Welcome to ACCESS Florida

Get Started Now

- Am I Eligible?
- Apply for Benefits
- Create My Access Account

Learn More
Welcome to Florida Department of Children and Families Automated Community Connection to Economic Self Sufficiency (ACCESS).

Returning Users

- User ID
- Password

Sign In

Forgot your User ID?
Forgot your Password?
Apply For Assistance

Before you get started, please read this information.

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

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

○ Start a new application for Food Assistance (SNAP), Medical Assistance and/or Cash Assistance

Choose this option if you have not recently applied for benefits in Florida. Do not choose this if you have recently applied and are waiting for a decision. If you are waiting for a decision on an application, please login to your My ACCESS Florida account.

○ Finish an unfinished application

Choose this option to continue an application that you started earlier but have not completed the Electronic Signature.

When complete, click NEXT.
Apply For Assistance

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Choose this option to continue an application that you started earlier but have not completed the Electronic Signature.

When complete, click NEXT.
Your My ACCESS Florida Account

Before you start your application, you will need to create an account. This should take a few minutes.

Do you already have an account?

If so, select the option below.

☐ Log in using your existing account

Do you need to create an account?

With your My ACCESS Florida account, you will be able to:
• Start your application
• Save your application
• Come back to your application later
• Check on the status of your application after you submit your application
• View your account status and benefit information
• Request additional assistance
• Report changes
• Submit a review to continue to receive benefits.

Your information will be saved as you move from page to page.

The Florida Department of Children and Families (DCF) runs this website. We will keep your information private and safe.

☐ Create an account

Click the NEXT button at the bottom of the page.

If you have problems that prevent you from continuing, you may call the Customer Call Center at 866-762-2237 during business hours for assistance.

When complete, click NEXT.
Your My ACCESS Florida Account

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When complete, click NEXT.
Setting Up An Account

To apply online, you will need to create a User ID and password. If you already have an account, click here to login.

This account will help keep your information private and secure. It also lets you save your application and come back to work on it later. You can also log back in to check the status of your application after you submit it.

If you have problems that prevent you from continuing you may call the Customer Call Center at 866-762-2237 during business hours for assistance.

**Step 1: Your Name and Email Address**

Fill in your name below.

- First Name
- Last Name
- Email (optional)

**Step 2: User ID & Password**

If you are a returning User enter your User ID and Password. If you do not have an account click on the link Create a new User ID and Password.

- User ID
- Password
- Re-type Password

**Step 3: Security Questions**

Next, please select three security questions that you can use if you ever need to recover your password. Click on each box to choose a question that only you know the answer to. Then, fill in your answers. Keep in mind that you will need to type the answer exactly the same way as when you set up your account.

- Security Question 1
- Answer
- Security Question 2
- Answer
- Security Question 3
- Answer

**Step 4: User Acceptance Agreement**

As the last step in creating your account, please check the box to let us know that you have read and agreed to Florida's User Acceptance Agreement. Click here to read the Agreement, which tells you more about how we will keep your personal information private and secure.

[Next]
Setting Up An Account

To apply online, you will need to create a User ID and password. If you already have an account, [click here](#) to login.

This account will help keep your information private and secure. It also lets you save your application and come back to work on it later. You can also log back in to check the status of your application after you submit it.

If you have problems that prevent you from continuing you may call the Customer Call Center at 866-762-2237 during business hours for assistance.

**Step 1: Your Name and Email Address**

Fill in your name below.

* First Name: Jane
* Last Name: Doe

**Step 2: User ID & Password**

If you are a returning User enter your User ID and Password. If you do not have an account click on the link Create a new User Id and Password.

* User ID: janet05
* Password: *******
* Retype Password: *******

**Step 3: Security Questions**

Next, please select three security questions that you can use if you ever need to recover your password. Click on each box to choose a question that only you know the answer to. Then, fill in your answers. Keep in mind that you will need to type the answer exactly the same way as when you set up your account.

* Security Question 1: What is your Maternal grandfather’s First Name?  
  * Answer: Joe

* Security Question 2: In what city was your father born?  
  * Answer: Tallahassee

* Security Question 3: What is your favorite color?  
  * Answer: Pink

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As the last step in creating your account, please check the box to let us know that you have read and agreed to Florida’s User Acceptance Agreement [click here](#) to read the Agreement, which tells you more about how we will keep your personal information private and secure.
Thank you Jane Doe for creating an account with Department of Children and Families. Your User ID is JANE05. Please remember your User ID and password and keep it in a safe place. You will need these to log in when you access your My ACCESS Account.
Login

If you are a returning User enter your User ID and Password. If you do not have an account click on the link Create a new User Id and Password.

Create a new User Id and Password

- User ID
- Password

Sign In

Forgot your User ID?  Forgot your Password?
If you are a returning user, enter your User ID and Password. If you do not have an account, click on the link to create a new User ID and Password.

Create a new User ID and Password

- User ID: Jane05
- Password: ********

Sign In

Forgot your User ID?  Forgot your Password?
years of age) living in the household, as the head of household provided that all adult household members agree to the selection. States may select the head of household at application, at each review, or when there is a change in household composition. If all adult household members do not agree to the selection, or decide to select an adult other than the head of household, the state agency may designate the head of household or permit the household to make another selection. If the household does not consist of adult parents and children or adults who have parental control of children living in the household, the state agency shall designate the head of household or permit the household to do so.

Online Application Process
If you chose to complete the online application, you will be able to back up and check your answers at any point during the application process. At the end of the application process you will be shown a "Final Summary" page which will allow you to review. If you want a copy of the Final Summary for your records, you must have a working printer attached to your computer.

Social Security Number
We may treat household members who are ineligible, or who are not applying for benefits, as non-applicants. Non-applicants, or persons applying only for Emergency Medical Assistance for Alarms, Refugee Cash Assistance, or Refugee Medical Assistance, do NOT need to give a Social Security Number (SSN). If you were not eligible for an SSN because of your immigration status, you may be eligible for a non-work SSN. If you need an SSN, we can help you apply for one. Non-applicants do NOT need to give proof of immigration status. Noncitizens who are applying for benefits will have their immigration status verified with the U.S. Citizenship and Immigration Services (USCIS). We will not tell USCIS about the immigration status of those living in your household who are not applying for benefits.

Important Information for Immigrants
Applying for or receiving Food Assistance (SNAP) benefits or Medical Assistance will not affect you or your family members' immigration status or ability to get permanent resident status (green card). Receiving "Temporary Cash Assistance" or any term institutional care, such as nursing home benefits might create problems with getting that status, especially if the benefits are your family's only income.

Public Assistance Fraud/Notice of Penalties
If you are found guilty (by a state or federal court, or an administrative adjudication hearing, or a hearing before a trier of fact) of intentionally making a false or misleading statement, concealing or withholding facts in order to receive or in an attempt to receive food assistance or committing any act that violates the Food Stamp and Nutrition Act of 2008, food assistance regulations, or any state statute for purposes of any of the above, you may be cited. You will be ineligible for food assistance for the first violation, 24 months for the second violation, and permanently for the third violation. If you are convicted of trafficking food assistance benefits of $500 or more, you will be disqualified permanently. Trafficking of food assistance includes:

1. Buying, selling, storing, or exchanging benefits for cash;
2. Exchanging firearms, ammunition, explosives, or illegal drugs for benefits;
3. Buying soda, water, or other items in a container to get the cash deposit;
4. Buying an item with food assistance and then purposely selling the item for cash;
5. Trading cash for items paid for with food assistance benefits.

If you are convicted of these acts, depending on the severity, you may be fined up to $250,000, imprisoned for up to 20 years, or both. You may also be subject to prosecution under other applicable Federal and State Laws. You may be barred from receiving food assistance for an additional 10 months if court ordered.

If you are convicted by a state or federal court of making a fraudulent statement with respect to identity or residency in order to receive food assistance in more than one state at the same time, you will be ineligible to participate in the Food Assistance Program for a period of 10 years. If you are found to have committed fraud, you may be barred from receiving food assistance benefits for a period of 10 years. If you are accused of using or receiving food assistance benefits in a transaction involving the sale of a controlled substance, you will be ineligible for food assistance for 24 months for the first violation and permanently for the second violation. Household members who do not use food assistance benefits to purchase prohibited items, pay on credit accounts, pay for food purchased on a credit account, use or possess the Electronic Benefits Transfer (EBT) card, use or possess the EBT card, or use someone else's EBT card. If a food assistance claim arises against your household, the information on the application, including all SSNs may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

Income and Eligibility Verification System (IEVS)

Income and Eligibility Verification System (IEVS)
We will request information through computer matches in IEVS and may verify the information if we find differences based on the answers you gave on your application. We may use the information found in IEVS to affect your eligibility and level of benefits.

Reporting Requirements
For all programs, households are encouraged to report any change in the household living and/or mailing address. For programs except Food Assistance (SNAP), the household must report changes in who lives in the household, employment, and income. Food Assistance (SNAP) households must report when the total monthly household gross income exceeds 130% of the federal poverty level for the household size and when the work hours of able-bodied adults fall below 20 hours per week when averaged monthly, by the 10th of the month after the month of the change. Households receiving Medicaid or Temporary Cash Assistance must report changes within 10 days.

Requesting a Fair Hearing
You have the right to ask for a hearing before a state hearings officer. You can bring with you or be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the Customer Call Center, or coming into the office within 90 days from the mailing date of your notice of case action. If you ask for a hearing by the end of the last day of the month prior to the effective date of the adverse action, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits continued if the hearing decision is not in your favor. If you need information about how to receive free legal advice, you can call the Customer Call Center toll free at 1-866-762-2237 for a listing of free legal agencies in your area.

If you choose to complete the online application, you will be able to backup and check your answers at any point during the application process.

When complete, click NEXT.
Please choose for whom you are applying. Need more help? Click the Help button.

- Applying for myself
- Applying for myself and my family
- Applying for another individual (not myself)

When complete, click NEXT.
Personal Application Form

Please choose for whom you are applying. Need more help? Click the Help button.

- Applying for myself
- Applying for myself and my family
- Applying for another individual (not myself)

When complete, click NEXT.
Choose The Programs For Which You Would Like To Apply

☐ All Programs

All Programs includes Food Assistance (SNAP), Cash and Medical Assistance.

☐ Food Assistance (SNAP)

The Food Assistance (SNAP) Program helps low-income households to buy nutritious food. A Food Assistance (SNAP) household is normally a group of people who live together and buy food and prepare meals together.

Cash Assistance

The Temporary Cash Assistance (TCA) program gives cash assistance to low income families with children, women in the 6th month of pregnancy, or women in the 5th month of pregnancy who are not able to work.

☐ Cash assistance for myself or myself and my family
☐ Cash assistance for a child in the court placed with me
☐ Cash assistance for a child that is not mine but is related to me
☐ Cash assistance for refugees or some legal noncitizens who just came to the United States

☐ Medical Assistance for Children, their Parents or Caretakers, Pregnant Women and individuals who aged out of Florida Foster Care who are under age 26

An application for medical assistance includes Medicaid for children, their parents or caretakers, pregnant women, Florida KidCare Program (for children under 15 with too much income for Medicaid) and The Insurance Affordability Program (for adults aged 18 through 24 and children that cannot be covered by either Medicaid or KidCare). The Medicaid and KidCare Programs are administered by the State of Florida and the Insurance Affordability Program is administered by the Federally Facilitated Marketplace.

☐ Medical Assistance For the Aged, Blind or Disabled

Medical assistance for individuals 65 years of age or older, blind or have been determined disabled or are claiming a disabling condition that will prevent work for twelve months or lead to death.

☐ Medical Assistance for Individuals in Nursing Home

Medical Assistance for Individuals in Nursing Home gives medical assistance including the cost of care for individuals placed in nursing homes. Long term care programs provide eligible low income individuals in a nursing home or in danger of being placed in a nursing home with medical coverage.

☐ Medical Assistance for Individuals Seeking Medicaid Waiver Services

Medicaid waiver programs provide medical services to individuals at risk of placement in a nursing home and individuals at risk of hospitalization. These programs provide additional services not covered by community based Medicaid programs, and include individuals in need of additional services through the Family Caregiver, Budget, Model, Statewide Medicaid Managed Care Long-Term Care Waiver programs, and those diagnosed with AIDS with an AIDS-related opportunistic infections.

☐ Medical Assistance for Individuals in Hospice

The Hospice Medical Assistance program gives health care services to terminally ill individuals when they no longer choose to get medical treatment to cure an illness or disease. Hospice Medical Assistance Services can be given in an individual’s home or in a nursing facility.

☐ Medicare Savings Program

Medicare Savings Programs are Medical Assistance programs that help Medicare beneficiaries of modest means pay all or some of Medicare cost sharing amounts (i.e., premiums, deductibles and co-payments). Programs considered Medicare Savings Programs include Qualified Medicare Beneficiary, Special Low-Income Medicare Beneficiary, Qualifying Individuals 1, and Qualified Working and Disabled Individuals.

When complete, click NEXT.
Choose The Programs For Which You Would Like To Apply

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Cash Assistance
The Temporary Cash Assistance (TCA) program gives cash assistance to low income families with children, women in the 9th month of pregnancy, or women in the 6th month of pregnancy who are not able to work.
- Cash assistance for myself or myself and my family
- Cash assistance for a child in my custody.
- Cash assistance for a child that is not mine but is related to me
- Cash assistance for refugees or some legal noncitizens who just came to the United States

☐ Medical Assistance for Children, their Parents or Caretakers, Pregnant Women and individuals who aged out of Florida Foster Care who are under age 26.
An application for medical assistance includes Medicaid for children, their parents or caretakers, pregnant women, Florida KidCare Program for children under 19 with too much income for Medicaid and The Insurance Affordability Program for adults aged 18 through 64 and children that cannot be covered by other Medicaid or KidCare. The Medicaid and KidCare Programs are administered by the State of Florida and the Insurance Affordability is administered by the Federally Facilitated Marketplace.

☐ Medical Assistance For the Aged, Blind or Disabled
Medical Assistance for individuals 65 years of age or older, blind or has been determined disabled or is claiming a disabling condition that will prevent work for twelve months or lead to death.

☐ Medical Assistance for Individuals in Nursing Home
Medical Assistance for individuals in Nursing Home gives medical assistance including the cost of care for individuals placed in nursing home. Long term care programs provide eligible low income individuals in a nursing home or in danger of being placed in a nursing home with medical coverage.

☐ Medical Assistance for Individuals Seeking Medicaid Waiver Services
Medical waiver programs provide medical services to individuals at risk of placement in a nursing home and individuals at risk of hospitalization. These programs provide additional services not covered by community based Medicaid programs and include individuals in need of additional services through the Family Assistance Program, Medicaid Managed Care Long-Term Care Waiver Programs, and those diagnosed with AIDS with an AIDS-related opportunistic infection.

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- **All Programs**
  All Programs includes Food Assistance (SNAP), Cash and Medical Assistance.

- **Food Assistance (SNAP)**
  The Food Assistance (SNAP) Program helps low-income households to buy nutritious food. A Food Assistance (SNAP) household is normally a group of people who live together and buy food and prepare meals together.

- **Cash Assistance**
  The Temporary Cash Assistance (TCA) program gives cash assistance to low-income families with children, women in the 9th month of pregnancy, or women in the 6th month of pregnancy who are not able to work.
  - Cash assistance for myself or myself and my family
  - Cash assistance for a child in care placed with me
  - Cash assistance for a child that is mine but is unrelated to me
  - Cash assistance for a relative or non-citizen who has lived in the United States

- **Medical Assistance for Children**, their Parents or Caretakers, Pregnant Women and individuals who aged out of Florida Foster Care who are under age 26.
  An application for medical assistance includes Medicaid (for children, pregnant women, and foster children), Florida KidCare Program (for children under 19 with too much income for Medicaid) and The Insurance Affordability Program (for adults aged 18 through 64 and children that cannot be covered by either Medicaid or KidCare). The Medicaid and KidCare Programs are administered by the State of Florida and the Insurance Affordability program is administered by the Federally Facilitated Marketplace.

- **Medical Assistance For the Aged, Blind or Disabled**
  Medical Assistance for individuals 65 years of age or older, blind or who has been determined disabled or is claiming a disability condition that will prevent work for twelve months or lead to death.

- **Medical Assistance**
  Medical Assistance for Individuals in Nursing Home
  Medical Assistance for Individuals in Nursing Home gives medical assistance including the cost of care for individuals placed in nursing homes. Long-term care programs provide eligible low-income individuals in a nursing home or in danger of being placed in a nursing home with medical coverage.

- **Medical Assistance**
  Medical Assistance for Individuals Seeking Medicaid Waiver Services
  Medicaid waiver programs provide medical services to individuals at risk of placement in a nursing home and individuals at risk of hospitalization. These programs provide additional services not covered by community-based Medicaid programs, and include individuals in need of additional services through the Individual Waiver Program, Mail Money Benefit, Statewide Medicaid Managed Care Long-Term Care Waiver programs, and those diagnosed with AIDS with an AIDS-related opportunistic infection.

- **Medical Assistance**
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When complete, click **NEXT**.
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- Cash Assistance
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  - Cash assistance for myself or myself and my family
  - Cash assistance for a child the court placed with me
  - Cash assistance for a child that is not mine but is related to me
  - Cash assistance for refugees or some legal noncitizens who just came to the United States

- Medical Assistance for Children, their Parents or Caretakers, Pregnant Women and Individuals who aged out of Florida Foster Care who are under age 26.
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- Medical Assistance For the Aged, Blind or Disabled
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- Medical Assistance for Individuals Seeking Medicaid Waiver Services
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When complete, click NEXT.
More About Assistance

Here is more information about the programs you are applying for.

**Temporary Cash Assistance Welfare Transition Program**

Parents or relatives getting Temporary Cash Assistance (TCA) for their self may need to take part in a work program. This program is the Welfare Transition (WT) Program. The Welfare Transition Program helps adults

- Set career goals
- Develop a plan
- Take steps to reach the goals.

Applicants may need to register for the Welfare Transition Program before getting TCA benefits. You will need to go to the career center to register for work. We will mail a letter with instructions.

If we approve you for TCA, you may have to keep working with the Welfare Transition staff. While in the Welfare Transition Program, you will need to:

- Develop a plan;
- Take the steps in the plan; and
- Take part in work activities.

If you have to take part in the Welfare Transition Program, but do not, we will close your TCA benefits. If you get Food Assistance (SNAP) benefits, and do not meet a Food Assistance employment and training exemption, we will close your Food Assistance (SNAP).

The Welfare Transition Program helps with transportation, child care or other needs to help you meet your goals.

Federal law requires certain people who receive Food Assistance (SNAP) to participate in work activities. The Food Assistance Employment and Training Program helps individuals who get Food Assistance (SNAP) to register and participate in a work activity.

If you start to receive Food Assistance (SNAP), you must participate in Food Assistance (SNAP) Employment and Training activities. You will get a letter in the mail from the Food Assistance (SNAP) Employment and Training Program. This letter will explain work activity requirements such as employment and participation in educational activities. Please make sure to follow the instructions in the letter.

If you are required to participate in the Food Assistance (SNAP) Employment and Training Program, and do not complete the work activities, then your Food Assistance (SNAP) will end for one, three, or six months depending on how many times you have failed to participate.

You are an able-bodied adult if:

- You are 18 through 49,
- You do not have children under age 19 living with you, and
- You do not meet an exemption, exception, or have good cause.

Able-bodied adults must work or participate in the Food Assistance (SNAP) Employment and Training program 20 hours per week or an average of 90 hours per month. Able-bodied adults who fall to participate in Food Assistance (SNAP) Employment and Training can only receive Food Assistance (SNAP) for three months in a 36-month period. Able-bodied adults who have already received Food Assistance (SNAP) for three time-limited months may get them again by meeting an exception to the rules, working, or taking part in a work program for 90 or more hours separately or in combination in the month before applying for Food Assistance (SNAP).

If you get a letter from the Food Assistance (SNAP) Employment and Training Program, call the phone number in the letter if you have any questions.

**Eligibility for Food Assistance (SNAP)**

- Determined physically or mentally unfit for employment (receiving, or has applied for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), veteran’s disability, or private disability (either temporary or permanent))
- Unfit for employment due to physical or mental limitation (may be not required to have pending application for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), veteran’s disability, or private disability (temporary or permanent))
- Receiving or applied for Unemployment Compensation
- Employed or self-employed, working a minimum of 30 hours weekly or earning the federal minimum wage multiplied by 30 hours per week
- Working or volunteering 20 to 22 hours per week (averaged to 80 hours per month)
- A regular participant in a drug or alcohol treatment and rehabilitation program (Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) do not qualify)
- A student enrolled at least half-time in any recognized school, training program, or an institution of higher education
- Complying with Temporary Cash Assistance Work Requirements
- Living with a member of your food assistance household who is under the age of 18
- Pregnant
- Homeless

If you believe any of these exemptions apply to you, be sure to discuss them with the caseworker during your interview.

You may not have to participate in Employment and Training immediately if you can show good cause. Good cause includes temporary circumstances beyond a person’s control. Some examples are:

- Illness
- Illness of another household member
- A household emergency
- The unavailability of transportation

Other reasons may be considered good cause. If you are not sure, be sure to ask the caseworker during your interview.

**Regaining Eligibility**

Once an Able-Bodied Adult Without Dependents (ABAWD) receives food assistance for three time-limited months, they may lose eligibility. In order to regain eligibility, the ABAWD must comply by completing one of the following in the 30-day time period before applying for benefits: work 90 or more hours, take part in and meet all rules of a work program for 90 or more hours, meet an exception to the ABAWD time limit or an E&T exemption, or work and attend a work program for a combined total of 90 hours.

When complete, click NEXT.
**About You**

Let's get started! First, please give us some basic information about the Head of the Household. By Head of the Household we mean the responsible adult that lives in the household. Do not enter basic information about a child here if you are completing this application for someone that does not live with you, enter their name (do not use nicknames). If you are completing this application for someone else and you do not live in their household, we will ask you for your name and address when you complete the Electronic Signature.

**Information About You**

- **First Name:**
- **Middle Name:**
- **Last Name:**
- **Suffix:** [Click here to choose]
- **Gender:**
  - [ ] Male
  - [ ] Female
- **Date of Birth:** Ex. mm/dd/yyyy

**Where You Live**

Please tell us where you live. If you are homeless right now, please select the “Homeless” option for living arrangement. If you are homeless but you have a mailing address, please type your mailing address in next section.

- **Address Line 1:**
- **Address Line 2:**
- **City:**
- **State:** [Click here to choose]
- **Zip Code:**

**Mailing Address**

If the person you are applying for does not want us to send any letters about their benefits to the address you’ve given above, or if they get mail at a different address than listed above, please enter the mailing address below.

- **Do you apply for get mail at a different address from the one listed above?**
  - [ ] Yes
  - [ ] No
- **Street Address or P.O. Box Number:**
- **Address Line 1:**
- **City:**
- **State:** [Click here to choose]
- **Zip Code:**

**Contact Information**

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area code.

- **Home Phone:**
- **Work Phone:**
- **Cell/Message Phone:**
- **Email Address:**
- **Confirm Email Address:**

When complete, click NEXT.
About You

Let's get started. First, please give us some basic information about the head of the household. By head of the household, we mean the person who is responsible for the child(ren) that lives in the household. If you are entering basic information about a child here, if you are completing the application for someone else and you do not live in the household, we will ask you for your name and address when you complete the Electronic Signature.

Information About You

- First Name: [Name]
- Middle Name: [Name]
- Last Name: [Name]
- Suffix: [Suffix]
- Gender: [Male/Female]
- Date of Birth: [Date]
- Email: [Email]

Where You Live

Please tell us where you live. If you are homeless right now, please select the "Homeless" option for living arrangement. If you are homeless but you have a mailing address, please type your mailing address in next section.

