymanual.shtml](http://www.dcf.state.fl.us/programs/access/esspolicymanual.shtml)

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

<table>
<thead>
<tr>
<th>ASSISTANCE GROUP SIZE</th>
<th>165% Need Standards</th>
<th>MAXIMUM BENEFIT</th>
<th>Gross and Net Income Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>MONTHLY 200% GROSS INCOME LIMIT</td>
</tr>
<tr>
<td>1</td>
<td>$1,480</td>
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</tr>
<tr>
<td>2</td>
<td>$2,004</td>
<td>$267</td>
<td>$2,429</td>
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<tr>
<td>3</td>
<td>$2,518</td>
<td>$365</td>
<td>$3,052</td>
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<tr>
<td>4</td>
<td>$3,372</td>
<td>$668</td>
<td>$3,675</td>
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<tr>
<td>5</td>
<td>$3,547</td>
<td>$783</td>
<td>$4,289</td>
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<td>6</td>
<td>$4,061</td>
<td>$962</td>
<td>$4,922</td>
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<tr>
<td>7</td>
<td>$4,575</td>
<td>$1,052</td>
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<tr>
<td>8</td>
<td>$5,089</td>
<td>$1,202</td>
<td>$6,169</td>
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<tr>
<td>9</td>
<td>$5,604</td>
<td>$1,352</td>
<td>$6,782</td>
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<tr>
<td>10</td>
<td>$6,119</td>
<td>$1,502</td>
<td>$7,415</td>
</tr>
<tr>
<td>EACH ADDITIONAL MEMBER ADD</td>
<td>+$515</td>
<td>+$150</td>
<td>+$624</td>
</tr>
</tbody>
</table>

Food Assistance Deductions

- STANDARD UTILITY ALLOWANCE: $340
- BASIC UTILITY ALLOWANCE: $279
- TELEPHONE STANDARD: $36
- STANDARD DEDUCTION: 1-3 Members=$142, 4 Members=$153, 5 Members=$179, 6+ Members=$205
- HOMELESS INCOME DEDUCTION: $143
- MAXIMUM DEDUCTION FOR DEPENDENT CARE: No Maximum
- MAXIMUM SHELTER DEDUCTION: No Maximum
- AG'S WITHOUT ELDERLY OR DISABLED MEMBER: $458
- AG'S WITH AN ELDERLY OR DISABLED MEMBER: UNCAPPED
Temporary Cash Assistance Payment Standards

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

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

http://eww.dcf.state.fl.us/ess/policy/policy_manual_index.shtml
## Eligibility Standards for SSI-Related Programs

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

### Medicare Part B Premium
- $ 96.40 (receiving prior to January 2010)
- $110.50 (begin receiving January 2010)
- $115.40 (begin receiving January 2011)

### Medicare Part A Premium

<table>
<thead>
<tr>
<th>Number of Qualifying Quarters of Employment</th>
<th>Free</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 248</td>
<td>30 to 39</td>
</tr>
<tr>
<td></td>
<td>$ 450</td>
<td>Less than 30</td>
</tr>
</tbody>
</table>

### Personal Needs Allowance
- ICP/ICP-MEDS/Hospice (Institution) | $ 35 |
- Hospice (Community ) 100% FPL | $ 908 |
- Assisted Living Waiver | $ 752.40 |
- LTC Community Diversion/PACE (resident of assisted living facility ) | Facility Room and Board Charge, plus 20% of the FPL ($181 individual, $362 couple) |

### Spousal Impoverishment
- Minimum Monthly Maintenance Income Allowance (MMMIA)** | $ 1,822 |
- Excess Shelter Standard** | $ 547 |
- Maximum Community Spouse Income Allowance (MMMIA plus excess shelter allowance cannot exceed this figure) | $ 2,739 |
- Community Spouse Asset Allocation Standard | $ 109,560 |
- Home Equity Interest Limit | $506,000 |
Food Assistance Program (FAP)

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

General Information about Food Assistance Program and SUNCAP

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

Eligibility Requirements

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

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

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

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

Residency - Individuals must live in the state of Florida.

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

SSN - Individuals must provide a Social Security Number or proof they have applied for one.
Child Support cooperation - Certain individuals must cooperate with the state's child support enforcement agency to prove a child's legal relationship to their parent and to get the court to order child support payments.