- Address Line 1: [Address]
- Address Line 2: [Address]
- City: [City]
- State: [State]
- Zip Code: [Zip]

Mailing Address

If the person you are applying for does not want us to send any letters about their benefits to the address you've given above, or if they get mail at a different address than listed above, please enter the mailing address below.

- Do the people you are applying for get mail at a different address from the one listed above? [Yes/No]
- Street Address or P.O. Box Number: [Address]
- Address Line 1: [Address]
- Address Line 2: [Address]
- City: [City]
- State: [State]
- Zip Code: [Zip]

Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area code.

- Home Phone: [Number]
- Work Phone: [Number]
- Cell/Message Phone: [Number]
- Email Address: [Email]
- Confirm Email Address: [Email]

When complete, click NEXT.
Head of Household Summary
Here is the summary of what you’ve told us. If a section below has a checkmark, you have given us all the information we have asked for. You are not required to give all information before you submit the application.

- If you would like to change your answers, click on the “Pencil” icon under “Options.”
- Once you’ve reviewed this summary and all the information is correct, click the “Next” button at the bottom of the page.

Review Your Answers: Head of Household Summary

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Address</th>
<th>Contact</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Address</td>
<td>1317 Winewood Blvd, Tallahassee, FL, 32319-6570</td>
<td>Home: (850)727-1111</td>
<td>✅</td>
<td>![ ]</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>1313 Winewood Blvd, Tallahassee, FL, 32319-001</td>
<td>Cell: (850)111-1727</td>
<td></td>
<td>![ ]</td>
</tr>
</tbody>
</table>

Review Your Answers: Program Selection
Here are your answers to the other questions in this section. Please take a look and make sure your answers are correct. If they are not correct, click on the edit icon to change your answers.

You have selected to apply for the following benefits:

- Food Assistance (SNAP)
- Cash Assistance
- Medical Assistance for Children, their Parents or Caretakers, Pregnant Women and individuals who aged out of Florida Foster Care who are under age 26.
- Medicare Savings Program

When complete, click NEXT.
People In Your Home
You have already given us some information about Jane. Please provide more information about Jane.

**Personal Information**

- **First Name**: Jane
- **Middle Initial**: 
- **Last Name**: Doe
- **Suffix**: 
- **Gender**: [ ] Male [ ] Female
- **Date of Birth (mm/dd/yyyy)**: 11/11/1987
- **What is the primary language spoken in this person's home?** [ ] English
- **Does this person need an interpreter?** [ ] Yes [ ] No
- **In what language does this person prefer notices?** [ ] English [ ] Spanish [ ] Creole
- **What county does this person live in?** [ ] Leon
- **What is this person's marital status?** [ ] Married
- **What is this person's living arrangement?** [ ] Home/Apartment/Trailer

**Citizenship Information**

- **Social Security Number**: 123-45-6789
- **Has this person ever used a different Social Security number or a different name, such as a maiden or married name?** [ ] Yes [ ] No

**Ethnicity**

- **Is this person of Hispanic or Latino ancestry?** [ ] Hispanic or Latino [ ] Not Hispanic or Latino

**Race**

- **Please select the race of this person. You don't have to answer this question in most cases, your answer won't be used to make a decision. But, if this person is American Indian or Alaska Native, telling us here may help this person get the most help possible.** [ ] Black, Not of Hispanic Origin
- **If this person is American Indian / Alaskan Native, are they a member of a federally recognized tribe?** [ ] Yes [ ] No
- **If yes, please select tribe name.** [ ] Seminole Tribe of Florida (Dania, FL)

**Benefits Information**

- **Is this person applying for assistance?** [ ] Yes [ ] No

**Other people in home**

- **Does this person want to add another person to this application?** [ ] Yes [ ] No

When complete, click NEXT.
People In Your Home

You have already given us some information about Jane. Please provide more information about Jane.

- **Personal Information**
  - What is this person's country of birth?
  - Is this person a resident of Florida?
  - Is this person disabled or blind?

- **Citizenship Information**
  - Is this person a U.S. citizen?

- **Outside of US**
  - Has this person been out of the U.S. in the last 30 days?

When complete, click NEXT.
### People In Your Home

You have already given us some information about Jane. Please provide more information about Jane.

#### Personal Information
- **What is this person's country of birth?**
- **Is this person a resident of Florida?**
- **Is this person disabled or blind?**

#### Citizenship Information
- **Is this person a U.S. citizen?**

#### Outside of US
- **Has this person been out of the U.S. in the last 30 days?**

When complete, click NEXT.
**Personal Information**

- **First Name**
- **Middle Initial**
- **Last Name**
- **Suffix**

**Gender**
- Male
- Female

**Date of Birth (mm/dd/yyyy)**

**What is this person's marital status?**
- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Separated
- [ ] Widowed

**What is this person's living arrangement?**
- [ ] Living alone
- [ ] Living with family
- [ ] Living with friends

**Does this person intend to file taxes as either an individual or joint filer? Choose 'No' if this person is a tax dependent.**
- Yes
- No

**Citizenship Information**

You do not need to provide a Social Security Number if this person is not applying for assistance.

**Social Security Number**

Has this person ever used a different Social Security number or a different name, such as a maiden or married name?
- Yes
- No

**Ethnicity**

Please select this person's ethnicity. You don't have to answer this question if you don't want to. This answer will not be used to make a decision about your assistance. This will not affect eligibility or the level of benefits. The reason we ask this information is to ensure program benefits are distributed without regard to race, color, or national origin.
- Hispanic or Latino
- Not Hispanic or Latino

**Race**

Please select the race of this person. You don't have to answer this question. In most cases, your answer won't be used to make a decision. But, if this person is American Indian or Alaska Native, telling us here may help the person get the most help possible.

- [ ] American Indian or Alaska Native
- [ ] Black or African American
- [ ] Asian
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] Other

If this person is American Indian or Alaskan Native, are they a member of a federally recognized tribe?
- Yes
- No

If yes, please select the tribe.

**Benefits Information**

Is the person applying for assistance?
- Yes
- No

**Other people in home**

Does this person want to add another person to this application?
- Yes
- No

When complete, click NEXT.
### People In Your Home

**Personal Information**

- **First Name**: Josh
- **Middle Initial**: O
- **Last Name**: Doe
- **Gender**: Female
- **Date of Birth (mm/dd/yyyy)**: 01/01/1980
- **What is this person's marital status?**: Married
- **What is this person's living arrangement?**: Home/Apartment/Trailer
- **Does this person intend to file taxes as either an individual or joint filer?**: Yes

### Race

- **Select the race of this person**
  - Black, Not of Hispanic Origin

### Citizenship Information

- **Social Security Number**: 087-65-4521
- **Has this person ever used a different Social Security number or a different name, such as a maiden or married name?**: No

### Benefits Information

- **Is this person applying for assistance?**: Yes

### Other people in home

- **Does this person want to add another person to this application?**: No

---

When complete, click NEXT.
People In Your Home
You have already given us some information about Josh. Please provide more information about Josh.

**Personal Information**

- What is this person's country of birth?
- Is this person a resident of Florida?
- Is this person disabled or blind?

**Citizenship Information**

- Is this person a U.S. citizen?

**Outside of US**

- Has this person been out of the U.S. in the last 30 days?

When complete, click NEXT.
People In Your Home

You have already given us some information about Josh. Please provide more information about Josh.

**Personal Information**
- What is this person's country of birth? United States
- Is this person a resident of Florida? Yes
- Is this person disabled or blind? Yes

**Citizenship Information**
- Is this person a U.S. citizen? Yes

**Outside of US**
- Has this person been out of the U.S. in the last 30 days? Yes

When complete, click NEXT.
Personal Information

- First Name: John
- Last Name: Doe
- Gender: Female
- Date of birth: 01/01/1995
- Marital status: Married
- Living arrangement: Home/Apartment/Trailer

Citizenship Information

Social Security Number: 987-76-5432

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

- Black, Not of Hispanic Origin

Benefits Information

- Is this person applying for assistance?: Yes

Other people in home

- Does this person want to add another person to this application?: No

When complete, click NEXT.
People In Your Home

You have already given us some information about John. Please provide more information about John.

Personal Information

- **First Name**: John
- **Middle Initial**: Doe
- **Last Name**: Doe
- **Suffix**: Doe
- **Gender**: Male
- **Date of Birth (mm/dd/yyyy)**: 1/11/1985
- **Marital Status**: Married
- **Living Arrangement**: Home/Apartment/Trailer
- **Intend to file taxes as either an individual or joint filer?**: Yes

Ethnicity

- **Ethnicity**: Not Hispanic or Latino

Race

- **Race**: Black, Not of Hispanic Origin
- **Are they a member of a federally recognized tribe?**: Yes
- **Tribe**: Seminole Tribe of Florida (Gana, Big)

Benefits Information

- **Is the person applying for assistance?**: Yes

Other people in home

- **Does this person want to add another person to this application?**: No

Citizenship Information

- **Social Security Number**: 456-78-9123
- **Has this person ever used a different Social Security number or a different name, such as a maiden or married name?**: Yes

When complete, click NEXT.

Save & Exit

Previous

Next »
Rights and Responsibilities

YOUR RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Department of Children and Families (DCF) is an equal opportunity provider.

- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at...
Rights and Responsibilities

- File a claim against a deceased Medicaid recipient’s estate for repayment of the Medicaid debt. Receiving Medicaid benefits, by a person age 55 or older, creates a debt to AHCA for the amount of Medicaid payments made before the person’s death. The person representing the estate must tell AHCA’s Estate Recovery Unit, when the process begins for approval of the will by the court. (This does not apply to Medicare Savings Programs.)

**FLORIDA FRAUD LAW INFORMATION**

- Any person (including the designated or authorized representative) who knowingly does not tell the truth, hides information, pretends to be someone else, does not give all the information needed about themselves, the person(s) they are applying for, or other people in their home, or does anything else unlawful in order to get state or federal public assistance benefits is guilty of a crime and will be punished as state or federal law allows. Further, any person (including the designated or authorized representative) who knowingly does not report a change in circumstances in order to continue to receive such aid or benefits which they should not get, or more benefits than they should get, is guilty of a crime and will be punished as state or federal law allows. Any person who purposely helps another person to do any of the above acts is guilty of a crime, and will be punished as federal and state law allows. This information is located in Section 414.39, Florida Statutes. You can get more information about this law in the local public assistance office or on the Internet.

CF-ES 2064, PDF 07-2016 [55A-1.204, F.A.C.]

☑ Yes, I have read and understand the Rights and Responsibilities.

When complete, click NEXT.
CFOP 80-17
Chapter 1, Attachment 2
June 2, 2008

MANAGEMENT AND PROTECTION OF PERSONAL HEALTH INFORMATION POLICY

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

I. Our Duties As They Relate to Your Protected Health Information (PHI). Our records about you contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard your Protected Health Information (PHI) which includes individually identifiable information about:

☐ Yes, I have read and understand the HIPAA statement.

When complete, click NEXT.
**HIPAA Statement**

**To receive a copy of this notice:** You have a right to receive a paper copy of this Notice or an electronic copy by email upon request.

**III. How to Complain about our Privacy Practices.** If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section IV below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the following address: United States Department of Health and Human Services (HHS), Attention: Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta, Georgia 30303-8099. We will take no retaliatory action against you if you make such complaints.

**IV. Contact Person for Additional Information, or to Submit a Complaint.** If you have questions about this Notice, need additional information, or have any complaints about our privacy practices, please contact: Department of Children and Families, Office of Civil Rights, 1317 Winewood Boulevard, Building 6, Room 124, Tallahassee, Florida 32399-0700, (850) 487-1901.

**V. Effective Date.** This Notice is effective on February 1, 2003.

☑ Yes, I have read and understand the HIPAA statement.
How you are Related?
Please tell us your changes

Jane's Relationship To John

Jane (31 yrs)

is the Select Relation of

John (33 yrs)

* Does Jane buy food or eat meals with John?

   ○ Yes   ○ No

Jane's Relationship To Josh

Jane (31 yrs)

is the Select Relation of

Josh (3 yrs)

* Does Jane buy food or eat meals with Josh?

   ○ Yes   ○ No

When complete, click NEXT.
How you are Related?
Please tell us your changes

Jane's Relationship To John

Jane (31 yrs)

is the [ ] Wife of John (33 yrs)

* Does Jane buy food or eat meals with John? [ ] Yes [ ] No

Jane's Relationship To Josh

Jane (31 yrs)

is the [ ] Mother of Josh (3 yrs)

* Does Jane buy food or eat meals with Josh? [ ] Yes [ ] No

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is 800150685

How you are Related?
Please tell us your changes

John's Relationship To Josh

is the Select Relation of

John (33 yrs)

Josh (3 yrs)

* Does John buy food or eat meals with Josh?

○ Yes ○ No

When complete, click NEXT.
How you are Related?
Please tell us your changes

John's Relationship To Josh

John (33 yrs) is the Father of Josh (3 yrs)

* Does John buy food or eat meals with Josh?

Yes ☐ No ☐

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started  Assets  Income  Expenses  Finish&Submit

Before You Begin  People

---

Tax Information
You have told us that Jane is intending to file taxes. Please give us more information about Jane’s taxes.

**Jane’s Tax Information**

^ Does Jane intend to file taxes jointly with spouse?

☐ Yes  ☐ No

Please select Jane’s tax dependents.

☐  Josh (3 yrs)

^ Select “Yes” if Jane intends to claim any tax dependents who do not live in the household or if Jane is filing jointly with a spouse not living in the household.

☐ Yes  ☐ No

When complete, click NEXT.

Previous  Save & Exit  Next
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started  Assets  Income  Expenses  Finish&Submit

Before You Begin  People

Tax Information
You have told us that Jane is intending to file taxes. Please give us more information about Jane's taxes.

Jane's Tax Information

* Does Jane intend to file taxes jointly with spouse?

☐ Yes  ☐ No

Please select Jane's tax dependents.

☑

Josh (3 yrs)

* Select "Yes" if Jane intends to claim any tax dependents who do not live in the household or if Jane is filing jointly with a spouse not living in the household.

☐ Yes  ☐ No

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started  Assets  Income  Expenses  Finish&Submit

Before You Begin  People

Tax Information

You have told us that John is intending to file taxes. Please give us more information about John’s taxes.

John's Tax Information

* Select “Yes” if John intends to claim any tax dependents who do not live in the household or if John is filing jointly with a spouse not living in the household.

- Yes  - No

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

<table>
<thead>
<tr>
<th>Get Started</th>
<th>Assets</th>
<th>Income</th>
<th>Expenses</th>
<th>Finish &amp; Submit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Before You Begin**

People

---

**Tax Information**

You have told us that John is intending to file taxes. Please give us more information about John's taxes.

**John's Tax Information**

- Select "Yes" if John intends to claim any tax dependents who do not live in the household or if John is filing jointly with a spouse not living in the household.

*Yes | No

When complete, click NEXT.

Prev. Save & Exit Next
Disability Details
A disability is a condition that may prevent a person from working and be expected to last for a continuous period of at least 12 months.

Click here to read or print the Authorization to Disclose Information form.
Click here to read or print the Statement of the Need for Care form.

You have told us that Josh is disabled or blind. Please complete the following disability information.

### Disability Status

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Has Josh's disability been decided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did Josh ever get and then stop getting disability for any reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Will this person's incapacity or disability last for more than 30 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Will this person's incapacity or disability last for more than 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Denial Details

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Josh ever applied for and been denied disability (SSI or SSDI) by the Social Security Administration (SSA) because medical conditions were not met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please enter the denial date. (If you cannot remember the date, give us your best guess (mm/dd/yyyy))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the denial currently under appeal with Social Security Administration (SSA)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does Josh have a new condition since the denial or a condition that SSA did not know about when they denied the disability?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
This page can’t be displayed

- Make sure the web address http://dnp1.dcf.state.fl.us is correct.
- Look for the page with your search engine.
- Refresh the page in a few minutes.
This page can’t be displayed

- Make sure the web address http://dnpl1.cif.state.fl.us is correct.
- Look for the page with your search engine.
- Refresh the page in a few minutes.

Fix connection problems
Disability Details
A disability is a condition that may prevent a person from working and be expected to last for a continuous period of at least 12 months.

Click here to read or print the Authorization to Disclose Information form.

Click here to read or print the Statement of the Need for Care form.

You have told us that Josh is disabled or blind. Please complete the following disability information.

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<td>* Has Josh’s disability been decided? Yes</td>
</tr>
<tr>
<td>Did Josh ever get and then stop getting disability for any reason? Yes</td>
</tr>
<tr>
<td>* Will this person’s incapacity or disability last for more than 30 days? Yes</td>
</tr>
<tr>
<td>* Will this person’s incapacity or disability last for more than 12 months? Yes</td>
</tr>
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<tr>
<th>Denial Details</th>
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</thead>
<tbody>
<tr>
<td>Has Josh ever applied for and been denied disability (SSI or SSDI) by the Social Security Administration (SSA) because medical conditions were not met? Yes</td>
</tr>
<tr>
<td>If yes, please enter the denial date: Note: If you cannot remember the date, give us your best guess (mm/dd/yyyy) 02/24/2016</td>
</tr>
<tr>
<td>Is the denial currently under appeal with Social Security Administration (SSA)? Yes</td>
</tr>
<tr>
<td>Does Josh have a new condition since the denial or a condition that SSA did not know about when they denied the disability? Yes</td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Disability Details

A disability is a condition that may prevent a person from working and be expected to last for a continuous period of at least 12 months.

Click here to read or print the Authorization to Disclose Information form.

Click here to read or print the Statement of the Need for Care form.

You have told us that Jane is disabled or blind. Please complete the following disability information.

### Disability Status

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Has Jane's disability been decided?</td>
<td></td>
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</tr>
<tr>
<td>* Will this person's incapacity or disability last for more than 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Denial Details

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Jane ever applied for and been denied disability (SSI or SSDI) by the Social Security Administration (SSA) because medical conditions were not met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please enter the denial date. Note: If you cannot remember the date, give us your best guess (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the denial currently under appeal with Social Security Administration (SSA)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does Jane have a new condition since the denial or a condition that SSA did not know about when they denied the disability?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Disability Details
A disability is a condition that may prevent a person from working and be expected to last for a continuous period of at least 12 months.

[Links to read or print Authorization to Disclose information form and Statement of the Need for Care form]

You have told us that Jane is disabled or blind. Please complete the following disability information.

Disability Status

* Has Jane's disability been decided?
  - Yes, No

Did Jane ever get and then stop getting disability for any reason?
  - Yes, No

* Will this person's incapacity or disability last for more than 30 days?
  - Yes, No

* Will this person's incapacity or disability last for more than 12 months?
  - Yes, No

Denial Details

Has Jane ever applied for and been denied disability (SSI or SSDI) by the Social Security Administration (SSA) because medical conditions were not met?
  - Yes, No

If yes, please enter the denial date. Note: If you cannot remember the date, give us your best guess (mm/dd/yyyy)
  02/24/2018

Is the denial currently under appeal with Social Security Administration (SSA)?
  - Yes, No

Does Jane have a new condition since the denial or a condition that SSA did not know about when they denied the disability?
  - Yes, No

When complete, click NEXT.
Disability Details
A disability is a condition that may prevent a person from working and be expected to last for a continuous period of at least 12 months.

Click here to read or print the Authorization to Disclose Information form.
Click here to read or print the Statement of the Need for Care form.

You have told us that John is disabled or blind. Please complete the following disability information.

<table>
<thead>
<tr>
<th>Disability Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Has John's disability been decided?</td>
</tr>
<tr>
<td>Did John ever get and then stop getting disability for any reason?</td>
</tr>
<tr>
<td>* Will this person's incapacity or disability last for more than 30 days?</td>
</tr>
<tr>
<td>* Will this person's incapacity or disability last for more than 12 months?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has John ever applied for and been denied disability (SSI or SSDI) by the Social Security Administration (SSA) because medical conditions were not met?</td>
</tr>
<tr>
<td>If yes, please enter the denial date. Note: If you cannot remember the date, give us your best guess (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Is the denial currently under appeal with Social Security Administration (SSA)?</td>
</tr>
<tr>
<td>Does John have a new condition since the denial or a condition that SSA did not know about when they denied the disability?</td>
</tr>
</tbody>
</table>

When complete, click NEXT.
**Disability Details**
A disability is a condition that may prevent a person from working and be expected to last for a continuous period of at least 12 months.

[Click here to read or print the Authorization to Disclose Information form.](#)

[Click here to read or print the Statement of the Need for Care form.](#)

You have told us that John is disabled or blind. Please complete the following disability information.

### Disability Status

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has John's disability been decided?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did John ever get and then stop getting disability for any reason?</td>
<td>Yes</td>
</tr>
<tr>
<td>Will this person's incapacity or disability last for more than 30 days?</td>
<td>Yes</td>
</tr>
<tr>
<td>Will this person's incapacity or disability last for more than 12 months?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Denial Details

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has John ever applied for and been denied disability (SSI or SSDI) by the Social Security Administration (SSA) because medical conditions were not met?</td>
<td>Yes</td>
<td>12/24/2018</td>
</tr>
<tr>
<td>If yes, please enter the denial date. Note: If you cannot remember the date, give us your best guess (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the denial currently under appeal with Social Security Administration (SSA)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Does John have a new condition since the denial or a condition that SSA did not know about when they denied the disability?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
ARE YOU DISABLED AND APPLYING FOR MEDICAID?

Notification of Disability Information and Request Form.

What to provide with your application for Medicaid.

What is Medicaid? Medicaid is a state run medical assistance program for needy individuals and families with limited income. If you are under age 65 and have no children, you must be disabled to qualify for Florida Medicaid.

What is Disability? You may be disabled if you have a condition that has affected (or is expected to affect) your ability to work for at least 12 months, or result in death. Children may be considered disabled if they have a medical condition severe enough to be considered a disability for an adult. If you are applying for Medicaid based on your disability, you must apply for all other disability income you may be eligible to receive, including Social Security Disability Insurance payments. You are not required to apply for Supplemental Security Income (SSI). For more information about Social Security, call 1-800-772-1213 or visit them online at http://ssa.gov.

Who decides if I am disabled? We use the same rules as Social Security to determine disability. If Social Security determines you as disabled, we accept their decision and will automatically consider you as disabled. If you do not have a disability determination from Social Security, we will work with the Division of Disability Determinations (DDD) to have them evaluate your condition based on medical information you provide.

What do I need to provide? If you have determined disabiliy from Social Security, give us a copy of the letter from them to show the decision and the date your disability began. We need no other medical information. If you do not have a determination of disability from Social Security, you need to provide information about your condition. We will send the information to DDD for them to evaluate and make a Disability decision.

What information do I need for my interview?

- Dates of treatment.
- Names of all medications from your doctors, therapists, hospitals and clinics.
- Laboratory and test results.
- Information about normal daily activities, interests and hobbies, and how your condition affects them.
- Unpaid medical bills.
- Signed CP-ES 2114 form (Authorization to Disclose Information).

What other information should I provide? In addition to being determined disabled, you must have income and resources within certain limits to qualify for Medicaid. You must also be a Florida resident and a U.S. citizen or qualified non-citizen.

Additional information we need:
- Social Security number.
- Alien registration card, if not a U.S. citizen.
- Proof of gross monthly income from all sources.
- Any letters you received from Social Security about your disability.
- Proof you have applied for Social Security Disability Insurance payments.
- Information about things you own such as bank accounts, stocks, annuities, real property, cars, etc.

The list above covers the most common types of documentation we need from you to show you are eligible for Medicaid. We may ask you for additional information during the interview or as we process your case.

* Not required if you are not a citizen and only applying for Emergency Medical Services to cover periods of emergency services only.

Don't Delay! Don't delay your interview if you don't have all this information. You can provit a later or we can help you get it. Giving us medical records with your application may help us make faster decision, but it is not available, we will still send your availability to the Division of Disability Determinations. You may copy your medical records at a customer service center or fax them to your case processor from one of our gold community partner sites. Lists of service centers and partners are online at http://www.florida-documentation.pdf.

Very Important! We handle most interviews by telephone. If you need to reschedule your interview, please call the number on your appointment letter to schedule another interview time. Please understand that rescheduling an interview may cause delay in processing your Medicaid case.

We will make every effort to complete your application within 90 days of the date we receive your application for Medicaid not counting any delays caused by you in providing necessary information to us.

If your case is still pending after 100 days, we will review your case and to determine why there is no decision, instruct eligibility staff on what information is missing, and advise them how to obtain the missing information.

If we complete a 100-day review of your case we will send you a special notice telling you the results of our review. We will continue to monitor your case until a final decision is made.

You can file an application online at http://www.florida-documentation/pdf or call 1-866-762-2237 for an application to be mailed by you.

The Department of Children and Families will act on your application without regard to age, race, color, sex, disability, religious creeds, nation origin, marital status, or political beliefs.

☐ I have read and understand the disability information.

When complete, click NEXT.
ARE YOU DISABLED AND APPLYING FOR MEDICAID?

Notification of Disability Information and Request Form.

What to provide with your application for Medicaid.

What is Medicaid? Medicaid is a state run medical assistance program for needy individuals and families with limited income. If you are under age 65 and have no children, you must be disabled to qualify for Florida Medicaid.

Who is disabled? You may be disabled if you have a condition that has affected, or is expected to affect, your ability to work for at least 12 months or result in death. Children may be considered disabled if they have a medical condition severe enough to be considered a disability for an adult.

What is Disability? You may be disabled if you have a condition that has affected, or is expected to affect, your ability to work for at least 12 months or result in death. Children may be considered disabled if they have a medical condition severe enough to be considered a disability for an adult. You must apply for all other disability income you may be able to receive, including Social Security Disability Insurance payments. You are not required to apply for Supplemental Security Income (SSI). For more information about Social Security, call 1-800-772-1213 or visit them online at http://ssa.gov.

Who decides if I am disabled? We use the same rules as Social Security to determine disability. If Social Security determines you are disabled, we accept their decision and will automatically consider you as disabled. If you do not have a disability determination from Social Security, we will work with the Division of Disability Determinations (DDD) to have them evaluate your condition based on medical information you provide.

What do I need to provide? If you have determination of disability from Social Security, give us a copy of the letter from them to show the decision and the date your disability began. We need no other medical information. If you do not have a determination of disability from Social Security, you need to provide us information about your condition. We will send the information to DDD for them to evaluate and make a Disability decision.

What information do I need for my interview?

• Dates of treatment.
• Names of all medications from your doctors, therapists, hospitals and clinics.
• Laboratory and test results.
• Information about normal daily activities, interests and hobbies, and how your condition affects them.
• Unpaid medical bills.
• Signed CT-ES 2514 form (Authorization to Disclose Information).

What other information should I provide? In addition to being determined disabled, you must have income and resources within certain limits to qualify for Medicaid. You must also be a Florida resident and a U.S. citizen or qualified non-citizen.

Additional information we need:

- Social Security number. 
- Alien registration card, if not a U.S. citizen.
- Proof of gross monthly income from all sources.
- Any letters you received from Social Security about your disability.
- Proof you have applied for Social Security Disability Insurance payments. Information about things you own such as bank accounts, stocks, annuities, real property, cars, etc.

The list above covers the most common types of documentation we need from you to show you are eligible for Medicaid. We may ask you for additional information during the interview or as we proceed your case.

Don’t Delay! Don’t delay your interview if you don’t have all the information. You can provide it later or we can help you get it. Giving us medical records with your application will help us make faster decisions, but it is not available. We will still send your availability to the Division of Disability Determinations. You may copy your medical records at a customer service center or fax them to your case processor from one of our Gold Community Partner sites. Lists of service centers and partners are online at http://www.dcf.state.fl.us/docs/partner_listing.pdf.

Very important! We handle most interviews by telephone. If you need to reschedule your interview, please call the number on your appointment letter to schedule another interview time. Please understand that rescheduling an interview may cause delay in processing your Medicaid case.

We will make every effort to complete your application within 90 days of the date we receive your application for Medicaid not counting any delays caused by you in getting necessary information to us.

If your case is still pending after 120 days, we will review your case and to determine why there is no decision, instruct eligibility staff on what information is missing, and advise them how to obtain the missing information.

If we complete a 100-day review of your case we will send you a special notice telling you the results of our review. We will continue to monitor your case until a final decision is made.

You can file an application online at http://www.dcf.state.fl.us or call 1-866-762-2237 for an application to be mailed to you.

The Department of Children and Families will act on your application without regard to age, race, color, sex, disability, religious creed, nation origin, marital status, or political beliefs.

☑ I have read and understand the disability information.

When complete, click NEXT.
## Alias Information
You've told us that Jane has aliases. Please tell us bit more about this.

### Alias Name or Social Security Number (SSN) Details
An alias is any name or Social Security number that a person has used in the past. For example, a maiden or married name or a different Social Security number. Please tell us about the other names or SSNs used by Jane.

Enter names used by Jane in the past. (such as a maiden or married name)

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle Initial</th>
<th>Last name</th>
<th>Suffix</th>
<th>Name type</th>
<th>Social Security Number</th>
<th>SSN type</th>
<th>Has Jane used any other names or Social Security numbers?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐  No ☐</td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started  Assets  Income  Expenses  Finish&Submit

Before You Begin  People

Alias Information
You've told us that Jane has aliases. Please tell us bit more about this.

Alias Name or Social Security Number (SSN) Details
An alias is any name or Social Security number that a person has used in the past. For example, a maiden or married name or a different Social Security number. Please tell us about the other names or SSNs used by Jane.

Enter names used by Jane in the past. (such as a maiden or married name)

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle Initial</th>
<th>Last name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td></td>
<td>Dow</td>
<td></td>
</tr>
</tbody>
</table>

Name type: Maiden/former married

Enter the Social Security number used in the past:

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>SSN type</th>
</tr>
</thead>
<tbody>
<tr>
<td>123-45-6789</td>
<td>Prior SSN</td>
</tr>
</tbody>
</table>

* Has Jane used any other names or Social Security numbers?
  - Yes
  - No

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Outside the US
You have told us that Josh was outside of country. Please tell us little bit more about this.

Outside the U.S. in Past 30 Days

* Date that this person left the U.S. (mm/dd/yyyy)

Date that this person returned to the U.S. (mm/dd/yyyy)

When complete, click NEXT.
Outside the US

You have told us that Josh was outside of country. Please tell us little bit more about this.

Outside the U.S. in Past 30 Days

- Date that this person left the U.S. (mm/dd/yyyy) 04/24/2018
- Date that this person returned to the U.S. (mm/dd/yyyy) 05/01/2018

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

<table>
<thead>
<tr>
<th>Get Started</th>
<th>Assets</th>
<th>Income</th>
<th>Expenses</th>
<th>Finish&amp;Submit</th>
</tr>
</thead>
</table>

**Before You Begin**

**People**

---

**Outside the US**

You have told us that Jane was outside of country. Please tell us little bit more about this.

**Outside the U.S. in Past 30 Days**

- *Date that this person left the U.S. (mm/dd/yyyy)*
  
- *Date that this person returned to the U.S. (mm/dd/yyyy)*

---

When complete, click NEXT.
Outside the US
You have told us that Jane was outside of country. Please tell us little bit more about this.

Outside the U.S. in Past 30 Days

- Date that this person left the U.S. (mm/dd/yyyy) 04/24/2018
- Date that this person returned to the U.S. (mm/dd/yyyy) 05/01/2018

When complete, click NEXT.
Outside the US
You have told us that John was outside of country. Please tell us a little bit more about this.

Outside the U.S. in Past 30 Days

\* Date that this person left the U.S. (mm/dd/yyyy)

\* Date that this person returned to the U.S. (mm/dd/yyyy)

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150683

Get Started  |  Assets  |  Income  |  Expenses  |  Finish&Submit

Before You Begin  |  People

Outside the US
You have told us that John was outside of country. Please tell us little bit more about this.

Outside the U.S. in Past 30 Days

* Date that this person left the U.S. (mm/dd/yyyy)  |  04/24/2018
Date that this person returned to the U.S. (mm/dd/yyyy)  |  05/01/2018

When complete, click NEXT.
Pregnancy Information
We need to know if anyone in your home is pregnant.

Pregnancy
Please check the box for anyone in your home who is pregnant. Otherwise, check "No One".

- No One
- Jane (31 yrs)

When complete, click NEXT.
Pregnancy Information
We need to know if anyone in your home is pregnant.

Pregnancy

Please check the box for any one in your home who is pregnant. Otherwise, check "No One".

☑ No One
☐

Jane (31 yrs)

When complete, click NEXT.
Other Household Information
Please provide us the following information about your household.

"Renal Dialysis"
Please check the box for anyone who is in renal dialysis. Otherwise, check "No One".

- No One
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)

"School Enrollment"
Please check the box for anyone who is attending school, including college and technical school. Otherwise, check "No One".

- No One
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)

"Fleeing Felon/Probation/Parole violation"
Please check the box for anyone who is fleeing the law due to a felony or probation or parole violation on or after 02/22/1996. Otherwise, check "No One".

- No One
  - John (33 yrs)
  - Jane (31 yrs)

"Drug Trafficking or Trading Food Assistance"
Please check the box for anyone who has been convicted of a drug trafficking felony including agreeing, conspiring, combining, or confederating with another person to commit the act committed after 02/22/1996, or who has been convicted of trading food assistance benefits for drugs, convicted of buying or selling food assistance benefits over $500, or convicted of trading food assistance benefits for guns, ammunition, or explosives. Otherwise, Check "No One".

- No One
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)

"Food/Cash/Medical Assistance Conviction"
Please check the box for anyone who has been convicted of receiving Food, Cash or Medical Assistance in more than one state at the same time on or after 02/22/1996. Otherwise, check "No One".

- No One
  - John (33 yrs)
  - Jane (31 yrs)

"Benefits Received"
Please check the box for anyone who has received Food, Cash or Medical Assistance from another state or source. Otherwise, check "No One".

- No One
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)

"SSI Benefits"
Please check the box for anyone who got SSI Benefits in the past but is not receiving them now. Otherwise, check "No One".

- No One
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)

"Daily Living Assistance"
Please check the box for anyone that needs help with activities of daily living through personal assistance services, a nursing home, or other medical facility. Otherwise, check "No One".

- No One
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)
About Children in Your Home

To help you get access to specialized care, please answer the next three questions for children 20 or younger. Answer “yes” if they have a chronic and serious medical, behavioral, or other medical condition that has lasted or is expected to last at least 12 months and they meet the conditions described in the question.

Please check the box for any child who is limited in any way in ability to do things most children of the same age can do. Otherwise, check “No One”.

- No One

- [ ]

  Josh (3 yrs)

Please check the box for any child who needs special therapy for emotional, developmental or behavioral problems. Otherwise check “No One”.

- No One

- [ ]

  Josh (3 yrs)

Please check the box for any child who needs or uses medical, mental or educational services other than usual for children of the same age. Otherwise check “No One”.

- No One

- [ ]

  Josh (3 yrs)

More Information About Children In Your Home

Please check the box for any child who are current with their immunization(shot) requirements. Otherwise check “No One”.

- No One

- [ ]

  Josh (3 yrs)

Please check the box for any child who would like to get child health check up services. Otherwise, check “No One”.

- No One

- [ ]

  Josh (3 yrs)

Please check the box for any child who has been declared an adult by a judge. Otherwise check “No One”.

- No One

- [ ]

  Josh (3 yrs)

Please check the box for any child who is a foster child. Otherwise check “No One”.

- No One

- [ ]

  Josh (3 yrs)

*Migrant Farm-Worker*

Is anyone in your household a migrant or seasonal farm-worker?  

- Yes

- No

When complete, click NEXT.
About Children in Your Home

To help you get access to specialized care, please answer the next three questions for children 20 or younger. Answer “YES” if they have a chronic and serious medical, behavioral, or other medical condition that has lasted or is expected to last at least 12 months and they meet the conditions described in the question.

Please check the box for any child who is limited in any way in ability to do things most children of the same age can do. Otherwise check “No One”.

☐ No One

![Josh (3 yrs)](image)

Please check the box for any child who needs special therapy for emotional, developmental or behavioral problems. Otherwise check “No One”.

☐ No One

![Josh (3 yrs)](image)

Please check the box for any child who needs or uses medical, mental or educational services other than usual for children of the same age. Otherwise check “No One”.

☐ No One

![Josh (3 yrs)](image)

More Information About Children in Your Home

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☐ No One

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☐ No One

![Josh (3 yrs)](image)

Please check the box for any child who is a foster child. Otherwise check “No One”.

☐ No One

![Josh (3 yrs)](image)

**Migrant Farm-Worker**

Is anyone in your household a migrant or seasonal farm-worker?

☐ Yes  ☐ No

When complete, click NEXT.
School Enrollment

You’ve told us that Jane is enrolled in a school. Please complete the following school enrollment information.

School Enrollment Details

Click here to read or print the Notice of Leave/Enrollment Requirements.

* Please select Jane’s school enrollment status:
  - Full-time
  - Less-than-half
  - Half-time
  - Three-qtrs time

* What is the name of Jane’s school?
  If Jane is home schooled enter “home schooled”.

What is Jane’s school district?

* What is Jane’s school type?
  If attending high school or equivalent, enter the expected graduation date, (mm/dd/yyyy)

If attending an institute of higher learning, is this person participating in a work study program?

What is Jane’s education level?

When complete, click NEXT.
School Enrollment

You've told us that Jane is enrolled in a school. Please complete the following school enrollment information.

School Enrollment Details

Click here to read or print the Notice of Learnfare Requirements.
* Please select Jane's school enrollment status:
  - Full-time
  - Half-Time
  - Less than half
  - Three-quarter time

* What is the name of Jane’s school?
  If Jane is home schooled enter “home schooled”.

What is Jane’s school district?

* What is Jane’s school type?
  If attending high school or equivalent, enter the expected graduation date (mm/dd/yyyy)

If attending an institute of higher learning, is this person participating in a work study program?
  - Yes
  - No

What is Jane’s education level?

When complete, click NEXT.
School Enrollment

You've told us that Jane is enrolled in a school. Please complete the following school enrollment information.

School Enrollment Details

- Click here to read or print the Notice of Learning Requirements.
- Please select Jane's school enrollment status:
  - Full-time
  - Half-time
  - Less-than-half
  - Three-qtrs time

- What is the name of Jane's school?
  If Jane is home-schooled enter "home-schooled".
  DCF University
  Leon

- What is Jane's school district?
  Graduate school

- What is Jane's school type?
  If attending high school or equivalent, enter the expected graduation date (mm/dd/yyyy)
  Yes  No

- What is Jane's education level?
  Awarded Bachelor's Degree

When complete, click NEXT.
### Supplemental Security Income (SSI) Details

You have already given us some information about John. Please provide more information about John.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did John ever get SSI and Social Security benefits at the same time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did John get SSI in the month before getting Social Security benefits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has John been entitled to Social Security widow (widower) benefits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has John been required by Social Security to file for widow (widower) benefits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is John getting Social Security benefits under a parent’s coverage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does John get Social Security benefits due to a change in definition of childhood disability?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did John get SSI benefits prior to age 60?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Supplemental Security Income (SSI) Details

You have already given us some information about John. Please provide more information about John.

- Did John ever get SSI and Social Security benefits at the same time? [ ] Yes [ ] No
- Did John get SSI in the month before getting Social Security benefits? [ ] Yes [ ] No
- Has John been entitled to Social Security widow (widower) benefits? [ ] Yes [ ] No
- Has John been required by Social Security to file for widow (widower) benefits? [ ] Yes [ ] No
- Is John getting Social Security benefits under a parent's coverage? [ ] Yes [ ] No
- Does John get Social Security benefits due to a change in definition of childhood disability? [ ] Yes [ ] No
- Did John get SSI benefits prior to age 60? [ ] Yes [ ] No

When complete, click NEXT.
Discounted Phone Service

Do you want to get a discount of at least $9.25 per month on your phone service from the Lifeline Assistance Program?

If your application is approved, your information can be given to the Public Service Commission (PSC) for automatic enrollment in Florida’s Lifeline Assistance program. All personal information given to PSC will be kept confidential.

- **Yes**
- **No**

* Do you want Lifeline Assistance?
- **Yes**
- **No**

If yes, do you have phone service?
- **Yes**
- **No**

If you have phone service, whose name is the phone bill?
- **No One**
- **Josh (3 yrs)**
- **Jane (31 yrs)**
- **John (33 yrs)**

When complete, click NEXT.
Discounted Phone Service

Do you want to get a discount of at least $0.25 per month on your phone service from the Lifeline Assistance Program?

If your application is approved, your information can be given to the Public Service Commission (PSC) for automatic enrollment in Florida’s Lifeline Assistance program. All personal information given to PSC will be kept confidential.

- Yes
- No
- Already receive Lifeline Assistance.

Do you want Lifeline Assistance?

If yes, do you have phone service?

- Yes
- No

If you have phone service, whose name is the phone bill?

- No One
- [Icons for different individuals]

When complete, click NEXT.
Telephonic Service Provider

You said you wanted a discount on your phone service. Answer these questions so we can make a referral. If your telephone company is not listed in the drop down box, it does not offer Lifeline as this time.

* What is name of your phone company?

* What is your phone number?

Please call your phone company if you have Lifeline questions.

Lifeline is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, disenrollment or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.

A household is not permitted to receive Lifeline benefits from multiple providers.

Violation of the one-per-household limitation constitutes a violation of the Lifeline rules and will result in the subscriber’s disenrollment from the program.

Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

* Is the residential address listed on this application  ○ Permanent  ○ Temporary *(check one)

I certify that:

I will notify my Lifeline provider within 30 days if I no longer participate in a qualifying DOF assistance program, if I receive more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit.

If I move to a new address, I will provide that new address to my Lifeline provider within 30 days;

If I provided a temporary residential address in this application, I will be required to verify my temporary residential address every 90 days with my Lifeline provider;

My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

The information contained in this application is true and correct to the best of my knowledge;

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and,

I acknowledge that I may be required by my Lifeline provider to recertify my continued eligibility for Lifeline at any time, and my failure to recertify as to my continued eligibility will result in disenrollment and the termination of my Lifeline benefits;

I understand that my name, telephone number, and address may be provided to the local telephone company, the appropriate Federal or State agency, or Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying my eligibility and verifying that my household does not receive more than one Lifeline benefit.
Telephonic Service Provider

You said you wanted a discount on your phone service. Answer these questions so we can make a referral. If your telephone company is not listed in the drop down box, it does not offer Lifeline at this time.

* What is name of your phone company? [ACCESS Wireless (Cell phone)]
* What is your phone number? (666) 717-1212

Please call your phone company if you have Lifeline questions.

Lifeline is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, disenrollment or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.

A household is not permitted to receive Lifeline benefits from multiple providers.

Violation of the one-per-household limitation constitutes a violation of the Lifeline rules and will result in the subscriber’s disenrollment from the program.

Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

* Is the residential address listed on this application ⓜ Permanent ⓝ Temporary (check one)

I certify that:

I will notify my Lifeline provider within 30 days if I no longer participate in a qualifying DCP assistance program, if I receive more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit.

If I move to a new address, I will provide that new address to my Lifeline provider within 30 days;

If I provided a temporary residential address in this application, I will be required to verify my temporary residential address every 90 days with my Lifeline provider;

My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

The information contained in this application is true and correct to the best of my knowledge;

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and,

I acknowledge that I may be required by my Lifeline provider to recertify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in disenrollment and the termination of my Lifeline benefits.

I understand that my name, telephone number, and address may be provided to the local telephone company, the appropriate federal or State agency, or Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying my eligibility and verifying that my household does not receive more than one Lifeline benefit.

☐ I certify that I have read and understand.

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started  Assets  Income  Expenses  Finish&Submit

Before You Begin  People

Migrant Details
You have told us that someone in your household is a migrant or seasonal farm-worker. Please provide the information below.

Migrant Details

* Has all of your household income recently stopped?  ○ Yes  ○ No

* Do you have new source of income?  ○ Yes  ○ No

When will you get paid from the new source? (mm/dd/yyyy)

What is the amount you will get from the new source?

When complete, click NEXT.

Previous  Save & Exit  Next
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started | Assets | Income | Expenses | Finish&Submit

Before You Begin

People

Migrant Details

You have told us that someone in your household is a migrant or seasonal farm-worker. Please provide the information below.

Migrant Details

* Has all of your household income recently stopped?  ○ Yes  ○ No

* Do you have new source of income?  ○ Yes  ○ No

When will you get paid from the new source? (mm/dd/yyyy)  05/01/2018

What is the amount you will get from the new source?  $100.00

When complete, click NEXT.
Household Member Summary

Here is a summary of what you’ve told us. If a section below has a checkmark, you have given us all the information we have asked for. You are not required to give all the information before you submit the application.

- If you would like to change your answers, click on the “Change” icon under “Options”.
- If you need to add information for an individual, choose the person’s name from the dropdown box and then click the “Add” button.
- If you would like to remove something, click the “Remove” icon under “Options”.

Once you've reviewed this summary and all the information is correct, click the “Next” button at the bottom of the page.

Review Your Answers: Disability Details

<table>
<thead>
<tr>
<th>Who</th>
<th>Disability Decided?</th>
<th>Denied by SSA?</th>
<th>Denial Date</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josh</td>
<td>Yes</td>
<td>Yes</td>
<td>2/24/2018</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>John</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>Yes</td>
<td>Yes</td>
<td>2/24/2018</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John</td>
<td>Yes</td>
<td>Yes</td>
<td>12/24/2017</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>John</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Review Your Answers: People In Your Home Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Living Arrangement</th>
<th>Citizen</th>
<th>Florida Resident</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Male</td>
<td>01/01/1995</td>
<td>Home/apartment/trailer</td>
<td>Yes</td>
<td>Yes</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>Female</td>
<td>01/01/1997</td>
<td>Home/apartment/trailer</td>
<td>Yes</td>
<td>Yes</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Josh</td>
<td>Male</td>
<td>01/01/2015</td>
<td>Home/apartment/trailer</td>
<td>Yes</td>
<td>Yes</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Rights and Responsibilities reviewed? Yes No

HIPAA statement reviewed? Yes No

Add a Person to the Household

To add another person to the household, click the “Add” button.

Review Your Answers: Alias Name or Social Security Number Details

<table>
<thead>
<tr>
<th>Who</th>
<th>Alias Name</th>
<th>Alias SSN</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Jane Dow</td>
<td>123456789</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add an Alias for a Person

To add another alias for a person, click the “Add” button.

Name: [Click here to choose]
### Review Your Answers: Migrant Details

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>$100.00</td>
<td>![Checkmark]</td>
<td>![Option]</td>
</tr>
</tbody>
</table>

### Review Your Answers: Discounted Phone Service Details

<table>
<thead>
<tr>
<th>Who</th>
<th>Lifetime Assistance</th>
<th>Service Provider</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Yes</td>
<td>ACCESS Wireless (Cell phone)</td>
<td>![Checkmark]</td>
<td>![Option]</td>
</tr>
</tbody>
</table>

### Review Your Answers: Renal Dialysis

Please review your answers for anyone who is in renal dialysis and modify your selection as needed.

- [ ] No One
- ![John (33 yrs)]
- ![Jane (31 yrs)]
- ![Josh (3 yrs)]

### Review Your Answers: Fleeing Felon/Probation/Parole violation

Please review your answers for anyone who is fleeing the law due to felony or probation or parole violation and modify your selection as needed.