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

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

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

SUNCAP

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

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

General Information about Temporary Cash Assistance (TCA)

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

Eligibility Rules

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

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

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

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

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

Eligibility Rules

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

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

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

<table>
<thead>
<tr>
<th>Frequently Asked Questions</th>
<th>Up-Front Diversion</th>
<th>Relocation Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td><strong>Who makes the decision?</strong></td>
<td>The Regional Workforce Board (RWB) makes the decision The RWB determines the amount</td>
<td>The RWB makes the decision The RWB determines the amount</td>
</tr>
<tr>
<td><strong>What are the restrictions?</strong></td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td><strong>What about Food Stamps and Medicaid?</strong></td>
<td>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</td>
<td>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</td>
</tr>
</tbody>
</table>
**Medicaid Programs**

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

**General Information About Medicaid**

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

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

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

**Medicaid for Low Income Families With Children**

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

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

Additional information about Medicaid for low income families is available in the Family-Related Medicaid Fact Sheet.

Information regarding the income and asset limits for Medicaid for low income families and children can be found on the Family Related Medicaid Income/Asset Limits.

**Medicaid for Children Only**

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

Families can apply for Medicaid online at: http://www.myflorida.com/accessflorida/. View more detailed information about Medicaid for children.
Children eligible for the Medicaid may enroll in the Child Health Check-up Program. This program provides regularly scheduled health checkups, dental screenings, immunizations and other medical services for children. For information on the Child Health Check-up Program, visit the Agency for Health Care Administrations information page at: http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml.

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

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

To find information or apply for the Florida Kid Care Program, visit their website at: http://www.floridakidcare.org/.

**Medicaid for Pregnant Women**

There are three ways to apply:

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

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

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

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

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

**Emergency Medical Assistance (EMA) For Non-Citizens**

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

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

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

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

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

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

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

Medicaid Cards

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

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

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

Medical Help for Those Who Are Not Eligible for Full Medicaid

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

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

Welcome to Florida KidCare

Through Florida KidCare, the state of Florida offers health insurance for children from birth through age 19, even if one or both parents are working. It includes four different parts. When you apply for the insurance, Florida KidCare will check which part your child may qualify for based on age and family income.

Some of the services Florida KidCare covers are:
- Doctor visits
- Check-ups and shots
- Hospital
- Surgery
- Prescriptions
- Emergencies
- Vision and hearing
- Dental
- Mental health

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

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

Florida KidCare Health Insurance

Florida KidCare Health Insurance for Children
Florida KidCare

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

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

<table>
<thead>
<tr>
<th>What is Florida KidCare?</th>
<th>What services are covered?</th>
<th>How much does it cost?</th>
<th>Who do I call for more information?</th>
<th>How do I apply?</th>
</tr>
</thead>
</table>
| Florida KidCare is affordable, comprehensive health insurance for uninsured children under age 19. | Some of the services Florida KidCare covers are:  
- 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.  
- Most families pay $15 or $20 a month or nothing at all to cover all the eligible children in the household.  
- Some families may pay more. | General Information:  
- Call 1-888-540-5437  
- Visit www.floridakidcare.org | • 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 |

<table>
<thead>
<tr>
<th>How do I make my premium payments?</th>
<th>How do I renew my Florida KidCare insurance? (Except for Medicaid)</th>
<th>How do I renew my Medicaid for Children?</th>
</tr>
</thead>
</table>
| • 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  
   Pay using Visa, MasterCard or Discover cards (there may be a small convenience fee)  
   Pay using automated monthly checking/savings account debit | 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.  
• 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) | Renewal forms will be mailed to families.  
• Call the Florida KidCare Medicaid Hotline for more information: 1-800-352-5437. |
Electronic Benefits Transfer Card ( EBT)

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

Help and Information Sources

**EBT Customer Service** 1-888-356-3281
For replacement cards, select/change PIN, benefit availability, last deposit information, balance inquiry, to file a claim

**EBT Online Website** www.ebtaccount.jpmorgan.com

**EBT Training Help Line** 1-877-889-7330
For general information about EBT, using your card, PIN information, benefit availability, rules on card usage, using EBT Customer Service

**ACCESS Customer Call Center** 1-866-762-2237

Benefit Availability

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

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

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

Issuance Availability Days:

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

<table>
<thead>
<tr>
<th>Food Stamps</th>
<th>Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-06</td>
<td>00-33</td>
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<tr>
<td>07-13</td>
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<tr>
<td>20-26</td>
<td>Day 4</td>
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<td>27-33</td>
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<tr>
<td>34-39</td>
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<tr>
<td>40-46</td>
<td>Day 7</td>
</tr>
<tr>
<td>47-53</td>
<td>Day 8</td>
</tr>
</tbody>
</table>
You can use your card in all 50 states.