- [x] No One
- ![John (33 yrs)]
- ![Jane (31 yrs)]
- ![Josh (3 yrs)]

### Review Your Answers: Benefits Received

Please review your answers for anyone who has received Food, Cash or Medical Assistance from another state and modify your selection as needed.

- [ ] No One
- ![John (33 yrs)]
- ![Jane (31 yrs)]
- ![Josh (3 yrs)]

### Review Your Answers: Daily Living Assistance

Please review your answers for anyone that needs help with activities of daily living through personal assistance services, a nursing home or other medical facility and modify your selection as needed.

- [ ] No One
- ![John (33 yrs)]
- ![Jane (31 yrs)]
- ![Josh (3 yrs)]

### Review Your Answers: Children Related

To help you get access to specialized care, please answer the next three questions for children 20 or younger. Answer "yes" if they have a chronic and serious medical, behavioral, or other medical condition that has lasted or is expected to last at least 12 months and they meet the conditions described in the question.

Please review your answers for any children who are limited in any way in ability to do things most children of the same age can do and modify your selection as needed.

- [x] No One
- ![Josh (3 yrs)]

Please review your answers for any children who need special therapy for emotional, developmental or behavioral problems and modify your selection as needed.
Review Your Answers: Children Related

To help you get access to specialized care, please answer the next three questions for children 20 or younger. Answer "yes" if they have a chronic and serious medical, behavioral, or other medical condition that has lasted or is expected to last at least 12 months and they meet the conditions described in this question.

Please review your answers for any children who are limited in any way in ability to do things most children of the same age can do and modify your selection as needed.

☐ No One

☐ Josh (3 yrs)

Please review your answers for any children who need special therapy for emotional, development or behavioral problems and modify your selection as needed.

☐ No One

☐ Josh (3 yrs)

Please review your answers for any children who need or use medical, mental or educational services than usual for children of the same age and modify your selection as needed.

☐ No One

☐ Josh (3 yrs)

Review Your Answers: More Information About Children in Your Home

Please review your answers for any children who are current with their immunization (shot) requirements and modify your selection as needed.

☐ No One

☐ Josh (3 yrs)

Please review your answers for anyone who is a judge declared an adult and modify your selection as needed.

☐ No One

☐ Josh (3 yrs)

Please check the box for any child who is a foster child. Otherwise check "No One".

☐ No One

☐ Josh (3 yrs)

When complete, click NEXT.
Liquid Assets

Please tell us about the people in your home who have liquid assets. Liquid assets are things like cash, bank accounts (checking or savings accounts), stocks, bonds, retirement accounts, trust funds, mutual funds, pre-paid funeral expenses, or certificates of deposit. Include all amounts even if not yet receiving income from them, continuing care retirement, life care community contracts or any other liquid assets not listed. If someone owns an asset with another person, please check the box for just one owner. Later we'll ask about who also owns the asset.

Note: Please be sure to answer the questions for everyone in your home, even if they are not applying for assistance. Depending on your situation, we may need this information in order to approve you for assistance. If we find that your situation does not require us to use this information, then we won’t use it to determine your eligibility. (Information will not be used to determine Food Assistance eligibility).

**Cash**

Please check the box for anyone who has cash on hand and not in the bank. Otherwise, check “No One”.

- [ ] No One

- [ ] Josh (3 yrs)
- [ ] Jane (31 yrs)
- [ ] John (33 yrs)

**Bank Accounts**

Please check the box for anyone who has a financial account. Otherwise, check “No One”. Bank accounts include checking account, savings account, credit union account or saving certificate accounts.

- [ ] No One

- [ ] Josh (3 yrs)
- [ ] Jane (31 yrs)
- [ ] John (33 yrs)

**Other Liquid Assets**

Please check the box for anyone who owns any other liquid assets. Otherwise, check “No One”. Other liquid assets include stocks, bonds or trust funds, etc.

- [ ] No One

- [ ] Josh (3 yrs)
- [ ] Jane (31 yrs)
- [ ] John (33 yrs)

**Sold, Traded, Given Away or Transferred Assets**

Please check the box for anyone who has sold, given away or transferred an asset in the last five years. If you are only applying for Food Assistance, check the box for anyone who has sold, given away or transferred as asset in the last three months. Otherwise, check “No One”.

- [ ] No One

- [ ] Josh (3 yrs)
- [ ] Jane (31 yrs)
- [ ] John (33 yrs)

**Cash Settlements**

Please check the box for anyone who has received a cash settlement in the last 3 months or is expecting to receive a cash settlement. Otherwise, check “No One”. Settlements are payments received from accidents, insurance claims, inheritance, lottery winnings or any other type of cash payment.

- [ ] No One

- [ ] Josh (3 yrs)
- [ ] Jane (31 yrs)
- [ ] John (33 yrs)

When complete, click NEXT.
**Liquid Assets**

Please tell us about the people in your home who have liquid assets. Liquid assets are things like cash, bank accounts (checking or savings accounts), stocks, bonds, retirement accounts, trust funds, mutual funds, pre-paid funeral expenses, or certificates of deposit. Include all annuities even if not yet receiving income from them, continuing care retirement, life care community contracts or any other liquid assets not listed. If someone owns an asset with another person, please check the box for just one owner. Later we’ll ask about who else owns the asset.

Note: Please be sure to answer the questions for everyone in your home, even if they are not applying for assistance. Depending on your situation, we may need this information in order to approve you for assistance. If we find that your situation does not require us to use this information, then we won’t use it to determine your eligibility. (Information will not be used to determine Food Assistance eligibility).

---

**Cash**

Please check the box for anyone who has cash on hand and not in the bank. Otherwise, check “No One”.

- [ ] No One
  - [x] Josh (3 yrs)
  - [ ] Jane (31 yrs)
  - [ ] John (33 yrs)

---

**Bank Accounts**

Please check the box for anyone who has a financial account. Otherwise, check “No One”. Bank accounts include checking account, savings account, credit union account or savings certificate accounts.

- [ ] No One
  - [ ] Josh (3 yrs)
  - [ ] Jane (31 yrs)
  - [x] John (33 yrs)

---

**Other Liquid Assets**

Please check the box for anyone who owns any other liquid assets. Otherwise, check “No One”. Other liquid assets include stocks, bonds or trust funds, etc.

- [ ] No One
  - [x] Josh (3 yrs)
  - [ ] Jane (31 yrs)
  - [ ] John (33 yrs)

---

**Sold, Traded, Given Away or Transferred Assets**

Please check the box for anyone who has sold, given away or transferred an asset in the last five years. If you are only applying for Food Assistance, check the box for anyone who has sold, given away or transferred as asset in the last three months. Otherwise, check “No One”.

- [ ] No One
  - [ ] Josh (3 yrs)
  - [ ] Jane (31 yrs)
  - [x] John (33 yrs)

---

**Cash Settlements**

Please check the box for anyone who has received a cash settlement in the last 3 months or is expecting to receive a cash settlement. Otherwise, check “No One”. Settlements are payments received from accidents, insurance claims, inheritance, lottery winnings or any other type of cash payment.

- [ ] No One
  - [ ] Josh (3 yrs)
  - [x] Jane (31 yrs)
  - [ ] John (33 yrs)

---

When complete, click NEXT.
More About Jane's Cash Asset

Please tell us more about Jane's cash

Cash

* How much cash does Jane have on hand and not in the bank?

Burial Assets

* Is Jane designating any of this asset for burial?
  - Yes
  - No

  If yes, how much?

Other Owners

* Please select the individual who owns part of this asset with Jane.

  - [ ] Josh (3 yrs)
  - [ ] John (33 yrs)
  - [ ] Someone outside of the home
  - [ ] Not jointly owned with anyone

  If part owner, what percentage does this person own?
More About Jane's Cash Asset
Please tell us more about Jane's cash.

**Cash**

*How much cash does Jane have on hand and not in the bank?* $100.00

**Burial Assets**

*Is Jane designating any of this asset for burial?*

Yes  No

If yes, how much? $50.00

**Other Owners**

*Please select the individual who owns part of this asset with Jane.*

- [ ] Josh (3 yrs)
- [x] John (33 yrs)

- [ ] Someone outside of the home
- [ ] Not jointly owned with anyone

If part owner, what percentage does this person own? 50%
More about John's Bank Account

Please tell us more about John's bank account. If John has more than one account, please enter one at a time.

**Bank Account**

- Type of bank account:
- What is the amount that John has in the account?
  - Name of the bank:
  - Account number if known:

**Burial Assets**

- Is John designating any of this asset for burial?
  - Yes
  - No

**Other Owners**

- Please select the individual who owns part of this asset with John.
  - Male
  - Female

  - Josh (3 yrs)
  - Jane (31 yrs)

- Someone outside of the home
- Not jointly owned with anyone

  - If part owner, what percentage does this person own?

**Does John have any other bank accounts?**

- Yes
- No

When complete, click NEXT.
More about John’s Bank Account
Please tell us more about John’s bank account. If John has more than one account, please enter one at a time.

**Bank Account**

- Type of bank account: Checking account
- What is the amount that John has in the account?: $100.00
  - Name of the bank: DCF Federal
  - Account number if known: 

**Burial Assets**

- Is John designating any of this asset for burial?: Yes
  - If yes, how much?: $50.00

**Other Owners**

- Please select the individual who owns part of this asset with John.
  - [ ] Josh (3 yrs)
  - [x] Jane (31 yrs)
- [ ] Someone outside of the home
- [ ] Not jointly owned with anyone
  - If part owner, what percentage does this person own?: 50%

**Does John have any other bank accounts?**

- [ ] Yes
- [ ] No

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

31% Complete

Get Started  Assets  Income  Expenses  Finish & Submit

Liquid Assets  Other Assets

Other Liquid Assets
Please check the boxes to tell us which types of other assets each person owns. If an asset has more than one owner, you only need to tell us about that asset once. If you need to know more about a type of asset listed below, please click the Help button.

Jane's Liquid Assets

- Burial Contracts
- Medicaid Qualified Trust
- Trust funds
- Christmas Club
- Other Asset
- IRA or Annuity
- Keogh plan
- Stocks or bonds
- Tax Shelter Accounts

Jane (31 yrs)

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started | Assets | Income | Expenses | Finish&Submit
---|---|---|---|---

Liquid Assets | Other Assets

Other Liquid Assets
Please check the boxes to tell us which types of other assets each person owns. If an asset has more than one owner, you only need to tell us about that asset once. If you need to know more about a type of asset listed below, please click the Help button.

* Jane's Liquid Assets

- Burial Contracts
- Medicaid Qualified Trust
- Trust funds
- Christmas Club
- Other Asset
- IRA or Annuity
- Keogh plan
- Stocks or bonds
- Tax Shelter Accounts

Jane (31 yrs)

When complete, click NEXT.
### More about Jane's Other Asset

Please tell us more about Jane’s Other Asset. If Jane has more than one Other Asset, please enter one at a time.

#### Other Asset

* What is the amount of Jane’s Other Asset?
  
  Name of bank or company
  Account number if known:

#### Burial Assets

* Is Jane designating any of this asset for burial?
  
  If yes, how much?

#### Other Owners

* Please select the individual who owns part of this asset with Jane.
  
  - [ ] [ ]
    
    Josh (3 yrs)        John (33 yrs)

  - [ ] Someone outside of the home
  - [ ] Not jointly owned with anyone

  If part owner, what percentage does this person own?

#### Other Asset Account

* Does Jane have any other Other Asset account?
  
  - [ ] Yes
  - [ ] No

When complete, click NEXT.
More about Jane's Other Asset

Please tell us more about Jane's Other Asset. If Jane has more than one Other Asset, please enter one at a time.

Other Asset

* What is the amount of Jane's Other Asset? $100.00
  
  Name of bank or company
  DCF Federal
  
  Account number if known:

Burial Assets

* Is Jane designating any of this asset for burial? Yes
  
  If yes, how much? $50.00

* Other Owners

* Please select the individual who owns part of this asset with Jane.
  
  Josh (3 yrs)
  John (33 yrs)

  * Someone outside of the home
  * Not jointly owned with anyone
  
  If part owner, what percentage does this person own? 50

* Does Jane have any other Other Asset account? Yes
  
When complete, click NEXT
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started | Assets | Income | Expenses | Finish & Submit

- **Liquid Assets**
- **Other Assets**

**More about John's Sold, Traded, Transferred, Given Away Resources**

Please tell us more about the asset that John has sold, transferred, traded or gave away in the last 5 years.

* **Sold, Traded, Transferred, Given Away Resources**

  - What is the type of asset?
  - When was this asset sold, traded, transferred or given away (mm/dd/yyyy)?
  - What was the value of the asset at the time it was sold, given away or transferred?
  - Whom was this asset sold, traded, transferred or given away to?
  - Why was the asset sold, traded, transferred or given away?

* **Did John sell, trade, transfer or give away any other assets?**

  - Yes
  - No

When complete, click NEXT.
## More about John's Sold, Traded, Transferred, Given Away Resources

Please tell us more about the asset that John has sold, transferred, traded or gave away in the last 5 years.

### Sold, Traded, Transferred, Given Away Resources

- **What is the type of asset?**
  - Vehicles
  - Vehicles

- **When was this asset sold, traded, transferred or given away (mm/dd/yyyy)?**
  - 04/24/2018

- **What was the value of the asset at the time it was sold, given away or transferred?**
  - $5000.00

- **Whom was this asset sold, traded, transferred or given away to?**
  - Neighbor

- **Why was the asset sold, traded, transferred or given away?**
  - No longer needed it

- **Did John sell, trade, transfer or give away any other assets?**
  - Yes

When complete, click NEXT.
More about John’s Sold, Traded, Transferred, Given Away Resources

Please tell us more about the asset that John has sold, transferred, traded or gave away in the last 5 years.

Sold, Traded, Transferred, Given Away Resources

* What is the type of asset?
* When was this asset sold, traded, transferred or given away (mm/dd/yyyy)?
* What was the value of the asset at the time it was sold, given away or transferred?
* Whom was this asset sold, traded, transferred or given away to?
* Why was the asset sold, traded, transferred or given away?

* Did John sell, trade, transfer or give away any other assets?

When complete, click NEXT.
More about John's Sold, Traded, Transferred, Given Away Resources

Please tell us more about the asset that John has sold, transferred, traded or gave away in the last 5 years.

**Sold, Traded, Transferred, Given Away Resources**

- What is the type of asset?
- When was this asset sold, traded, transferred or given away (mm/dd/yyyy)?
- What was the value of the asset at the time it was sold, given away or transferred?
- Whom was this asset sold, traded, transferred or given away to?
- Why was the asset sold, traded, transferred or given away?

**Did John sell, trade, transfer or give away any other assets?**

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Cash Settlements
Please check the boxes to tell us which types of cash settlement payments each person received or is expecting to receive. If an asset has more than one owner, you only need to tell us about that asset once.

*Jane Cash Settlements

- Benefits
- Child Support
- Inheritance
- Lottery
- Other
- Law Suit

Jane (31 yrs)

When complete, click NEXT.
Cash Settlements

Please check the boxes to tell us which types of cash settlement payments each person received or is expecting to receive. If an asset has more than one owner, you only need to tell us about that asset once.

**Jane Cash Settlements**

- Benefits
- Lottery
- Child Support
- Other
- Inheritance
- Law Suit

Jane (31 yrs)

When complete, click NEXT.
More about Jane's Inheritance Settlement

Please tell us more about Jane's Inheritance Settlement. If Jane has more than one Inheritance settlement, please enter one at a time.

Inheritance Cash Settlements

* What is the status of the Jane's Inheritance settlement? ○ Expected ○ Received

What is the amount of Inheritance settlement Jane received or is expecting to receive? If unknown, leave blank.

What is the date Jane received or is expecting to receive the Inheritance settlement (mm/dd/yyyy)? If you do not know the exact date, give us your best guess.

* Is the settlement payment from personal injury or wrongful death claim? ○ Yes ○ No

Burial Assets

* Is Jane designating any of this asset for burial? ○ Yes ○ No

If yes, how much?

* Does Jane have any other Inheritance settlement? ○ Yes ○ No

When complete, click NEXT.
More about Jane’s Inheritance Settlement

Please tell us more about Jane’s Inheritance Settlement. If Jane has more than one Inheritance settlement, please enter one at a time.

Inheritance Cash Settlements

* What is the status of the Jane’s Inheritance settlement?
  ○ Expected  ○ Received

  What is the amount of Inheritance settlement Jane received or is expecting to be receive? If unknown, leave blank:
  $1000.00

* What is the date Jane received or is expecting to receive the Inheritance settlement (mm/dd/yyyy)? If you do not know the exact date, give us your best guess.
  12/24/2018

* Is the settlement payment from personal injury or wrongful death claim?
  ○ Yes  ○ No

Burial Assets

* Is Jane designating any of this asset for burial?
  ○ Yes  ○ No

  If yes, how much?
  $50.00

* Does Jane have any other Inheritance settlement?
  ○ Yes  ○ No

When complete, click NEXT.
Release of Financial Information

Please provide the information below.

---

Release of Financial Information

Individuals requesting Medicaid on the basis of age 65 or older, blindness or disability must give the Department of Children and Families (DCF) permission to request financial records from financial institutions such as a bank, savings and loan or credit union and can grant permission electronically.

Parents of children under age 18 and spouses whose assets are required to be evaluated during the eligibility determination process for the aged, blind or disabled Medicaid programs must also give DCF their permission to request financial records from financial institutions. These individuals must sign the form CF-ES 2613 and return it to the Department.

Eligibility for benefits cannot be determined if all individuals whose assets are required to be reviewed fails to give permission or revokes permission without good cause. Proof of good cause must be provided to evaluate this exception.

By giving permission, the individual acknowledges that they grant permission and authorize any bank, building association, employer, insurance company, real estate company, government agency, or any financial institution of any kind or character to disclose to any agent of the Department of Children and Families full information as to their bank accounts, earnings, insurance policies, property or benefits.

---

The Applicant, or Designated Representative who has legal authority, or Power of Attorney, or Guardianship must make a selection.

Individual requesting assistance:
- I give permission for DCF to request my financial records.
- I do not give permission for DCF to request my financial records.
- I request a good cause exception from DCF not to request my financial records.
- I do not have legal authority to give permission for DCF to request the applicant's financial records.

If you are a spouse or representative of an individual requesting assistance and do not have legal authority, or Power of Attorney, or Guardianship, please click on the link below, print the form, have it signed by the individual and return the form to the Department.

Click the link below to print the form CF-ES 2613

When complete, click NEXT.
Release of Financial Information

Please provide the information below.

- **Release of Financial Information**

  Individuals requesting Medicaid on the basis of age 65 or older, blindness or disability must give the Department of Children and Families (DCF) permission to request financial records from financial institutions such as a bank, savings and loan or credit union and can grant permission electronically.

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  Eligibility for benefits cannot be determined if all individuals whose assets are required to be reviewed fails to give permission or revokes permission without good cause. Proof of good cause must be provided to evaluate this exception.

  By giving permission, the individual acknowledges that they grant permission and authorize any bank, building association, employer, insurance company, real estate company, government agency or any financial institution of any kind or character to disclose to any agent of the Department of Children and Families full information as to their bank accounts, earnings, insurance policies, property or benefits.

---

**The Applicant, or Designated Representative who has legal authority, or Power of Attorney, or Guardianship must make a selection.**

Individual requesting assistance:

- I give permission for DCF to request my financial records.
- I do not give permission for DCF to request my financial records.
- I request a good cause exception from DCF not to request my financial records.
- I do not have legal authority to give permission for DCF to request the applicant's financial records.

If you are a spouse or representative of an individual requesting assistance and do not have legal authority, or Power of Attorney, or Guardianship, please click on the link below, print the form, have it signed by the individual and return the form to the Department.

[Click the link below to print the form CF-ES 2613](#)

When complete, click NEXT.
Before you click “Next” to move on to the other changes, please take a look at this page to make sure everything is correct.

If you need to make a change, click on the “Change” link under “Options.”

If you need to add information for an individual, choose the person’s name from the drop-down box and then click the “Add” button.

If you would like to remove something, click the “Remove” link under “Options.”

Once you have reviewed this summary and all the information is correct, click the “Next” button at the bottom of the page.

### Review Your Answers: Cash

<table>
<thead>
<tr>
<th>Who</th>
<th>Amount</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>100.00</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Add a Person Who Has Cash**

To add a person in your household who has cash, please choose their name. Then click the “Add” button.

Name:

- [Click here to choose]

### Review Your Answers: Bank Accounts

<table>
<thead>
<tr>
<th>Who</th>
<th>Account Type</th>
<th>Amount</th>
<th>Bank/Company Name</th>
<th>Account Number</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Checking account</td>
<td>100.00</td>
<td>DCF Federal</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**Add a Person Who Has a Bank Account**

To add a person in your household who has a bank account, please choose their name. Then click the “Add” button.

Name:

- [Click here to choose]

### Review Your Answers: Other Liquid Assets

<table>
<thead>
<tr>
<th>Who</th>
<th>Account Type</th>
<th>Amount</th>
<th>Bank/Company Name</th>
<th>Account Number</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Other Asset</td>
<td>100.00</td>
<td>DCF Federal</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**Add Other Liquid Asset**

To add a person in your household who has cash, please choose their name. Then click the “Add” button.

**Name:**

- [Click here to choose]

**Type:**

- [Click here to choose]

ADD

### Review Your Answers: Sold, Traded, Transferred or Given Away Assets

<table>
<thead>
<tr>
<th>Owner</th>
<th>Value</th>
<th>Amount Received</th>
<th>Reason for transfer</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Vehicles</td>
<td>5000.00</td>
<td>No longer needed it</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Add Another Transaction**

If someone else sold, traded, transferred or gave away another asset, please select the person. Then click the “Add” button.

**Name:**

- [Click here to choose]
**Review Your Answers: Cash Settlements**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Asset Type</th>
<th>Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Inheritance</td>
<td>10000.00</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Jane (31 yrs)

**Add a Cash Settlement**

If someone else in your home has cash settlements, please choose the name of the owner and type of cash settlement. Then click the "Add" button.

**Review Your Answers: Release of Financial Information**

<table>
<thead>
<tr>
<th>Release of Financial Information</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Other Assets

Please tell us about the people in your home who have other kinds of assets. If someone owns an asset with another person, please check the box for just one owner. Later we’ll ask about who else owns the asset.

Note: Please be sure to answer the questions for everyone in your home, even if they are not applying for assistance. Depending on your situation, we may need this information in order to approve you for assistance. If we find that your situation does not require us to use this information, then we won’t use it to determine your eligibility.

*Life Insurance

Please check the box for anyone who owns a life insurance policy that has cash value. Otherwise, check "No One".

☐ No One

Josh (3 yrs) □ Jane (31 yrs) □ John (33 yrs)

*Vehicles

Please check the box for anyone who owns or co-owns a vehicle. By vehicles, we mean licensed and unlicensed vehicles such as cars, trucks, vans, motorboats, motor homes, recreational vehicles, or motorcycles/scooters etc. Otherwise, check "No One".

☐ No One

Josh (3 yrs) □ Jane (31 yrs) □ John (33 yrs)

*Real Estate

Please check the box for anyone who owns all or part of any property. By property, we means homestead, property, inherited property, vacant lot, timeshare, rental property, burial plots or any other property asset. Otherwise, check "No One".

☐ No One

Josh (3 yrs) □ Jane (31 yrs) □ John (33 yrs)

*Business Assets

Please check the box for anyone who owns all or part of business assets. Otherwise, check "No One".

☐ No One

Josh (3 yrs) □ Jane (31 yrs) □ John (33 yrs)

When complete, click NEXT.
**Other Assets**

Please tell us about the people in your home who have other kinds of assets. If someone owns an asset with another person, please check the box for just one owner. Later we'll ask about who else owns the asset.

Note: Please be sure to answer the questions for everyone in your home, even if they are not applying for assistance. Depending on your situation, we may need this information in order to approve you for assistance. If we find that your situation does not require us to use this information, then we won’t use it to determine your eligibility.

**Life Insurance**

- Please check the box for anyone who owns a life insurance policy that has cash value. Otherwise, check "No One".
  - [ ] No One
  - [ ] [ ] [ ]
  - Josh (3 yrs) Jane (31 yrs) John (32 yrs)

**Vehicles**

- Please check the box for anyone who owns or co-owns a vehicle. By vehicles, we mean licensed and unlicensed vehicles such as cars, trucks, vans, motorcycles, motor homes, recreational vehicles, or motorcycles/mopeds etc. Otherwise, check "No One".
  - [ ] No One
  - [ ] [ ] [ ]
  - Josh (3 yrs) Jane (31 yrs) John (33 yrs)

**Real Estate**

- Please check the box for anyone who owns all or part of any property. By property, we mean homestead property, inherited property, vacant lot, timeshare, rental property, burial plots or any other property asset. Otherwise, check "No One".
  - [ ] No One
  - [ ] [ ] [ ]
  - Josh (3 yrs) Jane (31 yrs) John (33 yrs)

**Business Assets**

- Please check the box for anyone who owns all or part of business assets. Otherwise, check "No One".
  - [ ] No One
  - [ ] [ ] [ ]
  - Josh (3 yrs) Jane (31 yrs) John (33 yrs)

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started Assets Income Expenses Finish&Submit

Liquid Assets Other Assets

Life Insurance

Please check the box to tell us what kind of life insurance each person has. If you aren't sure, please click the Help button to read more about each type of life insurance. If an asset has more than one owner, you only need to tell us about that asset once.

John's Life Insurance

☐ Group
☐ Term
☐ Whole Life

☐ Group/Term Policy
☐ Universal

John (33 yrs)

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Life Insurance
Please check the box to tell us what kind of life insurance each person has. If you aren't sure, please click the Help button to read more about each type of life insurance. If an asset has more than one owner, you only need to tell us about that asset once.

John's Life Insurance

- Group
- Term
- Whole Life
- Group/Term Policy
- Universal

When complete, click NEXT.
More About John's Life Insurance

You have told us that John has Life Insurance. Please answer the questions below to let us more about this Life Insurance.

**John Group Life Insurance**

Please tell us more about John's Group life policy.

* What is the face value of this Group life policy? By face value, we mean the minimum benefit that will be paid out upon John's death. In most cases, this is the amount written on the policy.
  
  
  
  * What is the cash surrender value of this Group life policy? By cash surrender value, we mean the amount John would get if John canceled the policy.
  
  
  
  * What is the policy number?
  
  
  
  * What is the loan amount?
  
  
  
  What date was John's Term acquired?
  

**Insurance Company**

Please tell us more about John's insurance company.

Name: 

Address Line 1: 

Address Line 2: 

City: 

State: <Click here to choose> 

Zip: 

**Burial Assets**

* Is John designating any of this asset for burial? 
  
  Yes  
  No

If yes, how much?

* Does John have another Life Insurance policy? 
  
  Yes  
  No

When complete, click NEXT.
### John Group Life Insurance

Please tell us more about John’s Group life policy.

1. What is the face value of the Group life policy? By face value, we mean the minimum benefit that will be paid out upon John’s death. In most cases, this is the amount written on the policy. **$50,000.00**

2. What is the cash surrender value of this Group life policy? By cash surrender value, we mean the amount John would get if John canceled the policy. **$25,000.00**

3. What is the policy number? **12345678**

4. What is the loan amount? **$0.00**

5. What date was John’s Term acquired? **mm/dd/yyyy**

---

### Insurance Company

Please tell us more about John’s insurance company.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>CIF Life Insurance</td>
</tr>
<tr>
<td>Address line 1</td>
<td>1317 Winewood Blvd</td>
</tr>
<tr>
<td>Address line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Tallahassee</td>
</tr>
<tr>
<td>State</td>
<td>Florida</td>
</tr>
<tr>
<td>Zip</td>
<td>32309</td>
</tr>
</tbody>
</table>

---

### Burial Assets

1. Is John designating any of this asset for burial? **Yes**

2. If yes, how much? **$25,000.00**

3. Does John have another Life insurance policy? **No**

When complete, click NEXT.
**Vehicles**

Please check the boxes to tell us which types of vehicles each person owns. If a asset has more than one owner, you only need to tell us about that asset once.

<table>
<thead>
<tr>
<th>Jane's Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane (31 yrs)</td>
</tr>
<tr>
<td>- Airplane</td>
</tr>
<tr>
<td>- Bus</td>
</tr>
<tr>
<td>- Other</td>
</tr>
<tr>
<td>- Truck</td>
</tr>
<tr>
<td>- Animal Drawn Vehicle</td>
</tr>
<tr>
<td>- Camper (Not Home)</td>
</tr>
<tr>
<td>- Recreational Vehicle</td>
</tr>
</tbody>
</table>

- Automobile
- Moped
- Snowmobile
- Boat
- Motorcycle
- Trailer

When complete, click NEXT.
Vehicles

Please check the boxes to tell us which types of vehicles each person owns. If a asset has more than one owner, you only need to tell us about that asset once.

*Jane's Vehicles

- [ ] Airplane
- [ ] Bus
- [ ] Camper (Not Home)
- [ ] Recreational Vehicle
- [ ] Van
- [x] Automobile
- [ ] Moped
- [ ] Snowmobile
- [ ] Boat
- [ ] Motorcycle
- [ ] Trailer

Jane (31 yrs)

When complete, click NEXT.
More About Jane’s Vehicle.

You have told us that Jane has a Vehicle. Please answer the questions below to tell us more about this Vehicle.

**Jane’s Automobile**

Please tell us more about Jane’s Automobile

* Year: [ ] Ex: 2023

Make: [ ]

Model: [ ]

* Does this Automobile have a current tag?

Yes [ ] No [ ]

What is the amount owed by Jane?

What is the Fair market value of the Jane’s Automobile?

Does Jane have access to and use of this Automobile?

Yes [ ] No [ ]

* How is this Automobile used?

[ ]

**Other Owners**

Please select for anyone who owns the Automobile with Jane

[ ]

Josh (3 yrs)

John (33 yrs)

[ ] Someone outside of the home

[ ] Not jointly owned with anyone

If part owner, what percentage does this person own?

[ ]

* Does Jane have another Vehicle?

Yes [ ] No [ ]

When complete, click NEXT.
More About Jane's Vehicle.

You have told us that Jane has a vehicle. Please answer the questions below to tell us more about this vehicle.

Jane's Automobile

Please tell us more about Jane's Automobile

- **Year**
  - 2015

- **Make**
  - Toyota

- **Model**
  - Camry

- **Does this automobile have a current tag?**
  - Yes

- **What is the amount owed by Jane?**

- **What is the fair market value of the Jane's automobile?**

- **Does Jane have access to and use of this automobile?**
  - Yes

How is this automobile used?

- Employment/Training or School Transportation

Other Owners

Please select for anyone who owns the automobile with Jane

- Josh (3 yrs)
- John (23 yrs)

- Someone outside of the home
- Not jointly owned with anyone

If part owner, what percentage does this person own?

- **Yes**
- **No**

* Does Jane have another vehicle?

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started | Assets | Income | Expenses | Finish & Submit

Liquid Assets | Other Assets

Real Estate
Please check the boxes to tell us the type of real estate that each person owns. If a asset has more than one owner, you only need to tell us about that asset once.

John's Real Estate

- [ ] Burial Plot/Cemetery Lot
- [ ] Holding Mortgage
- [ ] Improved / Producing income-FMV
- [ ] Personal Property (other)
- [ ] Cemetery Lots
- [ ] Homestead Property
- [ ] Other non income producing property
- [ ] Unimproved / Income producing farm

John (33 yrs)

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: B00150685

Get Started | Assets | Income | Expenses | Finish & Submit

---

Liquid Assets | Other Assets

Real Estate

Please check the boxes to tell us the type of real estate that each person owns. If an asset has more than one owner, you only need to tell us about that asset once.

John's Real Estate

- Burial Plot/Cemetery Lot
- Holding Mortgage
- Improved / Producing Income-FMV
- Personal Property (other)

- Cemetery Lots
- Homestead Property
- Other non-income producing property
- Unimproved / Income producing farm

When complete, click NEXT.
More About John's Holding Mortgage

Holding Mortgage

- What is the market value of John's Holding Mortgage?
- How much does John owe on this Holding Mortgage?
- Does John have access to and use of this Holding Mortgage?
  - Yes  
  - No

Property Address

- Address Line 1: 
- Address Line 2: 
- City: 
- State: 
- Zip: 

Other Owners

- Please select the individual who owns this Holding Mortgage with John.
  - Josh (3 yrs)
  - Jane (31 yrs)

- Is someone outside of the home?
- Not jointly owned with anyone

Burial Resources

- Does John have other real estate?
  - Yes  
  - No

Burial Resources

- Is John designating any asset for burial?
- If yes, how much?
**More About John's Holding Mortgage**

**Holding Mortgage**

- **What is the market value of John's Holding Mortgage?**
  - $100,000.00

- **How much does John owe on this Holding Mortgage?**
  - $50,000.00

- **Does John have access to and use of the Holding Mortgage?**
  - Yes [ ]
  - No [ ]

- Please check all boxes that apply to this Holding Mortgage:
  - Income Producing [ ]
  - For sale with a signed sales agreement [ ]
  - Life Estate [ ]
  - Under Construction or Repair [ ]
  - Produces Crops or Livestock for Home use [ ]

**Burial Resources**

- **Is John designating any of this asset for burial?**
  - Yes [ ]
  - No [ ]

- If yes, how much?
  - 50.00

**Other Owners**

- **Please select the individual who owns this Holding Mortgage with John.**
  - [ ] Male
  - [ ] Female

  - Josh (3 yrs)
  - Jane (31 yrs)

- **Someone outside of the home**
  - [ ]

- **Not jointly owned with anyone**
  - [ ]

- If part owner, what percentage does this person own?
  - [ ]
Hello, JANE. Your ACCESS Online number is: 800150085

Get Started | Assets | Income | Expenses | Finish & Submit

Liquid Assets | Other Assets

Additional Real Estate Details

Please provide more information about the property located at:
123 George St

*Mortgage Holder Name

Address line 1
Address line 2
City
State
Zip

When complete, click NEXT.

Previous | Save & Exit | Next
**Additional Real Estate Details**

Please provide more information about the property located at:
123 George St

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage Holder Name</td>
<td>John Doe</td>
</tr>
<tr>
<td>Address line 1</td>
<td>123 George St</td>
</tr>
<tr>
<td>Address line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Tallahassee</td>
</tr>
<tr>
<td>State</td>
<td>Florida</td>
</tr>
<tr>
<td>Zip</td>
<td>32303</td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Business Asset

Please check the boxes to tell us which types of business assets each person owns. Business assets include machinery, livestock, supplies and inventory. If an asset has more than one owner, you only need to tell us about that asset once.

* Jane's Business Assets

- Bank Account
- Farming/Live Stock
- Office Supplies and Machinery
- Restaurant or Food Service
- Beauty Supply & Personal Services
- Mechanical/Construction
- Other

Jane (31 yrs)

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started     Assets     Income     Expenses     Finish&Submit

Liquid Assets   Other Assets

Business Asset
Please check the boxes to tell us which types of business assets each person owns. Business assets include machinery, livestock, supplies and inventory. If an asset has more than one owner, you only need to tell us about that asset once.

Jane's Business Assets

Jane (31 yrs)

☐ Bank Account
☐ Farming/Live Stock
☐ Office Supplies and Machinery
☒ Restaurant or Food Service
☐ Beauty Supply & Personal Services
☐ Mechanical/Construction
☐ Other

When complete, click NEXT.
More About Jane's Restaurant Or Food Service

Please tell us more about Jane's Restaurant Or Food Service.

**Asset Value**

* What is the value of Jane's Restaurant Or Food Service? 

**Other Owners**

* Please select the individual who owns this Restaurant Or Food Service with Jane.
  
  - [ ] Josh (3 yrs)
  - [ ] John (33 yrs)
  - [ ] Someone outside of the home
  - [ ] Not jointly owned with anyone

  If part owner, what percentage does this person own? 

**Does Jane have another Restaurant Or Food Service?**

- [ ] Yes
- [ ] No

When complete, click NEXT.
More About Jane's Restaurant Or Food Service

Please tell us more about Jane's Restaurant Or Food Service.

Asset Value

*What is the value of Jane's Restaurant Or Food Service? $3,000.00

Other Owners

* Please select the individual who owns this Restaurant Or Food Service with Jane.

☐ [ ] Josh (3 yrs)

☐ [ ] John (33 yrs)

☐ Someone outside of the home

☐ Not jointly owned with anyone

If part owner, what percentage does this person own? 50

*Does Jane have another Restaurant Or Food Service?

☐ Yes  ☐ No

When complete, click NEXT.
Other Assets Summary

Here is a summary of what you’ve told us. If a section below has a check mark, you have given us all of the information we have asked for. You are not required to give all information before you submit the application.

- If you would like to change your answers, click on “Change” icon under “Options”.
- If you need to add information for an individual, choose the person’s name and the type of asset from the drop down boxes and then click “Add” button.
- If you would like to remove something, click the “Remove” icon under “Options”.

Once you have reviewed the summary and all the information is correct, click the “Next” button at the bottom of the page.

Review Your Answers: Life Insurance

<table>
<thead>
<tr>
<th>Owner</th>
<th>Policy Type</th>
<th>Policy Number</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Group</td>
<td>12345678</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Add Life Insurance

If someone else in your home owns a life insurance policy, please choose the name of the owner and the type of policy. Then click the “Add” button.

Name: [Click here to choose]  Type: [Click here to choose]  ADD +

Review Your Answers: Business Assets

<table>
<thead>
<tr>
<th>Owner</th>
<th>Type</th>
<th>Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Restaurant or Food Service</td>
<td>3000.00</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Add Business Assets

If someone else in your home owns a business asset, please choose the name of the owner and the type of business asset. Then click the “Add” button.

Name: [Click here to choose]  Type: [Click here to choose]  ADD +

Review Your Answers: Vehicles

<table>
<thead>
<tr>
<th>Owner</th>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>2015</td>
<td>Toyota</td>
<td>Camry</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Add Vehicles

If someone in your home has a vehicle, please choose the name of the owner and type of vehicle. Then click the “Add” button.

Name: [Click here to choose]  Type: [Click here to choose]  ADD +

Review Your Answers: Real Estate

<table>
<thead>
<tr>
<th>Owner</th>
<th>Type</th>
<th>Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Holding Mortgage</td>
<td>10000.00</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Add Real Estate

If someone in your home owns real estate, please choose the name of the owner and type of real estate. Then click the “Add” button.

Name: [Click here to choose]  Type: [Click here to choose]  ADD +
**Current/New Job**

- Please check the box for anyone who is currently employed or is expected to start working. Do not check the box if they are paid only with goods and services. Otherwise, check "No One".
  - [ ] John (33 yrs)
  - [ ] Jane (31 yrs)
  - [ ] Josh (3 yrs)

**Past Jobs**

- Please check the box for anyone who has stopped working in the last 60 days. Otherwise, check "No One".
  - [ ] John (33 yrs)
  - [ ] Jane (31 yrs)
  - [ ] Josh (3 yrs)

**Self Employment**

- Please check the box for anyone who is self-employed. Otherwise, check "No One".
  - [ ] John (33 yrs)
  - [ ] Jane (31 yrs)
  - [ ] Josh (3 yrs)

**Room and Board**

- Please check the box for anyone who receives payments for room and board. Otherwise, check "No One". Roommates live in your home and pay for a room. Boarders live in your home and pay for a room and meals.
  - [ ] John (33 yrs)
  - [ ] Jane (31 yrs)
  - [ ] Josh (3 yrs)

**Refused Jobs**

- Please check the box for anyone who has refused a job in the last 60 days. Otherwise, check "No One".
  - [ ] John (33 yrs)
  - [ ] Jane (31 yrs)
  - [ ] Josh (3 yrs)

If anyone refused a job in the past 60 days, enter the reason. (Maximum 500 characters)

No one to watch child while working

You have 465 characters remaining for your decision

**On Strike**

- Please check the box for anyone who is on strike. Otherwise, check "No One".
  - [ ] John (33 yrs)
  - [ ] Jane (31 yrs)
  - [ ] Josh (3 yrs)

If anyone is on strike, enter the date the strike began (mm/dd/yyyy)

[ ] No One

[ ] 01/01/2016

When complete, click NEXT.
More About John's Job

You have told us that John has a job or is expected to start a job. Please answer the questions below to tell us more about this job. Also enter any Work Study Income. You will be required to provide pay stubs for the last 4 weeks or have your employer complete the Employment Verification Form below.

**Employer**

* Name of Employer: __________________________

* Address Line 1: ____________________________

* Address Line 2: ____________________________

* City: __________________ State: ___________

* Zip Code: __________________

* Employer Phone: __________________________

* When did John start this job? _________ (mm/dd/yyyy)

Please enter additional comments about employment. (Maximum 500 characters)

You have 500 characters remaining on your description.

**Pay Details**

* How often does John get paid? This is John's pay period: ________

* How many hours does John work a month? _____________________

* What is John's average paycheck amount before any deductions? ________

Please enter additional comments about John's job. If you choose other for John's pay period, explain how often John gets paid.

You have 500 characters remaining on your description.

**Tip or Commission Pay**

If John gets any other pay, such as tips or commission, that is not included in the pay check, please enter the amount received next to the type of pay.

<table>
<thead>
<tr>
<th>Type of pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tips</td>
<td></td>
</tr>
<tr>
<td>Commission</td>
<td></td>
</tr>
</tbody>
</table>

* Does John have income from any other jobs?  

| Yes | No |

When complete, click NEXT.
Employer

* Name of Employer: John Doe

Employer Address:

Address Line 1: 1111 Pine Tree

Address Line 2: 

City: Tallahassee

State: Florida

Zip Code: 32303

Employer Phone: (850) 523-6337

* When did John start this job? 6/19/2000 (mm/dd/yyyy)

Please enter additional comments about employment. (Maximum 500 characters)

You have 500 characters remaining of your description.

Pay Details

* How often does John get paid? This is John's pay period. Every Other Week

* How many hours does John work a month? 100

* What is John's average paycheck amount before any deductions? $3000.00

Please enter additional comments about John's job. If you choose other for John's pay period, explain how often John gets paid.

You have 500 characters remaining of your description.

Tip or Commission Pay

If John gets any other pay, such as tips or commission, that is not included in the pay check, please enter the amount received next to the type of pay.

<table>
<thead>
<tr>
<th>Type of pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tips</td>
<td></td>
</tr>
<tr>
<td>Commission</td>
<td></td>
</tr>
</tbody>
</table>

* Does John have income from any other jobs?

When complete, click NEXT.
More About Jane's Past Job

You have told us that Jane has stopped working in the last 60 days. Please answer the questions below to tell us more about this past job. You will be required to provide pay stubs for the last 4 weeks or have the previous employer complete the employment verification form.

Click here to read or print the Income Verification Form.

**Employer**

* Name of Employer: 

**Employer Address:**

Address Line 1: 

Address Line 2: 

City: 

State: <Click here to choose> 

Zip Code: 

**Employer Phone:** 

* When did Jane start this job? (mm/dd/yyyy) 

Please enter additional comments about employment (Maximum 500 characters) 

You have 500 characters remaining on your description.

**Job End Details**

* When did this job end? (mm/dd/yyyy) 

* What is the date of Jane's final pay check? (mm/dd/yyyy) 

* What is the gross amount before deductions that Jane will receive this month? 

* What is the gross amount before deductions that Jane will receive next month? 

**Pay Details**

* How often does Jane get paid? This is Jane's pay period. <Click here to choose> 

* How many hours does Jane work a day? 

* What is Jane's gross pay check amount before any deductions? 

Please enter additional comments about Jane's job. If you choose other for Jane's pay period, explain how often Jane gets paid.

You have 500 characters remaining on your description.

**Tip or Commission Pay**

If Jane gets any other pay, such as tips or commission, that is not included in the pay check, please enter the amount received next to the type of pay.

<table>
<thead>
<tr>
<th>Type of pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tips</td>
<td></td>
</tr>
<tr>
<td>Commission</td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
More About Jane’s Past Job

You have told us that Jane has stopped working in the last 60 days. Please answer the questions below to tell us more about this past job. You will be required to provide pay stubs for the last 4 weeks or have the previous employer complete the employment verification form.

**Employer**

* Name of Employer: DCF Daycare

Employer Address:
- Address Line 1: 1517 Winewood Blvd
- Address Line 2: 

City: Lakeland State: Florida Zip Code: 33809

Employer Phone: (850) 771-2222

* When did Jane start this job? 01/01/2017

Please enter additional comments about employment (Maximum 500 characters):

You have 500 characters remaining on your description.

**Job End Details**

* When did this job end? 04/01/2018

* What is the date of Jane’s final pay check? 04/15/2018

* What is the gross amount before deductions that Jane will receive this month? $1000.00

* What is the gross amount before deductions that Jane will receive next month? $1000.00

* Does Jane have any other job income that ended in the past 60 days? [ ] Yes [ ] No

When complete, click NEXT.

**Pay Details**

* How often does Jane get paid? This is Jane’s pay period. [ ] Every Other Week

* How many hours does Jane work a day? 

* What is Jane’s gross paycheque amount before any deductions? $1000.00

Please enter additional comments about Jane’s job. If you choose other for Jane’s pay period, explain how often Jane gets paid.

You have 500 characters remaining on your description.

**Tip or Commission Pay**

If Jane gets any other pay, such as tips or commission, that is not included in the pay check, please enter the amount received next to the type of pay.

<table>
<thead>
<tr>
<th>Type of pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tips</td>
<td></td>
</tr>
<tr>
<td>Commission</td>
<td></td>
</tr>
</tbody>
</table>
More About John's Self Employment

You have told us that John is self employed. Please answer the questions below to tell us more about this self-employment.

**Self Employment**

* What type of self-employment does John have? 

* How many hours a month is John self-employed? 

* Is this income coming from farming? ○ Yes ○ No

**Income & Expenses**

Please choose at least one income or expense type.

<table>
<thead>
<tr>
<th>Type of Income/Expense</th>
<th>Amount of Monthly Income or Expense</th>
</tr>
</thead>
</table>

* Does John have any other self employment? ○ Yes ○ No

When complete, click NEXT.
More About John's Self Employment

You have told us that John is self-employed. Please answer the questions below to tell us more about this self-employment.

**Self Employment**

* What type of self-employment does John have?  
  Food Service

* How many hours a month is John self-employed?  
  100

* Is this income coming from farming?  
  Yes □  No □

**Income & Expenses**

Please choose at least one income or expense type.

<table>
<thead>
<tr>
<th>Type of Income/Expense</th>
<th>Amount of Monthly Income or Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income-Other Income</td>
<td>$1000.00</td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td>&lt;Click here to choose&gt;</td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td>&lt;Click here to choose&gt;</td>
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<td>&lt;Click here to choose&gt;</td>
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<td>&lt;Click here to choose&gt;</td>
<td>&lt;Click here to choose&gt;</td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td>&lt;Click here to choose&gt;</td>
</tr>
</tbody>
</table>

* Does John have any other self employment?  
  Yes □  No □

When complete, click NEXT.
More About Jane's Room and Board Income

A roomer is an individual who lives in your home and pays rent for room. A boarder is an individual who rents a room and pays you for meals.