**PIN Security and Card Care**

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

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

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

Do not fold or bend your EBT card.

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

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

**Using EBT Benefits**

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

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

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

Your receipt will show the balance remaining in your account after the purchase. Benefits do not have to be used in the month you get them. Any left at the end of the month will roll into the next month with your new deposit of food assistance benefits or cash benefits.
Each food assistance benefit or cash benefit you receive will stay in your account for one year. If you do not use the benefit, it will be removed from your account and cannot be given back to you.

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

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

Troubleshooting

Card does not work

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

PIN Problems

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

Transaction Denied

**Note:** Check the reason code

If insufficient funds:

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

If invalid transaction:

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

Cardholder does not understand Process

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

Replacement Card Issued to Incorrect Account

- Cardholder must contact EBT and provide them with the correct case number for the case that the benefits were authorized from and deposited into.
Benefits did not Post or Deposit into Account

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

QUEST locations

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

Identity Theft

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

Errors in Your Account

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

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

https://www.ebtaccount.jpmorgan.com/JPM_EFS/
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](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.
Prescription Assistance Programs

Florida Prescription Drug Program

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

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

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

The link to the Florida Prescription Drug program is [http://www.floridadiscountdrugcard.com/](http://www.floridadiscountdrugcard.com/)

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

Together Rx

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

Call 1-800-444-4106 to determine if you qualify for the quick start savings card or for more information about this program.
Internet address: [www.togetherrxaccess.com](http://www.togetherrxaccess.com)

Pfizer for Living Share Card

1. Must be on Medicare.
2. Must meet their income guidelines of less than $18,000 annually for an individual or $24,000 for a couple.
3. Cannot have any other prescription drug coverage.
4. Cannot be eligible for Medicaid or any other drug benefit plan funded by the state.
5. Co pay is $15.00 for a 30-day supply.
6. Offers access to health information for seniors.
7. Only covers Pfizer medications and is accepted at participating pharmacies.

Call 1-800-717-6005 for free enrollment kit.
Internet address: www.pfizerhelpfulanswers.com/pages/application/Application.aspx

Lilly Answers Card

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

Call 1-877-795-4559 for more information about the program.
Internet address: http://www.seniormag.com/free-medication/lilly-answers-card.htm

Lilly Cares

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

Call 1-800-545-6962 for more information about the program.
Internet address: http://www.lillycares.com/Pages/index.aspx

Merck Patient Assistance Program

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

Call 1-800-727-5400 for more information about this program.
Internet address: www.merck.com
Important Contact Information

Apply for Assistance/Check Case Status / Report Changes
www.myflorida.com/accessflorida

DCF Call Center/SUNCAP/Changes 1/866-762-2237
FAX at Customer Call Center FAX 1/866-873-0473
Help Desk for Web App Problems 1/866-762-2237

Florida Kidcare www.floridakidcare.org 1/888-540-5437

Florida Healthy Kids www.healthykids.org 1/800-821-5437

Agency for HealthCare Administration http://www.fdhc.state.fl.us 1/888-419-3456

Elder Helpline 1/800-963-5337

Abuse Hotline 1/800-962-2873

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

Child Support www.myflorida.com/dor/childsupport/ 1/800-622-5437

Domestic Violence Hotline 1/800-500-1119

EBT Customer Service www.ebtaccount.jpmorgan.com 1/888-356-3281
Emergency Financial Assistance For Housing Program (EFAHP) 1/877-891-6445
http://www.dcf.state.fl.us/homelessness/efahp.shtml

Human Services in FLORIDA http://flweb211.myflorida.com/

Link-up & Lifeline Assistance Programs http://www.floridapsc.com/utilities/telecomm/lifeline/

Prescription assistance http://www.xubex.com/
http://www.rxoutreach.com/?s=2

State ID cards for children http://www.hsmv.state.fl.us/ddl/faqkeys.html

Social Security www.ssa.gov 1/800-772-1213

To locate health insurance www.forfloridashealth.com

Unemployment Compensation 1/866-778-7356 www.fluidnow.com

United Way http://www.uwof.org/


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

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

**COMMON ACCESS FLORIDA FORMS**

For a complete listing of DCF forms visit:

HTTP://WWW.DCF.STATE.FL.US/DCFFORMS/SEARCH/DCFFORMSEARCH.ASPX

Forms available include:

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<td>Verification of Dependent Care Expenses (Español) (Kreyòl)</td>
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<td>Verification of Shelter Expenses (Español) (Kreyòl)</td>
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<td>Financial Information Release (English and Español) (Kreyòl)</td>
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<tr>
<td>Hearings Request for Public Assistance (Español) (Kreyòl)</td>
</tr>
<tr>
<td>Child Support Cooperation Notice (Español) (Kreyòl)</td>
</tr>
<tr>
<td>Child Support Cooperation Good Cause / Refusal to Cooperate (Español) (Kreyòl)</td>
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<tr>
<td>Rights and Responsibilities (Español) (Kreyòl)</td>
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<td>Sample Fax Cover Sheet</td>
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<table>
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<th>Food Assistance Program Forms</th>
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<tr>
<td>Food Stamp Work Registration Notice (Español) (Kreyòl)</td>
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<tr>
<td>Verification of Dependent Care Expenses (Español) (Kreyòl)</td>
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</table>
### Temporary Cash Assistance Program Forms

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

### Medicaid Program Forms

- Appointment of a Designated Representative (Español) (Kreyòl)
- Informed Consent Long Term Care Assessment (Español) (Kreyòl)
- Medical Certification for Nursing Facility (Page 2)
- Patient Transfer and Continuity of Care (Page 2)
- Designation of Resources for Burial Funds
- Designation of Beneficiary
- Verification of Dependent Care Expenses (Español) (Kreyòl)
- Assignment of Rights to Support for Institutional Care Program
- Life Insurance Verification Request
- Authorization to Disclose Information (Español) (Kreyòl)
Brochures on several topics can be accessed below or by going to

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

or by clicking on the brochure name below.

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<th>ACCESS Florida Brochures and Department Publications</th>
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<td>• ACCESS Florida Customer Brochure</td>
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<td>• ACCESS Florida On-Line Web Application Tip Card</td>
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<td>• Medically Needy Brochure (Español) (Kreyòl)</td>
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<td>• SUNCAP (Español) (Kreyòl)</td>
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<tr>
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<tr>
<td>• Justice For All Poster</td>
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</table>
My ACCESS Account
Desk Guide for Customers

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

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

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

To set up your My ACCESS Account, go to www.myflorida.com/accessflorida, and click on the link under the My ACCESS Account box.
The information displayed in your account is stored nightly. Changes made during the day are available for you to view the following day. The date of the information is displayed at the top of the account status screens for your reference.

My ACCESS Account- Registration and Log-in Page

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

Please write down your user ID and select a password you can easily remember.
Registration Welcome Page – Step 1

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

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

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

Masking Password: To prevent unauthorized users from viewing your password, we will only display asterisks for the password. In addition to these safeguards, My ACCESS Account will never: Send an e-mail asking for your personal account information or ask for your Web password in an e-mail or request it via the phone or U.S. mail.
Security Reminders:
- We do not ask for personal information - such as your Social Security number when you login.
- Do not respond to e-mails or pop-ups requesting personal information.
- Use antivirus software and keep it updated

Step 2 - New Account Registration Page

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

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

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

Accounts can be set up by one of the following:
- Payee - the individual whose name the assistance group benefits are issued. This is the individual who normally assumes primary responsibility and leadership in making decisions that affect the assistance group.
- Primary Information Person (PIP) - the individual within a case responsible for reporting any information on all individuals whose income and/or assets, and sometimes needs, may affect eligibility for benefits.
• **Authorized Representative** - refers to an adult who is not a household member but is authorized to act on behalf of the household in making application for benefits.

• **Designated Representative** - refers to the individual (for SSI-Related Medicaid only) who has either been self-designated or designated by the individual applying for or receiving assistance. This person can act on the individual's behalf in the application/eligibility review process.

**Creating your account:**

**Personal Information**

• **First Name** - Type in your full first name. This should not be someone else's name. Capital letters do not matter but all letters and spaces must match the first name we have for you.

• **Last Name** - Type in your full last name. This should not be someone else's name. Capital letters do not matter but all letters and spaces must match the last name we have for you.