Room and Board Details

You have told us that Jane has income from room and board. Please answer the question below to tell us more about this income. Remember that a roomer is an individual who lives in your home and pays rent for a room. A boarder is an individual who rents a room and pays you for meals.

* Who is paying the room and board to Jane?

* How many meals does Jane provide each day?

What is the amount received if the roomer is paying for room only?

What is the amount received if the boarder is paying for room and meals?

What is the amount Jane spends to prepare meals for this individual?

* Does Jane have any other room and board income?  ○ Yes  ○ No

When complete, click NEXT.
More About Jane's Room and Board Income

A roomer is an individual who lives in your home and pays rent for room. A boarder is an individual who rents a room and pays you for meals.

**Room and Board Details**

You have told us that Jane has income from room and board. Please answer the question below to tell us more about this income. Remember that a roomer is an individual who lives in your home and pays rent for a room. A boarder is an individual who rents a room and pays you for meals.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Who is paying the room and board to Jane?</td>
<td>John Doe</td>
</tr>
<tr>
<td>* How many meals does Jane provide each day?</td>
<td>Three Meals / Day</td>
</tr>
<tr>
<td>What is the amount received if the roomer is paying for room only?</td>
<td>100.00</td>
</tr>
<tr>
<td>What is the amount received if the boarder is paying for room and meals?</td>
<td></td>
</tr>
<tr>
<td>What is the amount Jane spends to prepare meals for this individual?</td>
<td>100.00</td>
</tr>
</tbody>
</table>

* Does Jane have any other room and board income?  

○ Yes  ○ No

When complete, click NEXT.
Job Income Summary

Here is a summary of what you've told us. If a section below has a checkmark, you have given us all of the information we have asked for. You are not required to give all information before you submit the application.

- If you would like to change your answers, click an "Change" icon under "Options".
- If you need to add information for an individual, choose the person's name from the dropdown box and click the "Add" button.
- If you would like to remove something, click the "Remove" icon under "Options".

Once you've reviewed this summary and all the information is correct, click the "Next" button at the bottom of the page.

Review Your Answers: Current/New Job Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Employer</th>
<th>Pay Type</th>
<th>How Much?</th>
<th>Hours Worked</th>
<th>Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>John Doe BBQ</td>
<td>Every Other</td>
<td>$3,000.00</td>
<td>100</td>
<td>✓</td>
</tr>
</tbody>
</table>

Add a Current/New Job

To add a current/new job for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Review Your Answers: Room and Board Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Payor</th>
<th>Income From Room Only</th>
<th>Income From Room and Meals</th>
<th>Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>John</td>
<td>$100.00</td>
<td>N/A</td>
<td>✓</td>
</tr>
</tbody>
</table>

Add a Room and Board Income

To add room and board income for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Review Your Answers: Past Employment Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Employer</th>
<th>Pay Type</th>
<th>How Much?</th>
<th>Hours Worked</th>
<th>Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>DCF Daycare</td>
<td>Every Other</td>
<td>$1,000.00</td>
<td>8</td>
<td>✓</td>
</tr>
</tbody>
</table>

Add a Past Job

To add past job details for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Review Your Answers: Refused Jobs

Please review your answers for anyone who has refused a job in the last 50 days and modify your selection as needed.

- [ ] No One

Add a Past Job

If anyone refused a job in the past 50 days, enter the reason. (Maximum 500 characters)

No one to watch child while working

You have 560 characters remaining for your decision

Review Your Answers: On Strike

Please review your answers for anyone who is on strike and modify your selection as needed.
Review Your Answer: Refused Jobs

Please review your answers for anyone who has refused a job in the last 60 days and modify your selection as needed.

No One

☑️ Jane (31 yrs) ☐ John (33 yrs) ☐ Josh (3 yrs)

If anyone refused a job in the past 60 days, enter the reason. (Maximum 500 characters)

No one to watch child while working

You have 500 characters remaining for your decision

Review Your Answers: On Strike

Please review your answers for anyone who is on strike and modify your selection as needed.

No One

☑️ Jane (31 yrs) ☐ John (33 yrs) ☐ Josh (3 yrs)

If anyone is on strike, enter the date the strike began (mm/dd/yyyy)

1/1/2018

When complete, click NEXT.
**Child Support**

Please check the box for anyone who is receiving or will receive Child Support income. Otherwise check "No One".

- [ ] John (33 yrs)
- [x] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Alimony**

Please check the box for anyone who is receiving or will receive Alimony income. Otherwise check "No One".

- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Supplemental Security Income (SSI)**

Please check the box for anyone who is receiving or will receive Supplemental Security Income (SSI) income. Otherwise check "No One".

- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [x] Josh (3 yrs)

**Social Security Administration (SSA)**

Please check the box for anyone who is receiving or will receive Social Security Administration (SSA) income. Otherwise check "No One".

- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [x] Josh (3 yrs)

**Other Income**

Please check the box for anyone who is receiving or will receive any type of income or payments from a source other than job, child support, alimony, Supplemental Security or Social Security. Otherwise, check "No One".

- [x] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Benefits Applied For But Not Been Approved**

Please check the box for any benefits applied for but have not received a decision. Otherwise, check "No One".

- [x] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Educational Aid and Expenses**

Please check the box for anyone who is receiving or will receive educational aid (scholarships, fellowships, grants and loans) or educational expenses (tuition, fees, books and supplies). Otherwise, check "No One".

- [ ] John (33 yrs)
- [x] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Deductions**

Please check the box for anyone who has expenses that can be claimed as a tax deduction. Otherwise, select "No One".

- [x] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

When complete, click NEXT.
More about Jane’s Child Support Income

You told us that Jane receives Child Support income. Please answer the questions below to tell us more about the income.

Jane’s Child Support

* When did Jane start getting Child Support income? Note: If you don’t know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Child Support income that Jane receives?

* How often does Jane receive Child Support income?

* Does Jane receive any other Child Support income?

When complete, click NEXT.
More about Jane's Child Support Income

Jane's Child Support

* When did Jane start getting Child Support income? Note: If you don't know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Child Support income that Jane receives?

* How often does Jane receive Child Support income?

* Does Jane receive any other Child Support income?

When complete, click NEXT.
More about John's Alimony Income
You told us that John receives Alimony income. Please answer the questions below to tell us more about this income.

John's Alimony

* When did John start getting Alimony income? Note: If you don't know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Alimony income that John receives?

* How often does John receive Alimony income?

* Does John receive any other Alimony income?

When complete, click NEXT.
More about John’s Alimony Income

You told us that John receives Alimony income. Please answer the questions below to tell us more about this income.

<table>
<thead>
<tr>
<th>John’s Alimony</th>
</tr>
</thead>
<tbody>
<tr>
<td>* When did John start getting Alimony income? Note: If you don’t know the exact date, please give us your best guess (mm/dd/yyyy).</td>
</tr>
<tr>
<td>* What is the amount of Alimony income that John receives?</td>
</tr>
<tr>
<td>* How often does John receive Alimony income?</td>
</tr>
</tbody>
</table>

* Does John receive any other Alimony income?  
  ○ Yes  ○ No

When complete, click NEXT.
Rights and Responsibilities

Your Rights and Responsibilities

You have the right to:

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Department of Children and Families (DCF) is an equal opportunity provider.

- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at (insert link).

☐ Yes, I have read and understand the Rights and Responsibilities.
YOUR RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Department of Children and Families (DCF) is an equal opportunity provider.

- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at

Yes, I have read and understand the Rights and Responsibilities.

When complete, click NEXT.
CFOP 60-17
Chapter 1, Attachment 2
June 2, 2008

MANAGEMENT AND PROTECTION OF PERSONAL HEALTH INFORMATION POLICY

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

1. Our Duties As They Relate to Your Protected Health Information (PHI). Our records about you contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard your Protected Health Information (PHI) which includes individually identifiable information about:

☐ Yes, I have read and understand the HIPAA statement.

When complete, click NEXT.
CFOP 60.17
Chapter 1, Attachment 2
June 2, 2008

MANAGEMENT AND PROTECTION OF PERSONAL HEALTH INFORMATION POLICY

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

1. Our Duties As They Relate to Your Protected Health Information (PHI).

Our records about you contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard your Protected Health Information (PHI) which includes individually identifiable information about:

☑ Yes, I have read and understand the HIPAA statement.
More about Josh's Supplemental Security Income

You told us that Josh receives Supplemental Security Income. Please answer the questions below to tell us more about this income.

**Josh's Supplemental Security Income**

* When did Josh start getting Supplemental Security Income? Note: If you don't know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Supplemental Security Income that Josh receives?

* How often does Josh receive Supplemental Security Income?

* Does Josh receive any other Supplemental Security Income?

When complete, click NEXT.
More about Josh's Supplemental Security Income

You told us that Josh receives Supplemental Security Income. Please answer the questions below to tell us more about this income.

Josh's Supplemental Security Income

- When did Josh start getting Supplemental Security Income? Note: If you don't know the exact date, please give us your best guess (mm/dd/yyyy) 01/01/2017
- What is the amount of Supplemental Security Income that Josh receives? $100.00
- How often does Josh receive Supplemental Security Income? Monthly

- Does Josh receive any other Supplemental Security Income? Yes  No

When complete, click NEXT.
More about Josh's Social Security Income

You told us that Josh receives Social Security income. Please answer the questions below to tell us more about this income.

**Josh's Social Security**

* When did Josh start getting Social Security income? Note: If you don't know the exact date, please give us your best guess (mm/dd/yyyy).  

* What is the amount of Social Security income that Josh receives?  

* How often does Josh receive Social Security income?  

* Does Josh receive any other Social Security income?  

When complete, click NEXT.
More about Josh's Social Security Income

You told us that Josh receives Social Security income. Please answer the questions below to tell us more about this income.

**Josh's Social Security**

* When did Josh start getting Social Security income? Note: if you don't know the exact date, please give us your best guess (mm/dd/yyyy).  
  01/01/2016

* What is the amount of Social Security income that Josh receives?  
  $100.00

* How often does Josh receive Social Security income?  
  Monthly

* Does Josh receive any other Social Security income?  
  Yes

When complete, click NEXT.
Other Types of Income

Please, check the boxes to tell us which types of other income each person receives. If you do not see the type of income you receive, please select 'Other Source'.

Jane's Other Types Of Income

- Assistance In Another State
- Civil Service Annuity
- Estate/Trust Funds
- Income from Another Agency
- Military Aliment
- Other Sources
- Qualified Income Trust
- Reparation Payments
- Stipends
- Unemployment Compensation
- Veterans Benefits
- Black Lung
- Dividends
- Home care payment for the elderly
- Interest Income
- Money from Another Person
- Public Retirement
- Railroad Retirement
- Disability/Sick Benefits
- Training Allowance
- Union Funds or Pension Benefits
- Workers Compensation

When complete, click NEXT.
Other Types of Income

Please, check the boxes to tell us which types of other income each person receives. If you do not see the type of income you receive, please select 'Other Source'.

Jane's Other Types Of Income

Jane (31 yrs)

- Assistance in Another State
- Civil Service Annuity
- Estate/Trust Funds
- Income from Another Agency
- Military Alotment
- Other Sources
- Qualified Income Trust
- Recreation Payments
- Stipends
- Unemployment Compensation
- Veterans Benefits
- Black Lung
- Dividends
- Home care payment for the elderly
- Interest Income
- Money from Another Person
- Public Retirement
- Railroad Retirement
- Disability/Sick Benefits
- Training Allowance
- Union Funds or Pension Benefits
- Workers Compensation

When complete, click NEXT.
More about Jane’s Unemployment Compensation Income

You told us that Jane receives Unemployment Compensation income. Please answer the questions below to tell us more about this income.

Jane’s Unemployment Compensation

* When did Jane start getting Unemployment Compensation income? Note: If you don’t know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Unemployment Compensation income that Jane receives?

* How often does Jane receive Unemployment Compensation income?

* Does Jane receive any other Unemployment Compensation income?

When complete, click NEXT.
More about Jane’s Unemployment Compensation Income

You told us that Jane receives Unemployment Compensation income. Please answer the questions below to tell us more about this income.

Jane’s Unemployment Compensation

* When did Jane start getting Unemployment Compensation income? Note: If you don’t know the exact date, please give us your best guess (mm/dd/yyyy).
  - 05/01/2018

* What is the amount of Unemployment Compensation income that Jane receives?
  - $100.00

* How often does Jane receive Unemployment Compensation income?
  - Bi-Weekly

* Does Jane receive any other Unemployment Compensation income?
  - Yes

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

More About Benefits Applied For But Not Been Approved

You told us that John applied for, but is not yet receiving benefits. Please enter information about the benefits.

**John's Benefits Applied For But Not Been Approved**

* What type of income or benefit has John applied for?  
  < Click here to choose >

* When did John apply for this income or benefit(mm/dd/yyyy)?

* Has John applied for any other income or benefit?  
  ○ Yes  ○ No

When complete, click NEXT.
More About Benefits Applied For But Not Been Approved

You told us that John applied for, but is not yet receiving benefits. Please enter information about the benefits.

**John’s Benefits Applied For But Not Been Approved**

- What type of income or benefit has John applied for? [Social Security]
- When did John apply for this income or benefit (mm/dd/yyyy)? [05/01/2018]
- Has John applied for any other income or benefit? [Yes/No]

When complete, click NEXT.
More about Jane's Educational Aid and Educational Expenses

Please give us more information about Jane's educational aid and educational expenses. List the total amount of the educational aid and educational expense and the beginning and end months they are intended to cover.

### Educational Aid

<table>
<thead>
<tr>
<th>Type of Educational Aid</th>
<th>Total Amount</th>
<th>Begin Date MM/YYYY</th>
<th>End Date MM/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Click here to choose]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Click here to choose]</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>[Click here to choose]</td>
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<tr>
<td>[Click here to choose]</td>
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</tr>
<tr>
<td>[Click here to choose]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Educational Expenses

<table>
<thead>
<tr>
<th>Type of Educational Expenses</th>
<th>Total Amount</th>
<th>Begin Date MM/YYYY</th>
<th>End Date MM/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Click here to choose]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Click here to choose]</td>
<td></td>
<td></td>
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<tr>
<td>[Click here to choose]</td>
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<tr>
<td>[Click here to choose]</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>[Click here to choose]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
More about Jane's Educational Aid and Educational Expenses

Please give us more information about Jane's educational aid and educational expenses. List the total amount of the educational aid and educational expense and the beginning and end months they are intended to cover.

**Educational Aid**

Please choose at least one educational aid type.

<table>
<thead>
<tr>
<th>* Type of Educational Aid</th>
<th>* Total Amount</th>
<th>* Begin Date MM/YYYY</th>
<th>* End Date MM/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan</td>
<td>$1000.00</td>
<td>01/2017</td>
<td>01/2019</td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Educational Expenses**

Please choose at least one educational expense type.

<table>
<thead>
<tr>
<th>* Type of Educational Expenses</th>
<th>* Total Amount</th>
<th>* Begin Date MM/YYYY</th>
<th>* End Date MM/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books / Supplies</td>
<td>$100.00</td>
<td>01/2017</td>
<td>01/2019</td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td></td>
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<td>&lt;Click here to choose&gt;</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>&lt;Click here to choose&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 000159685

Get Started  Assets  Income  Expenses  Finish&Submit

Employment Income  Other Income  Deductions

Deductions
You have told us that John pays for certain things that can be deducted on a federal income tax return. Please tell us about them below.

**Deductible Expenses**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony paid</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Student loan interest deduction</td>
<td></td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started Assets Income Expenses Finish&Submit

Employment Income Other Income Deductions

---

**Deductions**

You have told us that John pays for certain things that can be deducted on a federal income tax return. Please tell us about them below.

**Deductible Expenses**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony paid</td>
<td>$100.00</td>
</tr>
<tr>
<td>Other</td>
<td>$100.00</td>
</tr>
<tr>
<td>Student loan interest deduction</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Review Your Answers: Other Income

<table>
<thead>
<tr>
<th>Who</th>
<th>Type of Income</th>
<th>Frequency</th>
<th>How Much?</th>
<th>Income begin date</th>
<th>Section Complete</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josh(3 yrs)</td>
<td>Social Security</td>
<td>Monthly</td>
<td>$100.00</td>
<td>1/1/2016</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Josh(3 yrs)</td>
<td>Supplemental Security Income</td>
<td>Monthly</td>
<td>$100.00</td>
<td>1/1/2017</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Review Your Answers: Non Approved Benefits

<table>
<thead>
<tr>
<th>Who</th>
<th>Type of Income</th>
<th>Date Applied</th>
<th>Section Complete</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John(33 yrs)</td>
<td>Social Security</td>
<td>5/1/2016</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Add Non Approved Benefits

To add a non approved benefit for someone in your home, please choose their name and click the "Add" button.
Name:

Review Your Answers: Education Aid

<table>
<thead>
<tr>
<th>Who</th>
<th>Type</th>
<th>Expense</th>
<th>Income</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John(33 yrs)</td>
<td>Loan</td>
<td>N/A</td>
<td>$1,000.00</td>
<td>✔️</td>
</tr>
<tr>
<td>Jane(31 yrs)</td>
<td>Books/Supplies</td>
<td>$100.00</td>
<td>N/A</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Add a person who has Educational Aid

To add an educational aid for someone in your home, please choose their name and click the "Add" button.
Name:
### Review Your Answers: Education Aid

<table>
<thead>
<tr>
<th>Who</th>
<th>Type</th>
<th>Expense</th>
<th>Income</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Loan</td>
<td>N/A</td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>Books/Supplies</td>
<td>$100.00</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Add a person who has Educational Aid**

To add an educational aid for someone in your home, please choose their name and click the "Add" button.

Name: <Click here to choose> ✓

### Review Your Answers: Deductions

<table>
<thead>
<tr>
<th>Who</th>
<th>Type of Income</th>
<th>How Much?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Other</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student loan interest deduction</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alimony paid</td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

**Add a person who has Deductions**

To add another person who has income deductions, please choose their name and click the "Add" button.

Name: <Click here to choose> ✓

When complete, click NEXT.
**Housing Expenses**

Please check the box for anyone who is responsible for paying housing expenses even if someone outside of the household pays all or part of the expenses, including Section 8 and HUD. Otherwise, check "No One." By housing expenses, we mean rent or mortgage, real estate tax, room rent, property tax, home owner's insurance, etc.

- [ ] No One

- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Utility Expenses**

Please check the box for anyone who is responsible for paying utility expenses even if someone outside of the household pays all or part of the expense, including Section 8 and HUD. Otherwise, check "No One." By utility bills, we mean electricity, phone, coal/wood, gas, trash removal, water and sewer.

- [ ] No One

- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Room and Board**

Please check the box for anyone responsible for paying room and board expenses. Otherwise, check "No One." This means that you are paying money to rent a room and meals are included.

- [ ] No One

- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Homeless Shelter Expense**

Please check the box for anyone who is homeless and billed for or pays a housing expense such as shelter, mission or hotel cost. Otherwise, check "No One."

- [ ] No One

- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Heating or Cooling Costs**

Please check the box for anyone who pays or is billed for heating or cooling costs. Otherwise, check "No One."

- [ ] No One

- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Low Income Housing Energy Assistance**

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

- [ ] Yes
- [ ] No
**Housing and Utility Expenses**

Please tell us about the people in your home who pay for housing and utilities. If you pay an expense together (for example, you and your spouse), just check the box for one person. On the pages that come next, give us the total amount that you pay together.

**Housing Expenses**

Please check the box for anyone who is responsible for paying housing expenses even if someone outside the household pays all or part of the expense, including Section 8 and HUD. Otherwise, check "No One". By housing expenses, we mean rent or mortgage, real estate tax, room rent, property tax, homeowner's insurance, etc.

- John (32 yrs)
- Jane (31 yrs)
- Josh (3 yrs)

**Utility Expenses**

Please check the box for anyone who is responsible for paying utility expenses even if someone outside the household pays all or part of the expense, including Section 8 and HUD. Otherwise, check "No One". By utility bills, we mean electricity, phone, coal, wood, gas, trash removal, water and sewer.

- John (33 yrs)
- Jane (31 yrs)
- Josh (3 yrs)

**Room and Board**

Please check the box for anyone responsible for paying room and board expenses. Otherwise, check "No One". This means that you are paying money to rent a room and meals are included.

- John (33 yrs)
- Jane (31 yrs)
- Josh (3 yrs)

**Homeless Shelter Expense**

Please check the box for anyone who is homeless and billed for or pays a housing expense such as shelter, mission or hotel cost. Otherwise, check "No One".

- John (33 yrs)
- Jane (31 yrs)
- Josh (3 yrs)

**Heating or Cooling Costs**

Please check the box for anyone who pays or is billed for heating or cooling costs. Otherwise, check "No One".

- John (33 yrs)
- Jane (31 yrs)
- Josh (3 yrs)

**Low Income Housing Energy Assistance**

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

- Yes
- No

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150605

Get Started  Assets  Income  Expenses  Finish & Submit

Housing Expenses  Other Expenses

Housing Expenses
Please check the box for all the housing expenses that each person is responsible for paying. Please select taxes or insurance only if they are not included in your rent or mortgage payments.

John's Housing Expenses

[ ] Rent
[ ] Homeowner's Ins
[ ] Property tax
[ ] Condo/Rent main
[ ] Mortgage

John (33 yrs)

When complete, click NEXT.
Housing Expenses

Please check the box for all the housing expenses that each person is responsible for paying. Please select taxes or insurance only if they are not included in your rent or mortgage payments.

John’s Housing Expenses

- [ ] Rent
- [ ] Homeowner’s Ins
- [x] Property tax
- [ ] Condo/Rent main
- [x] Mortgage

John (33 yrs)

When complete, click NEXT.
More about John's Mortgage

You have told us that John makes Mortgage payments. Please answer the questions below to tell us more about this payment.

More about John's Mortgage

* How much is John supposed to pay monthly for Mortgage?

* If someone else pays part or all of the expense, enter the name of the person or organization that pays.

* How much do they pay?

* If section 8 or HUD pays all or part of the utility/housing, choose which one.
  Section 8 □ ☐ or
  HUD □ ☐

* Section 8 or HUD. enter comments about your housing expenses.

You have 500 characters remaining for your description.

When complete, click NEXT.
More about John's Mortgage

You have told us that John makes Mortgage payments. Please answer the questions below to tell us more about this payment.

**How much is John supposed to pay monthly for Mortgage?**

$500.00

If someone else pays part or all of the expense, enter the name of the person or organization that pays.

How much do they pay?

If section 8 or HUD pays all or part of the utility/housing, choose which one.

Section 8  

HUD

Section 8 or HUD, enter comments about your housing expenses.

You have 500 characters remaining for your description.

When complete, click NEXT.
Utility Payments
Please check the box for all of the utility expenses that each person is responsible for paying.

More About John’s Utility

☐ Coal/Wood
☐ Other/HEAP
☐ Electricity
☐ Telephone
☐ Fuel/Oil
☐ Trash Removal
☐ Gas
☐ Water/Sewer

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

---

### Get Started  |  Assets  |  Income  |  Expenses  |  Finish & Submit

- **Housing Expenses**
- **Other Expenses**

---

### Utility Payments

Please check the box for all of the utility expenses that each person is responsible for paying.

<table>
<thead>
<tr>
<th>John (33 yrs)</th>
<th>Coal/Wood</th>
<th>Electricity</th>
<th>Fuel/Oil</th>
<th>Gas</th>
<th>Water/Sewer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

More About John's Utility

---

When complete, click NEXT.
More About John's Utility

You have told us that John makes electricity payments. Please answer the questions below to tell us more about this payment.

John's Utility Payments

How much is John supposed to pay monthly for electricity? _________________

If someone else pays part or all of the expense, enter the name of the person or organization that pays: ____________________________

How much do they pay? _________________

If Section 8 or HUD pays all or part of the utility expense, choose which one.
Section 8 ☐ or HUD ☐

Section 8 or HUD, enter comments about your utility expenses:
________________________________________

You have 500 characters remaining for your description.