• **Date of Birth** - Enter the month, day and year you were born. The month and day must be 2 numbers. The year must be 4 numbers. For example, the date January 1, 1950 should be entered as 01/01/1950. This date must match the date of birth we have for you.

**Case Information**

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

• **Living Address Zip Code** - Enter the zip code for the case's living address. The zip code must be 5 numbers. If the address has changed, this must be the address that we have on record. You can report an address change after you have registered. If you are the payee you can check the payee check box and the system will copy the name and date of birth information entered in the personal information section to the case information section.

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

• **Payee Last Name** - Type in the full last name of the payee of the case, even if this is not your name. Do not type your own last name here if you are not the payee. If there is more than one payee in the case, you must enter the last name of one payee here. Capital letters do not matter but all letters and spaces must match the last name we have on record.
• **Payee Date of Birth** - Enter the month, day and year the payee was born. The month and day must be 2 numbers. The year must be 4 numbers. For example, the date January 1, 1950 should be entered as 01/01/1950. This date must match the payee's date of birth we have on record.

### Registration Step 3- Verification

**Complete Final Verification Question**

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

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

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

Step 4 – Security Setup

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

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

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

E-mail Address - Enter your own personal e-mail address in this field if you have one. Do not enter someone else's e-mail address here. This field should be left blank if you do not have an e-mail address.
Security Questions
Select a security question and enter your answer to each question. Select questions for which you know the answer; do not make up answers you will not remember later.

Confirmation that Registration has been completed

Registration Completed and Confirmed
Congratulations! NANCY NEXTONE
You have successfully created your My ACCESS Account.

- Please remember your user name and password and keep it in a safe place.
- To login to your My ACCESS Account simply click on the Go to Login button.
- For more information on how to proceed click Help.
- To exit click the Exit button.

Confirmation
This page confirms that you have set up your My ACCESS Account and are now registered. If you forget your user name and password you can click on Forgot User Name or Forgot Password on the My ACCESS Account login page.

- If you want to go to your account, click on "Go to Login" and enter the user name and password you just set up.
- If you want to log out click on "Exit.

Information Security
To prevent unauthorized access to your My ACCESS Account(s), you agree to keep your user name, password, challenge questions, and any other security or access information confidential. We recommend that you memorize your access Information and do not write it down. You agree not to give or otherwise make available your access Information to any unauthorized individual.
Information Available on My Account

**My Account Status As of: 00/00/0000** – Provides detailed information about your public assistance case.

**Head of Household** - This is the individual who assumes primary responsibility for providing accurate information for the household.

**Case#** - This is the number that has been assigned to your case. Case number refers to a number assigned to a case under which payment is made or benefits authorized.

**OR**

**Access #** - This is the number that has been assigned to the application you have submitted. Once processing begins on this application a case number will be assigned.
Next Review due by: - Your situation will need to be reviewed before the end of this date to determine if you are still eligible for benefits.

My Appointments: - By clicking here you will be taken to a screen that provides a list of any future appointments that you may have.

Verification needed: - By clicking here you will be taken to a screen that lists any verification that may be needed in order to make a decision on your case.

My Documents: - By clicking here you will be taken to a screen that lists the date and type of document that has been submitted.

Note: You need to allow a few days after submitting the document to the department for it to be processed. Fax documents will display with their original receipt date, even though it may be days before it appears in My Documents. Scanned documents will display the date they were scanned by ACCESS staff. Documents that are scanned must be date stamped by ACCESS Staff if they are not scanned the same day in which they are received.

Three types of public assistance information will display are:

Food Stamp - The Food Stamp Program helps low-income households to buy nutritious food.

Temporary Cash Assistance - This is a state program that provides cash assistance to needy families with dependent children.

Medicaid - Medicaid is a program that provides medical coverage to low income individuals and families.

Status:

Closed – this means that the case is no longer open. Click on information to see why it was closed or refer to your notice.

Open – this means that the case is currently open and is eligible for benefits.

Hold – (Food Stamp only) Since you needed food stamps right away the department issued you food stamps without providing all the required information therefore you cannot get more benefits until you provided what was requested.

Enrolled – (Medicaid only) this means that the individual has a share of cost that they must meet before they are on Medicaid. Click on information to view the amount of your share of cost.

Verification Needed – Before eligibility can be determined you must provide the information that we requested from you.

February 2011
**Monthly Amount** - This is the amount that you have been approved to receive each month.

**Benefit Month** - This is the month that the benefits are for.

**Date Benefit Available** - This is the date that your benefits will be available for you to use.

**History**
By clicking here a screen will display the history of these benefits.

**Information** - By clicking here a screen will display that provides more information about your benefits.

**Individual** - This is the person that the benefits are for.

**Pin #** - This is the Personal Identification Number that is assigned to each individual within a case.

**Type Coverage** - This is the type coverage that you are currently receiving

**Medicaid** - Medicaid is a program that provides medical coverage to low income individuals and families.

**Medically Needy** - Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid, but need help to pay for large medical expenses.

**Medicare Savings Program** – Individuals are approved for the Medicare buy-in programs that pay for their Medicare premium, and may also pay some of their Medicare deductibles.

**Temporary Medicaid Card** - By clicking here you can print your own Temporary Medicaid Card to give to Providers as proof of eligibility
Re-Issue Medicaid Card - By clicking here you can request a replacement Gold Medicaid Card for Medicaid eligible members in your case. Once you click on the re-issue Medicaid card link, an “X” will appear over the link, and a message will display to let you know the request has been requested.

Medicaid History Information - By clicking this link, a screen will display the history of these benefits.
Medicaid History Information (cont.)

Share of Cost - Your monthly "share of cost" is like a deductible on a health insurance policy and is based on your family's gross income (before taxes). You may not have to pay the share of cost amount. The date you have paid and unpaid medical bills for a month that total your share of cost, you are eligible for Medicaid.

Patient Responsibility – This is the total amount of care an individual is responsible for paying the provider.

Information - By clicking here a screen will display that provides more information about your benefits.

Verifications Needed for your Case

This screen lists any verification that still needs to be received before your case can be processed.

Program – The type of benefit applied for, Cash, Food Stamp and Medicaid.

Group # - Refers to all individuals within the household who are potentially eligible for benefits or services

Due date - This is the date we must receive the information.
Individual - This is the person that the benefits are for.

Verification needed: - This is a list of items that you must provide before your eligibility can be determined

Verifications Received on your Case by DCF

This screen will display the date and type of document that you submitted to the department. You need to allow a few days after submitting the document to the department for it to be processed. Fax documents will display with their original receipt date, even though it may be days before it appears in My Documents. Scanned documents will display the date they were scanned by ACCESS staff. Documents that are scanned must be date stamped by ACCESS Staff if they are not scanned the same day in which they are received.

Head of Household - This is the individual who assumes primary responsibility for providing accurate information for the household.

Case # - This is the number that has been assigned to your case.

Date Received: This is the date the document was received by the department.

Document Type: This is the type of document that was received by the department.

Application/Referral – examples include: Request for Assistance (RFA), Medical Assistance Referrals, Application for Assistance, Interim Contact, Medicaid/Medicare Buy-In Applications, Simplified Eligibility for Pregnant Women (SEPW).

Permanent Document – examples include: Driver’s Licenses, State ID cards, Social Security cards, Birth Certificates, Legal/Court documents, Financial Release forms, Authorized and Designated Representative forms.
**Medical Document** – all medical related documentation. Examples include: Pregnancy verification, Doctor statements, Immunization records, Disability Determination documents, Hospice and Nursing Home documents, Doctor bills, Pharmacy bills.

**Verification Document** – documentation that is proof of Income and/or Assets. Examples include: Pay Stubs, Income Verification forms, Social Security income award letters, Bank statements, Life Insurance policies, Vehicle registration, Loans and Mortgage documents, Annuities, Trusts, Deeds for Property.

**Notices** – examples include: Pending Verification Checklist, Contact Letters, Appointment Notice/Request for Information, notices from other Agencies.

**Document Received** – documents that do not fall under one of the above types.

**My Account History** -

This screen displays up to a 12 month history of each benefit type.

**Information** - By clicking here a screen will display that has more information about your benefits (see next page).
More Information

This is a benefit summary screen, which provides contact information, program status and group member information.

**Current Contact Information** - This section of the page will display the contact information that we have on file for your case.

**Living Address** - This is the address of where the family actually lives

**Mailing Address** - This is the address where the family receives their mail.

**PIP** - Is the individual within a case responsible for reporting any information on the standard filing unit that may affect eligibility for benefits.

**PIP Mailing Address** - This is the address of the primary information person.

**Alternate Mailing Address** - If the household has requested mail to be sent to an alternate address it will be listed here.
Individual Medicaid

This screen displays Medicaid eligibility for the past twelve (12) months from the current month.