When complete, click NEXT.
More About John's Utility

You have told us that John makes Electricity payments. Please answer the questions below to tell us more about this payment.

### John's Utility Payments

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much is John supposed to pay monthly for Electricity?</td>
<td>$100.00</td>
</tr>
<tr>
<td>If someone else pays part or all of the expense, enter the name of the person or organization that pays</td>
<td></td>
</tr>
<tr>
<td>How much do they pay?</td>
<td></td>
</tr>
<tr>
<td>If Section 8 or HUD pays all or part of the utility expense choose which one.</td>
<td></td>
</tr>
<tr>
<td>Section 8</td>
<td></td>
</tr>
<tr>
<td>HUD</td>
<td></td>
</tr>
<tr>
<td>Section 8 or HUD, enter comments about your utility expenses</td>
<td></td>
</tr>
</tbody>
</table>

You have 500 characters remaining for your description.

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started  Assets  Income  Expenses  Finish & Submit

Housing Expenses  Other Expenses

Jane's Room and Board Expenses Details
You have told us that Jane has a room and board expense. By room and board, we mean that you are paying money to rent a room and meals are included.

More About Jane's Room and Board Expenses

* How much does Jane pay per month for his/her room and board?

* How many meals does Jane pay for per day?

* Is the room charge included?

* Who does the room and board payment cover?

☐ John Doe  ☐ Jane Doe  ☐ John Doe

When complete, click NEXT.
Jane’s Room and Board Expenses Details

You have told us that Jane has a room and board expense. By room and board, we mean that you are paying money to rent a room and meals are included.

More About Jane’s Room and Board Expenses

• How much does Jane pay per month for his/her room and board? $100.00
• How many meals does Jane pay for per day? No Meals / Day
• Is the room charge included? Yes
• Who does the room and board payment cover? Josh Doe, Jane Doe

When complete, click NEXT.
**Your Other Expenses**

Please tell us about some of your other expenses.

**Support Payments**

Please check the box for anyone who pays support payments. Otherwise, check "No One". Support payments are child support or care expenses paid by someone in the household for someone who lives outside of the household.

- [ ] No One
- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Child or Adult Care Expenses**

Please check the box for anyone who pays child or adult care expenses. Otherwise, check "No One". Child and adult care expenses are paid for the care of someone in the household so another person in the household can go to work, look for work, or attend training for work.

- [ ] No One
- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Medical Expenses**

Please check the box for anyone who has medical expenses. Otherwise, check "No One". Medical expenses include money paid or owed for prescriptions, glasses, transportation, doctor visits, dental, health aids, hospitalization, nursing home care and insurance or Medicare premiums which are not covered or paid by insurance or another third-party.

- [ ] No One
- [ ] John (33 yrs)
- [ ] Jane (31 yrs)
- [ ] Josh (3 yrs)

**Health Insurance Expenses**

Does anyone have or pay for health insurance? Health insurance pays for doctor, hospital, or any other type of medical service. Some examples of health insurance include Blue Cross Blue Shield, Humana, and TRICARE.

- [ ] Yes
- [ ] No

Has anyone in your home been offered health insurance through their current employer but declined coverage?

- [ ] Yes
- [ ] No

**Voluntarily Cancel Health Insurance**

Did anyone in the household voluntarily cancel health insurance in the past two months?

- [ ] Yes
- [ ] No

If yes, enter the cancel date (MM/YYYY).

01/2018

When complete, click NEXT.
John's Support Payment

You have told us that John pays child support or daycare expenses. These are expenses paid by someone in the household for someone who lives outside of the household. Please enter the information below. If John makes multiple payments, please enter one at a time.

**John's Support Payment**

* How much does John pay each month for child support or daycare expenses? [Blank]

* What is the payment type? (Click here to choose)

* Is the payment court ordered? (Click here to choose)

* Is the court ordered amount paid? (Click here to choose)

* What is the amount of the court order? [Blank]

* What is the relationship of the dependent to the individual making the payment? (Click here to choose)

Dependent's name and address:

* First name [Blank] Middle initial [Blank] * Last name [Blank]

* Address line 1 [Blank]

Address line 2 [Blank]

* City [Blank] * State (Click here to choose) * Zip [Blank]

Phone number [Blank]

* Does John have another child support or care expense? [Yes] [No]

When complete, click NEXT.
John's Support Payment

You have told us that John pays child support or daycare expenses. These are expenses paid by someone in the household for someone who lives outside of the household. Please enter the information below. If John makes multiple payments, please enter one at a time.

**John's Support Payment**

*How much does John pay each month for child support or daycare expenses?*

$100.00

*What is the payment type?*

Dependent Care

*Is the payment court ordered?*

No

*Is the court ordered amount paid?*

No

*What is the amount of the court order?*


*What is the relationship of the dependent to the individual making the payment?*

Son

Dependent's name and address:

*First name*  
Josh

*Middle initial*  


*Last name*  
Doe

*Address line 1*  
1317 Winewood Blvd

*Address line 2*  


*City*  
Tallahassee

*State*  
Florida

*Zip*  
32309

*Phone number*  


*Does John have another child support or care expense?*

☐ Yes  ☐ No

When complete, click NEXT.
More about Jane's Child or Adult Care expense

You have told us that Jane is paying for child or adult care expenses for a person living in your home. Please answer the questions below to tell us more about this expense.

**Child or Adult Care Details**

* Please choose a person for whom Jane pays for care.
  - [ ] Josh (3 yrs)
  - [ ] Jane (31 yrs)
  - [ ] John (33 yrs)

* Please tell us how much Jane pays monthly. (Do not include the amount paid by others, e.g., Friend or relative, etc.)

**Child or Adult Care Details**

* Please choose a person to whom Jane pays for care.
  - [ ] Other
  - [ ] Josh (3 yrs)
  - [ ] Jane (31 yrs)
  - [ ] John (33 yrs)

* Provide the name of person caring for the child or adult.

  - First name: [ ]
  - Middle initial: [ ]
  - Last name: [ ]

Please provide caregiver's address and phone number.

* Address line 1: [ ]

* Address line 2: [ ]

* City: [ ]

* State: [Click here to choose]

* Zip: [ ]

* Phone number: [ ]

* Does Jane pay care expenses for another child or adult?
  - [ ] Yes
  - [ ] No

When complete, click NEXT.
More about Jane's Child or Adult Care expense

You have told us that Jane is paying for child or adult care expenses for a person living in your home. Please answer the questions below to tell us more about this expense.

**Child or Adult Care Details**

* Please choose a person for whom Jane pays for care.

- [ ] Josh (3 yrs)
- [ ] Jane (31 yrs)
- [ ] John (33 yrs)

* Please tell us how much Jane pays monthly. Do not include the amount paid by others. Friend or relative etc.) $100.00

**Child or Adult Care Details**

* Please choose a person to whom Jane pays for care.

- [ ] Josh (3 yrs)
- [ ] Jane (31 yrs)
- [ ] John (33 yrs)

* Provide the name of person caring for the child or adult.

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle initial</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janet</td>
<td></td>
<td>Doe</td>
</tr>
</tbody>
</table>

Please provide caregiver address and phone number.

<table>
<thead>
<tr>
<th>Address line 1</th>
<th>Address line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 Wynwood Blvd</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tallahassee</td>
<td>Florida</td>
<td>32339</td>
</tr>
</tbody>
</table>

Phone number

* Does Jane pay care expenses for another child or adult?

- [ ] Yes
- [ ] No

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 000150685

Get Started | Assets | Income | Expenses | Finish & Submit

| Housing Expenses | Other Expenses |

Medical Expenses
Please check the medical bills that you have to pay.

<table>
<thead>
<tr>
<th>John's Medical Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
</tr>
<tr>
<td>Cost of care in a Nursing Home or other Long Term Care Facility</td>
</tr>
<tr>
<td>Dentures</td>
</tr>
<tr>
<td>Eye Glasses</td>
</tr>
<tr>
<td>Hearing Aids</td>
</tr>
<tr>
<td>Lodging</td>
</tr>
<tr>
<td>Medical Supplies</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>Telephone Fees</td>
</tr>
<tr>
<td>Unpaid High Hospital Bill</td>
</tr>
</tbody>
</table>

| Attendant               |
| Dental care            |
| Drug supplies          |
| Global Prenatal Bill   |
| Hospitalization        |
| Medical Care           |
| Other, not covered by insurance or other third party payment |
| Personal Care In Home  |
| Prosthetics            |
| Transportation (Public) |
| Veterinarian Bills/Dog Food (service animal) |

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started  |  Assets  |  Income  |  Expenses  |  Finish & Submit

Housing Expenses  |  Other Expenses

Medical Expenses
Please check the medical bills that you have to pay.

John's Medical Expenses
- Ambulance
- Cost of care in a Nursing Home or other Long Term Care Facility
- Dentures
- Eye Glasses
- Hearing Aids
- Lodging
- Medical Supplies
- Other
- Prescription Drugs
- Telephone Fees
- Unpaid High Hospital Bill
- Attendant
- Dental care
- Drug supplies
- Global Prenatal Bill
- Hospitalization
- Medical Care
- Other, not covered by insurance or other third party payment
- Personal Care in Home
- Prosthetics
- Transportation (Public)
- Veterinarian Bills/Dog Food (service animal)

When complete, click NEXT.
More About John's Dental care Medical expense

You've told us that John has ongoing medical expenses. Please provide the following information.

**John's Medical Expense Details**

* What is the total amount billed? 

* What is the monthly payment? 

* What is the name of the service provider? 

* Does John have another Dental care medical expense? 

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: **800150685**

### More About John's Dental care Medical expense

You've told us that John has ongoing medical expenses. Please provide the following information.

**John's Medical Expense Details**

- What is the total amount billed?  
  
  **$100.00**

- What is the monthly payment?  
  
  **$25.00**

- What is the name of the service provider?  
  
  **DCF Dental**

- Does John have another Dental care medical expense?  
  
  - [ ] Yes  
  - [x] No

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Get Started  Assets  Income  Expenses  Finish & Submit

Housing Expenses  Other Expenses

Past Medical Expense Details

More About Jane's Medical expenses

You have told us that Jane has unpaid medical expenses from the past 3 months. Please provide the following information. You may need to provide proof of income, assets and expenses for these months.

Jane's Past Medical Expenses Detail

* Choose which of the past 3 months Jane has unpaid medical expenses.

- [ ] February
- [ ] March
- [ ] April

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 860150885

Get Started  Assets  Income  Expenses  Finish & Submit

Housing Expenses  Other Expenses

Past Medical Expense Details

More About Jane’s Medical expenses

You have told us that Jane has unpaid medical expenses from the past 3 months. Please provide the following information. You may need to provide proof of income, assets and expenses for these months.

Jane’s Past Medical Expenses Detail

* Choose which of the past 3 months Jane has unpaid medical expenses.

☐ February  ☐ March  ☑ April

When complete, click NEXT.
More About John's Medicare Expense

Please tell us more about John's Medicare. If you get one type of Medicare, leave the other questions blank. If you are entitled to Medicare, but are not actually getting it, please enter 0 for your premium amount.

**Medicare Number**

* Enter John's Medicare number. The number is on the "Red, White and Blue card".

[ ] I don't know

**John's Medicare Part A**

* Is John entitled to or receiving Medicare Part A?

[ ] Yes  [ ] No

When did John's Medicare Part A begin? Note: If you do not know the exact date, give us your best guess.

[ ]  Ex: mm/dd/yyyy

How much is John's Medicare Part A premium?

Who pays Medicare Part A premium?

[ ] Click here to choose

**John's Medicare Part B**

* Is John entitled to or receiving Medicare Part B?

[ ] Yes  [ ] No

When did John's Medicare Part B begin? Note: If you do not know the exact date, give us your best guess.

[ ]  Ex: mm/dd/yyyy

How much is John's Medicare Part B premium?

Who pays Medicare Part B premium?

[ ] Click here to choose

When complete, click NEXT.
More About John's Medicare Expense

Please tell us more about John's Medicare. If you get one type of Medicare, leave the other questions blank. If you are entitled to Medicare, but are not actually getting it, please enter 0 for your premium amount.

**Medicare Number**

* Enter John’s Medicare number. The number is on the “Red, White and Blue card”.

**John's Medicare Part A**

* Is John entitled to or receiving Medicare Part A?

  - Yes
  - No

  When did John’s Medicare Part A begin? Note: If you do not know the exact date, give us your best guess.

  - 1/1/2017

  How much is John’s Medicare Part A premium?

  - $100.00

  Who pays Medicare Part A premium?

  - Free

**John's Medicare Part B**

* Is John entitled to or receiving Medicare Part B?

  - Yes
  - No

  When did John’s Medicare Part B begin? Note: If you do not know the exact date, give us your best guess.

  - 1/1/2017

  How much is John’s Medicare Part B premium?

  - $100.00

  Who pays Medicare Part B premium?

  - Free

When complete, click NEXT.
More About John's Blind Work Related Expense

You have told us that John has a blind work related expense. Please complete the information below.

John's Blind Work Related Expense Details

* What is the expense type?

* How much is John's monthly blind work related expense?

* Does John have another blind work related expense?
  ○ Yes ○ No

When complete, click NEXT.
More About John's Blind Work Related Expense

You have told us that John has a blind work related expense. Please complete the information below.

**John's Blind Work Related Expense Details**

* What is the expense type?  
  Child Care Cost

* How much is John's monthly blind work related expense?  
  $100.00

* Does John have another blind work related expense?  
  ○ Yes ○ No

When complete, click NEXT.
Health Insurance Expense

You've told us that someone in your home has health insurance expense. Please complete the information below.

Health Insurance Details

- Health Insurance type
- Health Insurance coverage type
- If it pays a premium, how much is it?
  - Group name
  - Group number
  - Policy number
  - Health coverage start date

* Please check the box for anyone who is covered through this policy:
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)

* Please choose who pays for this policy:
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)
  - Other

Is the insurance provided through a job?  ○ Yes  ○ No

Health Insurance Company

Please tell us more about health insurance company

- * Name
- Address line 1:
- Address line 2:
- City
- State:
- Zip Code:

* Does anyone in your home own another health insurance policy?  ○ Yes  ○ No

When complete, click NEXT.
Health Insurance Expense
You've told us that someone in your home has health insurance expense. Please complete the information below.

Health Insurance Details

* Health Insurance type
  - Group

* Health Insurance coverage type
  - Basic Hospital

* If pays a premium, how much is it?
  - $100.00

* Policy number

* Health coverage start date
  - 01/01/2015

* Please check the box for anyone who is covered through this policy:
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)

* Please choose who pays for this policy:
  - John (33 yrs)
  - Jane (31 yrs)
  - Josh (3 yrs)
  - Other

* Is this insurance provided through a job?
  - Yes
  - No

Health Insurance Company

Please tell us more about health insurance company

* Name
  - DCF Health

* Address line 1:

* Address line 2:

* City:

* State:

* Zip Code:

* Does anyone in your home own another health insurance policy?
  - Yes
  - No

When complete, click NEXT.
Review Your Answers: Medical Expenses

<table>
<thead>
<tr>
<th>Who</th>
<th>Expense Type</th>
<th>Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John (33 yrs)</td>
<td>Dental care</td>
<td>100.00</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

Add a Medical Expense

To add another medical expense, please choose the person's name and type, then click the "Add" button.

Name:

ADD

Review Your Answers: Past Medical Expenses

<table>
<thead>
<tr>
<th>Who</th>
<th>Months</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane (31 yrs)</td>
<td>April</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

Add a Past Medical Expense

To add another past medical expense, please choose the person's name and click the "Add" button.

Name:

ADD

Review Your Answers: Medicare Premium Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Type</th>
<th>Premium Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John (33 yrs)</td>
<td>PartA</td>
<td>100.00</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PartB</td>
<td>100.00</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

Add Medicare Premium

To add another medicare premium, please choose the person's name and click the "Add" button.

Name:

ADD

Review Your Answers: Blind Work Related Expense

<table>
<thead>
<tr>
<th>Who</th>
<th>Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

Add a Blind Work Related Expense

To add another blind work related expense, please choose the person's name and click the "Add" button.

Name:

ADD

Review Your Answers: Support Payments

<table>
<thead>
<tr>
<th>Who pays</th>
<th>Monthly Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John (33 yrs)</td>
<td>100.00</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

Add another Support Payment

To add another support payment, please choose the person's name and click the "Add" button.

Name:

ADD

Review Your Answers: Dependant Care

<table>
<thead>
<tr>
<th>Who pays</th>
<th>Person Receiving Care</th>
<th>Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane (31 yrs)</td>
<td>Josh Doe</td>
<td>100.00</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

Add another Dependent Care Payment

To add another dependent care payment, please choose the person's name who pays it, and click the "Add" button.

Name:

ADD

Other Expenses Summary

Here is a summary of what you’ve told us. If a section below has a check mark you have given us all the information we have asked for.

You are not required to give all information before you submit the application.

- If you would like to change your answers, click on the "Change" icon under "Options".
- If you need to add information for an individual, choose the person's name and the type of expenses from the dropdown box and then click the "Add" button.
- If you would like to remove something, click the "Remove" icon under "Options".

Once you've reviewed the summary and all the information is correct, click the "Next" button at the bottom of the page.
Review Your Answers: Medicare Premium Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Type</th>
<th>Premium Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Part B</td>
<td>128.00</td>
<td>✓</td>
<td>![Image]</td>
</tr>
</tbody>
</table>

Add Medicare Premium

To add another medicare premium, please choose the person's name and click the "Add" button.
Name: [Click here to choose]

Review Your Answers: Blind Work Related Expense

<table>
<thead>
<tr>
<th>Who</th>
<th>Monthly Amount</th>
<th>Reason For Expense</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>128.00</td>
<td>Child Care Cost</td>
<td>✓</td>
<td>![Image]</td>
</tr>
</tbody>
</table>

Add Blind Work Related Expense

To add another blind work related expense, please choose the person's name and click the "Add" button.
Name: [Click here to choose]

Review Your Answers: Health Insurance Expense

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Insurance Coverage</th>
<th>Members Covered</th>
<th>Premium</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Basic hospital</td>
<td>John, Jane, Josh</td>
<td>100.00</td>
<td>✓</td>
<td>![Image]</td>
</tr>
</tbody>
</table>

Add Health Insurance Expense

To add another health insurance expense, please click the "Add" button.

Voluntarily Cancel Health Insurance

Did anyone in the household voluntarily cancel health insurance in the past two months? 
[ ] Yes  [ ] No
If yes, enter the cancel dates (MM/YYYY).

Review Your Answers: Declined Employer Provided Health Coverage

Add Declined Employer Provided Health Coverage

When complete, click NEXT.

[Previous] [Save & Exit] [Next]
### Final Summary

#### Review Your Answers: People in Your Home Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Living Arrangement</th>
<th>Citizen</th>
<th>Florida Resident</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Male</td>
<td>01/01/1985</td>
<td>Home/apartment/trailer</td>
<td>Yes</td>
<td>Yes</td>
<td>✓</td>
</tr>
<tr>
<td>Jane</td>
<td>Female</td>
<td>01/01/1985</td>
<td>Home/apartment/trailer</td>
<td>Yes</td>
<td>Yes</td>
<td>✓</td>
</tr>
<tr>
<td>John</td>
<td>Male</td>
<td>01/01/1985</td>
<td>Home/apartment/trailer</td>
<td>Yes</td>
<td>Yes</td>
<td>✓</td>
</tr>
</tbody>
</table>

Rights and Responsibilities reviewed? ☑ Yes ☐ No
HIPAA statement reviewed? ☑ Yes ☐ No

#### Add a Person to the Household
To add another person to the household, click the "Add" button.

#### Review Your Answers: Disability Details

<table>
<thead>
<tr>
<th>Who</th>
<th>Disability Decided?</th>
<th>Denied by SSA?</th>
<th>Disability Date</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Yes</td>
<td>Yes</td>
<td>2/20/2018</td>
<td>✓</td>
</tr>
<tr>
<td>Josh</td>
<td>Yes</td>
<td>Yes</td>
<td>12/24/2017</td>
<td>✓</td>
</tr>
</tbody>
</table>

#### Review Your Answers: Alias Name or Social Security Number Details

<table>
<thead>
<tr>
<th>Who</th>
<th>Alias Name</th>
<th>Alias SSN</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Jane Dow</td>
<td>123456789</td>
<td>✓</td>
</tr>
</tbody>
</table>

#### Add an Alias for a Person
To add another alias for a person, click the "Add" button.

Name:

#### Review Your Answers: Programs

- Food Assistance (SNAP)
- Cash Assistance
- Medical Assistance for Children, their Parents or Caretakers, Pregnant Women and individuals who aged out of Florida Foster Care who are under age 26.
- Medicare Savings Program

#### Review Your Answers: Pregnancy

To add a pregnancy for a person, click the "Add" button.

Name:

#### Review Your Answers: Relationship Summary
To help you get access to specialized care, please answer the next three questions for children 22 or younger. Answer "yes" if they have a chronic and serious medical, behavioral, or other medical condition that has lasted or is expected to last at least 12 months and they meet the conditions described in the question.

Please review your answers for any children who are limited in any way to do things most children of the same age can do and modify your selection as needed.

- No One

| Josh (3 yrs) |

Please review your answers for any children who need special therapy for emotional, developmental, or behavioral problems and modify your selection as needed.

- No One

| Josh (3 yrs) |

Please review your answers for any children who need or use medical, mental, or educational services that are usual for children of the same age and modify your selection as needed.

- No One

| Josh (3 yrs) |

Review Your Answers: Cash

<table>
<thead>
<tr>
<th>Who</th>
<th>Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>100.00</td>
<td>✓</td>
<td>or</td>
</tr>
</tbody>
</table>

Add a Person Who Has Cash

To add a person in your household who has cash, please choose their name. Then click the "Add" button.

Name: [Click here to choose]

Add

Review Your Answers: Bank Accounts

<table>
<thead>
<tr>
<th>Who</th>
<th>Account Type</th>
<th>Amount</th>
<th>Bank/Company Name</th>
<th>Account Number</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Checking account</td>
<td>100.00</td>
<td>DCF Federal</td>
<td>✓</td>
<td>or</td>
<td></td>
</tr>
</tbody>
</table>

Add a Person Who Has a Bank Account

To add a person in your household who has a bank account, please choose their name. Then click the "Add" button.

Name: [Click here to choose]

Add

Review Your Answers: Other Liquid Assets
### Review Your Answers: Sold, Traded, Transferred or Given Away Assets

<table>
<thead>
<tr>
<th>Owner</th>
<th>Value</th>
<th>Reason for transfer</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Vehicles</td>
<td>5000.00</td>
<td>No longer needed it</td>
</tr>
<tr>
<td>John (20 yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add Another Transaction

If someone else sold, traded, transferred or gave away another asset, please select the person. Then click the "Add" button.

Name:

Add

### Review Your Answers: Cash Settlements

<table>
<thead>
<tr>
<th>Owner</th>
<th>Asset Type</th>
<th>Amount</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Inheritance</td>
<td>10000.00</td>
<td>✓</td>
</tr>
<tr>
<td>Jane (31 yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add a Cash Settlement

If someone else in your home has cash settlements, please choose the name of the owner and type of cash settlement. Then click the "Add" button.

Name:

Type:

Add

### Review Your Answers: Release of Financial Information

<table>
<thead>
<tr>
<th>Release of Financial Information</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### Review Your Answers: Life Insurance

<table>
<thead>
<tr>
<th>Owner</th>
<th>Policy Type</th>
<th>Policy Number</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Group</td>
<td>12345678</td>
<td>✓</td>
</tr>
<tr>
<td>John (30 yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add Life Insurance

If someone else in your home owns a life insurance policy, please choose the name of the owner and the type of policy. Then click the "Add" button.