**Medicaid Eligible Individual:** - This is the person that is eligible for the Medicaid benefits.

**Case #** - This is the number that has been assigned to your case.

**Begin** - This is the date that Medicaid began.

**End** - This is the date that Medicaid ended.

**Select the Period to View and Print** - Click here to view and print the period of eligibility

**Go Back** - By clicking her you will be taken back to the “Account Status” page.

A **Temporary Medicaid card** can be printed by clicking the select a period to view and print. This prints the same thing you would get if you were to call our office for a temporary card to take to your medical provider. This is proof of your eligibility for benefits for this specified period listed on the page.
Create a New Password

Enter Password - Enter the password you want to use when you log into My ACCESS Account. It must be a combination of both letters and numbers. No spaces are allowed. Please remember this password for future use. The new password you create will not expire.

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

Continue - When you have entered the new password click on the button called "Continue" to go to the next step.

You will next receive a Confirmation that the new password has successfully updated. You have now changed your password. Please remember your User Name and Password and keep it in a safe and secure place. This password will not expire.

Go to Login - Click on this button to go to My Account.

Exit - Click on this button to exit.
When you have forgotten your password-

Forgot Password is used when you do not remember the Password you created. The information you provide must match what we have on record.

User Name - Enter your User Name into the field called "User Name". This is the User Name you created when you created your account. If you have forgotten your User Name click on the text that says "Forgot Your User Name?"

Answer the Security Questions
To verify your identity, you need to answer the security questions on this page. These are the same questions that you selected and answered when you created your account. The answers must match exactly with the ones we have on record. If one or more answers are not correct you can try again later. If you cannot answer these questions correctly you will not be able to continue.
An error message will display if one or more of the answers are not correct.
You must now create a new password.

**Create Password** - Enter the password you want to use when you log into My ACCESS Account. You may use the same Password or create a different Password. It must be a combination of both letters and numbers. No spaces are allowed. Please remember this password for future use. This password will not expire.

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

A confirmation page will then display stating that the password has successfully been changed.
If you Forget your User Name-

Enter Your Personal Information
Forgot User Name is used when you do not remember the User Name you created. If you have forgotten your User Name, complete all fields on this page. The information you provide must match what we have on record.

Your First Name - Type in your full first name. This must match the first name we have for you.

Your Last Name - Type in your full last name. This must match the last name we have for you.

Your Date of Birth - Enter the month, day and year you were born. The month and day must be 2 numbers. The year must be 4 numbers. For example, the date January 1, 1950 should be entered as 01/01/1950. This date must match the date of birth we have for you.

Case Number - Enter the 10-digit case number. The case number is the 10-digit number assigned to a case which payment is made or benefits authorized.
## My ACCESS Account Quick Reference Guide

<table>
<thead>
<tr>
<th>Requirement</th>
<th>If you have a Florida Case Number</th>
<th>If you have an ACCESS Application Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If your Florida case has been active within the last 12 months, you will be required to “Register Now”</td>
<td>If you have e-signed an application and have an ACCESS number and password, the ACCESS number is your User Name and your password is the same one that was used to create your application.</td>
</tr>
<tr>
<td>Register Now</td>
<td>You will be required to answer case related questions and then create a User Name and password.</td>
<td></td>
</tr>
<tr>
<td>Login</td>
<td>Enter the User Name and password that you just created. Click on the log in button below.</td>
<td>Enter your ACCESS number and password. Click on the log in button.</td>
</tr>
<tr>
<td>My ACCESS Account Menu</td>
<td>Click “Update Profile” if you need to review and make changes to your security settings. Remember, to click “Save” to update security settings or click “Cancel” to exit without making changes.</td>
<td></td>
</tr>
<tr>
<td>My ACCESS Account Menu</td>
<td>Click “Account Status” and you will be taken to the main page where all program types and assistance groups associated with this Florida case number will display.</td>
<td>Click “Account Status” and you will be taken to the main page that has links to the Appointment, Verification needed and My Document screens.</td>
</tr>
<tr>
<td>My Account Status Homepage</td>
<td>Each program type has History and Information screens that display additional information. To print a Medicaid card, click the Temporary Medicaid Card icon by the name of person, whose card you wish to print.</td>
<td>When a case number is assigned, you will be required to complete the “Register Now” process. Then you will be able to view more information.</td>
</tr>
</tbody>
</table>