Name:

Type:

Add

### Review Your Answers: Vehicles

<table>
<thead>
<tr>
<th>Owner</th>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>2015</td>
<td>Toyota</td>
<td>Camary</td>
<td>✓</td>
</tr>
<tr>
<td>Jane (31 yrs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add Vehicles

If someone in your home has a vehicle, please choose the name of the owner and type of vehicle. Then click the "Add" button.

Name:

Type:

Add

### Review Your Answers: Real Estate

<table>
<thead>
<tr>
<th>Owner</th>
<th>Type</th>
<th>Amount</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Holding Mortgage</td>
<td>100000.00</td>
<td>✓</td>
</tr>
<tr>
<td>John (30 yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add Real Estate

If someone in your home owns real estate, please choose the name of the owner and type of real estate. Then click the "Add" button.

Name:

Type:

Add
Review Your Answers: Business Assets

<table>
<thead>
<tr>
<th>Owner</th>
<th>Type</th>
<th>Amount</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Restaurant or Food Service</td>
<td>3000.00</td>
<td>✓</td>
</tr>
</tbody>
</table>

Add Business Assets

If someone else in your home owns a business asset, please choose the name of the owner and the type of business asset. Then click the "Add" button.

Name: [Click here to choose]  
Type: [Click here to choose]  
ADD

Review Your Answers: Self-Employment Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>What Type</th>
<th>How Much?</th>
<th>Expenses</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John (33 yrs)</td>
<td>Food Service</td>
<td>$1,000.00</td>
<td>$0.00</td>
<td>✓</td>
</tr>
</tbody>
</table>

Add Self-Employment

To add a type of self-employment for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name: [Click here to choose]  
ADD

Review Your Answers: Current New Job Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Employer</th>
<th>Pay Type</th>
<th>How Much?</th>
<th>Hours Worked?</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John (33 yrs)</td>
<td>John Doe BBC</td>
<td>Every Other Week</td>
<td>$1,000.00</td>
<td>100</td>
<td>✓</td>
</tr>
</tbody>
</table>

Add a Current New Job

To add a current new job for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name: [Click here to choose]  
ADD

Review Your Answers: Past Employment Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Employer</th>
<th>Pay Type</th>
<th>How Much?</th>
<th>Hours Worked?</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane (31 yrs)</td>
<td>DOT Daycare</td>
<td>Every Other Week</td>
<td>$1,000.00</td>
<td>5</td>
<td>✓</td>
</tr>
</tbody>
</table>

Add a Past Job

To add past job details for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name: [Click here to choose]  
ADD

Review Your Answers: Room and Board Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Payee</th>
<th>Income Room only</th>
<th>Income from Room and Meals</th>
<th>Section Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane (31 yrs)</td>
<td>John</td>
<td>$100.00</td>
<td>N/A</td>
<td>✓</td>
</tr>
</tbody>
</table>

Add a Room and Board Income

To add room and board income for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name: [Click here to choose]  
ADD

Review Your Answer: Refused Jobs

Please review your answers for anyone who has refused a job in the last 60 days and modify your selection as needed.

- No One

Review Your Answers: On Strike

Please review your answer for anyone who is on strike and modify your selection as needed.

- Jane (31 yrs)
- John (33 yrs)
- John (3 yrs)

If anyone refused a job in the past 60 days, enter the reason. (Maximum 500 characters)

No use to watch child while working

You have 500 characters remaining for your decision
Review Your Answers: On Strike

Please review your answers for anyone who is on strike and modify your selection as needed.

- No One

- [ ] Jane (31 yrs)
- [ ] John (33 yrs)
- [ ] Josh (3 yrs)

If anyone is on strike, enter the date the strike began (mm/dd/yyyy)

1/1/2018

Review Your Answers: Other Income

<table>
<thead>
<tr>
<th>Who</th>
<th>Type of Income</th>
<th>Frequency</th>
<th>How Much?</th>
<th>Income begin date</th>
<th>Section Complete</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josh</td>
<td>Social Security</td>
<td>Monthly</td>
<td>$100.00</td>
<td>1/1/2016</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Josh</td>
<td>Supplemental Security Income</td>
<td>Monthly</td>
<td>$100.00</td>
<td>1/1/2017</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>John</td>
<td>Alimony</td>
<td>Every Other Week</td>
<td>$100.00</td>
<td>1/1/2009</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>Unemployment Compensation</td>
<td>Every Other Week</td>
<td>$100.00</td>
<td>5/1/2018</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>Child Support</td>
<td>Every Other Week</td>
<td>$100.00</td>
<td>2/1/2015</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Add other income

To add a type of income for someone in your home, please choose their name, type of income and click the "Add" button.

Name: 
Type of Income:

Add

Review Your Answers: Education Aid

<table>
<thead>
<tr>
<th>Who</th>
<th>Type</th>
<th>Expense</th>
<th>Income</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Loan</td>
<td>N/A</td>
<td>$1,000.00</td>
<td></td>
</tr>
</tbody>
</table>

Add a person who has Educational Aid

To add an educational aid for someone in your home, please choose their name and click the "Add" button.

Name: 

Add

Review Your Answers: Deductions

<table>
<thead>
<tr>
<th>Who</th>
<th>Type of Income</th>
<th>How Much?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Student loan interest deduction</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>Josh</td>
<td>Alimony paid</td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

Add a person who has Deductions

To add another person who has income deductions, please choose their name and click the "Add" button.

Name: 

Add

Review Your Answer: Housing Expenses

<table>
<thead>
<tr>
<th>Who Pays</th>
<th>What Expenses</th>
<th>How Much</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Mortgage</td>
<td>$500.00</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Add a Housing Expenses

To add a housing expense, please choose the name of the person who pays it and the type of expense, then click the "Add" button.

Name: 
Type:

Add

Review Your Answers: Non Approved Benefits

<table>
<thead>
<tr>
<th>Who</th>
<th>Type of Income</th>
<th>Date Applied</th>
<th>Section Complete</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Social Security</td>
<td>5/1/2018</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Add Non Approved Benefits

To add a non approved benefit for someone in your home, please choose their name and click the "Add" button.

Name: 

Add
### Review Your Answers: Blind Work Related Expense

<table>
<thead>
<tr>
<th>Who</th>
<th>Monthly Amount</th>
<th>Reason For Expense</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>100.00</td>
<td>Child Care Cost</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Add Blind Work Related Expense**

To add another blind work related expense, please choose the person’s name and click the “Add” button.

Name:

### Review Your Answers: Past Medical Expenses

<table>
<thead>
<tr>
<th>Who</th>
<th>Months</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>April</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Add a Past Medical Expense**

To add another past medical expense, please choose the person’s name and click the “Add” button.

Name:

### Review Your Answers: Medicare Premium Summary

<table>
<thead>
<tr>
<th>Who</th>
<th>Type</th>
<th>Premium Amount</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>PartA</td>
<td>100.00</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Add Medicare Premium**

To add another medicare premium, please choose the person’s name and click the “Add” button.

Name:

### Review Your Answers: Health Insurance Expense

<table>
<thead>
<tr>
<th>Group</th>
<th>Insurance Coverage</th>
<th>Members Covered</th>
<th>Premium</th>
<th>Section Complete?</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe, Jane Doe, Josh Doe</td>
<td>Basic hospital</td>
<td>100.00</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Add Health Insurance Expense**

To add another health insurance expense, please click the ‘Add’ button.

### Voluntarily Cancel Health Insurance

Did anyone in the household voluntarily cancel health insurance in the past two months?

- [ ] Yes
- [ ] No

If yes, enter the cancel date (MM/YYYY):

### Review Your Answers: Declined Employer Provided Health Coverage

**Add Declined Employer Provided Health Coverage**

Add Declined Employer Provided Health Coverage

When complete, click NEXT.
Before You Submit the Application

Below is a summary of your application. To view your answers for a section, click on the Go Back link for that section.

<table>
<thead>
<tr>
<th>Section</th>
<th>Section Complete?</th>
<th>Go Back</th>
</tr>
</thead>
<tbody>
<tr>
<td>People</td>
<td>Yes</td>
<td>Go Back to People</td>
</tr>
<tr>
<td>Assets</td>
<td>Yes</td>
<td>Go Back to Assets</td>
</tr>
<tr>
<td>Other Assets</td>
<td>Yes</td>
<td>Go Back to Other Assets</td>
</tr>
<tr>
<td>Job Income</td>
<td>Yes</td>
<td>Go Back to Income</td>
</tr>
<tr>
<td>Other Income</td>
<td>Yes</td>
<td>Go Back to Other Income</td>
</tr>
<tr>
<td>Expenses</td>
<td>Yes</td>
<td>Go Back to Expenses</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>Yes</td>
<td>Go Back to Other Expenses</td>
</tr>
</tbody>
</table>

When complete, click NEXT.
Privacy Act Statement
Collecting the information on your application, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2005 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2001-2006, will be verified through computer matches, and is voluntary. We will use the information to determine initial and ongoing eligibility for public assistance, to check on compliance with program rules, and to deny public assistance under federal benefit programs for each person who fails to provide an SSN. We will use any SSNs you provide the same way we use SSNs of other household members. We may give this information to Federal and State agencies for official investigation and to law enforcement so they can find people running away from the law. If you get benefits for which you are not eligible, we may refer your information to Federal and State agencies or private collection agencies to collect the overpayment.

Florida Department of Children and Families Non-Discrimination Statement
No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department. To file a complaint, alleging violations of this policy, contact the Office of Civil Rights, Florida Department of Children and Families, 1157 Winewood Boulevard, Building 1, Room 101, Tallahassee, Florida 32399-0700 or call 1-800-487-1901 or TDD 1-800-622-9200.

USDA-HHS Non-Discrimination Statement
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families, where they apply for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9262. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, (2) facsimile: (202) 690-7442 or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5359, which is also in Spanish or call the State Information Hotline Numbers (click the link for a listing of hotline names by State), found online at http://www.fns.usda.gov/ hasNextInfotextLink?infotextid=6911. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write; HHS Director, Office for Civil Rights, Room S15-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call 202-619-0010 (voice) or 1-800-335-7778 (TTY). This institution is an equal opportunity provider.

You must check YES to continue.
Read the following carefully. It explains what the Department of Children and Families (DCF) can do with the information you provide and what may happen if you give incorrect information. When you finish reading this section click on the "I Understand" button. If you have any questions, contact DCF for help.

The information given on this application and at any interview, and information the Department of Children and Families gets from other agencies using computerized data matches, may be checked by DCF, and federal and state agencies including the office of Public Assistance Fraud (PAF).

I understand and agree to the following:

- DCF, PAF, and authorized federal and state agencies may check the information I give on this application and at any interview.
- My signature on this application authorizes DCF and PAF to contact my current and past employers to check the information I have provided.
- To get Medicaid, you sign the state Medicaid office permission to look at and share all medical records necessary under its auditing and investigatory authority.
- If any information I give on this application or during any interview is not correct, my benefits may be reduced or denied.
- If it is found that I gave incorrect information on purpose, I may be subject to criminal prosecution and/or disqualified from getting Food Assistance (SNAP), Temporary Cash Assistance, or Medicaid Programs.
- I was given a chance to read My Rights and Responsibilities, explaining what I can expect from DCF and what DCF expects from me.
- I certify under penalty of perjury, the information on this application is true to the best of my knowledge, including the citizenship or noncitizen status of those applying for benefits.
- I was given information about DCF's operating procedures CPDF 60-17 Chapter 1, Attachment 2, Management and Protection of Personal Health Information, explaining how DCF can use and protect my medical information.
- Privacy Act Statement

Collecting the information on your application, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036, will be verified through computer matches, and is voluntary. We will use the information to determine initial and ongoing eligibility for public assistance, to check on compliance with program rules, and will deny public assistance under Federal benefit programs for each person who fails to provide an SSN. We will use any SSN you provide the same way we use SSNs of eligible household members. We may give this information to Federal and State agencies for official investigation and to law enforcement so that they can find people running away from the law. If you get benefits for which you are not eligible, we may refer your information to Federal and State agencies or private collection agencies to collect the overpayment.

Florida Department of Children and Families Non-Discrimination Statement

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or receiving from federal financial assistance administered by the Department. To file a complaint, alleging violations of this policy, contact the Office of Civil Rights, Florida Department of Children and Families, 1317 Wynwood Boulevard, Building 1, Room 101, Tallahassee, Florida 32399-0700 or call 1-800-487-1901 or TDD 1-850-922-9220.

USDA-NHS Non-Discrimination Statement

This institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. lip read, large print, audio tape, American Sign Language, etc.) should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3207), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and mail it to USDA, Field Office, Office of Civil Rights, 100 Independence Avenue, SW, Washington, D.C. 20250-9410, or call toll free: 1-866-467-2265, or TDD: 1-866-635-6362. For any other information, contact the Farm Service Agency (FSA) at 866-514-9111 or visit "Contact FSA" at www.fsa.usda.gov. For any other information, contact the Farm Service Agency (FSA) at 866-514-9111 or visit "Contact FSA" at www.fsa.usda.gov. For any other information, contact the Farm Service Agency (FSA) at 866-514-9111 or visit "Contact FSA" at www.fsa.usda.gov.

You must check YES to continue.

☐ Yes, I have read and understand the "Statement of Understanding"
Customer Authentication Questions

Please complete the questions below for Jane Doe to the best of your ability. We are asking these questions to protect your identity. Answering the questions will help the Department of Children and Families verify your identity for assistance and reduce identity theft. Completing these questions will assist the Department in processing your application more quickly.

Which property have you NEVER owned?
- 7711 EISENHOWER ST
- 507 FARM POND WAY
- 15 MOCKINGBIRD WAY NW
- All of the above

Which phone number do you use now or have you used in the past?
- 449-0249
- 439-9365
- 946-1097
- None of the above

In what COUNTY do you currently live?
- LEON
- JACKSON
- CHARLOTTE
- None of the above

Which of the following people have NEVER lived with you or used the same address as you?
- MICHAELA BREWER
- GARY WESTMORELAND
- WARNER JENNINGS
- All of the above

☐ If you choose not to answer the authentication questions, please check the box.

When complete, click NEXT.
Customer Authentication Questions

Please complete the questions below for Jane Doe to the best of your ability. We are asking these questions to protect your identity. Answering the questions will help the Department of Children and Families verify your identity for assistance and reduce identity theft. Completing these questions will assist the Department in processing your application more quickly.

Which property have you NEVER owned?
- ☐ 7711 EISENHOWER ST
- ☐ 397 FARM POND WAY
- ☐ 15 MOCKINGBIRD WAY NW
- ☐ All of the above

Which phone number do you use now or have you used in the past?
- ☐ 449-0249
- ☐ 439-9365
- ☐ 946-1097
- ☐ None of the above

In what COUNTY do you currently live?
- ☐ LEON
- ☐ JACKSON
- ☐ CHARLOTTE
- ☐ None of the above

Which of the following people have NEVER lived with you or used the same address as you?
- ☐ MICHELA BREWER
- ☐ GARY WESTMORELAND
- ☐ WARNER JENKINS
- ☐ All of the above

☐ If you choose not to answer the authentication questions, please check the box.

When complete, click NEXT.
Hello, JANE. Your ACCESS Online number is: 800150685

Additional Information

In the box below, you may provide us with any information related to the changes that you have reported. Space is limited, so please be brief.

You have 500 characters remaining for your description.

When complete, click NEXT.
**Signing Your Application**

You're just a few minutes away from submitting your application. To do so, you'll need to:

- Check the signature box below to sign your application.
- Save & Exit if you are not ready to submit your application. However, your application will be deleted in 60 days if it is not updated.

**Florida Voter Registration**

Register to vote or update your voter registration?

☐ Yes, I would like to apply to register to vote. We will send you an application.

☐ No, I do not want to register to vote. You will be considered to have decided not to register to vote or update your voter registration information.

If "Yes", we will send you an application.

If "No", you will be considered to have decided not to register to vote or update your voter registration information.

For complaints not related to voter registration, see "USDA-HHS NON-DISCRIMINATION STATEMENT".

**Signature Declaration**

*BY MY SIGNATURE, I DECLARE:*

- Clicking on the "SIGN NOW" button means that you accept responsibility that all the information given on this application is correct. Clicking on the "SIGN NOW" button allows DCF to accept and finish working on your online application. If you do not click the "SIGN NOW" button the Department has not received a completed application.

- If you do not submit the online application within 60 days, you will have to start the process over. If you have any questions about the online application, you may call or visit a DCF office for additional information. If you choose not to sign and submit your application electronically, you may file a paper application.

- I certify under penalty of perjury, the information on this application is true to the best of my knowledge, including the citizenship or noncitizen status of those applying for benefits.

---

**Electronic Signature**

I certify that the above statements are true and correct to the best of my knowledge. If I give false information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny, and/or fraud.

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

☐ SIGN NOW. By checking this box, I am electronically signing my application. After signing your application click on the NEXT button below.

When complete, click NEXT.
Florida Voter Registration

Register to vote or update your voter registration?

- Yes, I would like to apply to register to vote. (We will send you an application)
- No, I do not want to register to vote. (You will be considered to have decided not to register to vote or update your voter registration information.)

If "Yes", we will send you an application.

If "No", you will be considered to have decided not to register to vote or update your voter registration information.

For complaints not related to voter registration, see "USDA-HHS NON-DISCRIMINATION STATEMENT".

Signature Declaration

BY MY SIGNATURE, I DECLARE:

- Clicking on the "SIGN NOW" button means that you accept responsibility that all the information given on this application is correct. Clicking on the "SIGN NOW" button allows DOF to accept and finish working on your online application. If you do not click the "SIGN NOW" button the Department has not received a completed application.

- If you do not submit the online application within 60 days, you will have to start the process over. If you have any questions about the online application, you may call or visit a DOF office for additional information. If you chose not to sign and submit your application electronically, you may file a paper application.

- I certify under penalty of perjury, the information on this application is true to the best of my knowledge, including the citizenship or noncitizen status of those applying for benefits.

Electronic Signature

I certify that the above statements are true and correct to the best of my knowledge. If I give false information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud.

If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted.

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

☐ SIGN NOW. By checking this box, I am electronically signing my application. After signing your application click on the NEXT button below.

When complete, click NEXT.
Your electronic application for assistance (ID#00150680), dated 03/20/2018 has been received. Click Here for What’s Next.

Keep Track of Your Application

You may check the status of your application online at any time by logging into your MyACCESS account.

If you haven’t heard back about this application within two weeks, please contact the department before submitting another online application for the same benefits. If you give us your ACCEES number when you call, we can give you the information more quickly.

Would you be willing to complete a survey? 

○ Yes ○ No

Email Confirmation

Would you like to get an email confirmation? 

○ Yes ○ No

We will send an email confirmation to the email address you entered. By entering your email address you are saying it is okay for the department to send emails to you about your case.

Email Address: 

Retype email address:

Eligibility

We are unable to make a decision about John’s Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families ACCESS Florida Program that will explain the final decision on John’s Florida Medicaid application.

We are unable to make a decision about Jane’s Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families ACCESS Florida Program that will explain the final decision on Jane’s Florida Medicaid application.

We are unable to make a decision about Joel’s Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families ACCESS Florida Program that will explain the final decision on Joel’s Florida Medicaid application.

Expedited Food Assistance

We have determined that you are not eligible for an expedited interview. You do not appear to meet expedited food stamp criteria.

Print Your Application

If you would like to print or save a copy of your application for your files, please click the View/Print My application button below.

If you decide to print or save, please keep in mind that your application has your private, personal information in it.

Advisory: Please read:
The account and application you just created are secure, but if you are using a computer in a Library, community center or other public place, please take the additional steps. If you print anything, remember to get the printed copies of your application. If the printer jams or your application fails to print, contact someone at the location for help. And, after you have completed your application(s), shut down the internet program and if possible ask the staff to restart the computer.

Print My Application

You will need to have a program called Adobe Reader to see and print this information. If you don’t have this program on your computer, you may install it for free by clicking:
Keep Track of Your Application
You may check the status of your application online at any time by logging into your MyACCESS account.

If you haven’t heard back about this application within two weeks, please contact the department before submitting another online application for the same benefit. If you give us your ACCESS number when you call, we can give you the information more quickly.

Would you be willing to complete a survey?  

Yes  No

---

Email Confirmation
Would you like to get an email confirmation?  

Yes  No

We will send an email confirmation to the email address you enter.
By entering your email address you are saying it is okay for the department to send emails to you about your case.

Email Address: test@myfamilies.com  
Retype email address: test@myfamilies.com

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Eligibility
We are unable to make a decision about John’s Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on John’s Florida Medicaid application.

We are unable to make a decision about Jane’s Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on Jane’s Florida Medicaid application.

We are unable to make a decision about Josh’s Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on Josh’s Florida Medicaid application.

---

Expedited Food Assistance
We have determined that you are not eligible for an expedited interview: You do not appear to meet expedited food stamp criteria.

Print Your Application
If you would like to print or save a copy of your application for your files, please click the View/Print My application button below.
If you decide to print or save, please keep in mind that your application has your private, personal information in it.

Advisory: Please read:
The account and application you just created are secure, but if you are using a computer in a library, community center or other public place, please take the additional steps: If you print anything, remember to get the printed copies of your application. If the printer jams or your application fails to print, contact someone at the location for help. And, after you have completed your application(s), shut down the Internet program and if possible ask the staff to restart the computer.

Print My Application
# ACCESS Online Survey

Thank you for agreeing to complete our survey. This will only take you a few minutes. Please tell us about your experience using the ACCESS ONLINE Web Application.

<table>
<thead>
<tr>
<th>Question</th>
<th>Easy</th>
<th>Fair</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate your experience with our screens:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long did it take to complete the application?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you need help using the Web application?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you needed help, was the help available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you received help, where did you get the help?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you had problems completing the application, where was the problem?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where were you when you completed the application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much computer experience do you have?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you use this web application again?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for completing this survey.
ACCESS Online Survey

Thank you for agreeing to complete our survey. This will only take you a few minutes.
Please tell us about your experience using the ACCESS ONLINE Web Application.

Please rate your experience with our screens:
- Easy
- Fair
- Difficult

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

Did you need help using the Web application?
- Yes
- No

If you needed help, was the help available?
- Yes
- No

If you received help, where did you get the help?
- Help screens
- Staff or other person
- Both

If you had problems completing the application, where was the problem?
- Adding Persons
- Completing Relationships
- Income questions
- Other

Where were you when you completed the application?
- In a DCF Office
- Other Location
- Use frequently

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

Would you use this web application again?
- Yes
- No

Thank you for completing this survey.
Application Completed

Electronic Benefits Transfer (EBT) Card Issuance

- If you are applying for food assistance or cash benefits for the first time, once your case is approved, you will be mailed an EBT card with instructions on how to use your card.
- If you received benefits in the past 24 months and still have your EBT card, you can still use that card if your case number has stayed the same and the card has not expired. Please check the Good Thru date on your card. If you do not have your card or if your card has expired, you may need to request a new one by clicking on the "Replace My EBT Card" Section.
- If you are reapplying for benefits and it has been more than 24 months since you last received your food assistance or cash benefits, a new EBT card will automatically be mailed to you.
- Reporting and submitting a change is not considered a renewal of your current benefits.

Exit
My Applications

This table displays all the applications, change reports, renewals and requests for additional assistance submitted and in progress.

<table>
<thead>
<tr>
<th>Submitted By</th>
<th>Application Number</th>
<th>Status</th>
<th>Date Received by Agency</th>
<th>Details</th>
<th>Appointments</th>
<th>Verifications</th>
<th>Notices</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANE DOE</td>
<td>800150685</td>
<td>Submitted</td>
<td>05/29/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To view a PDF copy of your submitted applications click the Details icon.