

# Home Caregiver Portal Application Manual

# New Applicants—Agency Affiliated

### FROM CONSUMER AFFAIRS WEBSITE

- 1. Go to <u>www.pbcgov.com/consumer</u>
- 2. Select Home Caregiver from the menu
- 3. Select "Apply for Caregiver ID Badge"
- 4. Under the column "New / First Time Online Portal User" select the green "Apply Here" button

# Sign Up (First Time Users)

- 1. The following screen will display
- 2. Complete the required fields (\*)

Please fill the data below to create your user account.
Email *
Email is <b>required</b>
First Name *
First Name is <b>required</b>
Last Name *
Last Name is <b>required</b>
Sign-Up

- 3. Enter your Email.
- 4. Enter your First Name.
- 5. Enter your Last Name.
- 6. Click on the "Sign-Up" button.

	Please fill the data below to create your user account.
3	Email *
4	First Name *
5	Last Name *
6	Sign-Up

7. Select the images as instructed on the security screen, if prompted.



8. The following message will display on the top right-hand- side of your screen.



- 9. Enter your User Name. (The User Name is your Email Address).
- 10. Enter the **Temporary Password** (check your e-mail account). Delivery may take a few minutes.(TIP: Check to make sure it wasn't delivered to your spam or trash folder)
  14. Olight on the fill e minil butter.
- 11. Click on the "Login" button.

Please log in to continue	
User Name 9 Enter your user name Password: 10 Inter your password	
PBC Portal - Secured by Enterprise Connect © 2014 Palm Beach County Keep me signed in on this device!	

The following screen will display.

- 12. Enter a **New Password**.
- 13. Confirm **New Password**.
- 14. Click on "Save New Password."

Please login to continue	
New Password	[?] Strength:
13 onfirm Password (show passwords)	
PBC Portal - Secured by Enterprise Connect @ 2014 Palm Beach County Keep me signed in on this device!	14 SAVE NEW PASSWORD
SIGN-UP FORGOT PASSWORD?	

The following screen will display.

- 15. The First Name will display by default.
- 16. The Last Name will display by default.
- 17. Enter your **Birthday**.
- 18. Enter your **Phone Number**.
- 19. Click on the "Update" button.



# Register as a New Home Caregiver

1. Click on the "Home Caregiver" button.

				🕇 Home	Contact Us	G Logout Veronica Castro
None-						
	Welcor	me to Palm Beach County	Consumer Affair	rs Portal		
The Division protections a are charged To learn mo	of Consumer Affairs is a consum re extended to the public through with administering the Palm Bear re about the Division of Consume	er protection agency of the Palm Beach County Boar iticensing, investigation, informal mediation, and com ch County Consumer Affairs, Moving, Water Taxi, Adu Affairs, click here.	d of County Commissioners position i pliance activities. Staff consists of cus If Entertainer Work ID, Towing, Vehic	n the Public Safety Department. C stomer service specialists and inw de for Hire, and Home Caregiver of	Consumer estigators who Ordinances.	
Please choose one of the services below	2			_		
Home Caregiver	0	& Water Taxi	0	& Vehicle For Hire	i	0
To register as a new Home Caregiver, renew yo replace your card	our exisitng registration, or	To register as a Palm Beach County ven registration informa	dor or access your vendor tion	To register as a Palr	n Beach County ver registration informa	ndor or access your vendor ation
Click here. Home Caregiver +		& Coming soo	n		& Coming so	on
		La Towing	0			
		To register as a Palm Beach County ven registration informa	dor or access your vendor tion			
		Coming soo	n			

2. Click on the "**No**" button.

		A Home	🖀 Contact Us	G• Logout Veronica Castro
E New / Renew / Replace License				
	Have you ever been issued a Home Caregiver ID Badge by Palm Beach County?			

### 3. The Home Caregiver ID Badge Application form will display.

- a. Your response to the two questions will determine whether you are applying for an Agency Affiliated <u>OR</u> an Independent/Private Caregiver License.
- b. Enter/select all required data or any necessary optional information.
- c. Click on the "Save Application" button.

ovide Home Caregiver application	details.							
application details.								
Caregiver ID Badge Application	2n							<ul> <li>Denotes F</li> </ul>
	* Do you work for	r or plan to work for	a home health company? :	O Yes O No	a	Decederation		
* Have you submitted fing	erprints within the prio	or 5-years for a crim	inal background screening	O Yes O No		determine w	hether you are a	nese two question an Agent of the second s
relating t	o health care to the Ag	jency for Health Car	e Administration (AHCA)? :			Affiliated or li	ndependent/Priv	ate Caregiver Li
	2						0	
* First Name :			Mid. Initial :			• Last Name:		
* Address :								
* City :	-Select City -	V	* State :			* Zip Code :		
		1		PL				
				FL				
	NOTE:	Above you MUST pr	ovide a street address. Post (	PL Office boxes are accept	table below.			
lailing Address same as Physic	NOTE:	Above you MUST pr	ovide a street address. Post (	PL Office boxes are accep	table below.			
lailing Address same as Physic Mailing Address :	NOTE: al Address? : 🗌	Above you MUST pr	ovide a street address. Post (	FL Office boxes are accep	table below.			
Iailing Address same as Physic Mailing Address : City -	NOTE:	Above you MUST pr	ovide a street address. Post (	Iffice boxes are accep	table below.	7in Code -		
lailing Address same as Physic Mailing Address : City :	NOTE:	Above you MUST pr	ovide a street address. Post ( State :	)/fice boxes are accep	table below.	Zip Code :		
lailing Address same as Physic Mailing Address : City : * Cell Phone :	NOTE:	Above you MUST pr	ovide a street address. Post ( State : Work Phone :	PL Office boxes are accep	table below.	Zip Code :		
lailing Address same as Physic Mailing Address : City : * Cell Phone : * E-Mail Address :	NOTE:	Above you MUST pr	ovide a street address. Post ( State : Work Phone :	PL           Office boxes are acception           (000) 1000 10000	table below.	Zip Code :		
lailing Address same as Physic Mailing Address : City : City : Cell Phone : E-Mail Address : Driver License #/ ID # :	NOTE:	Above you MUST pr	ovide a street address. Post ( State : Work Phone : Exp. Date :	PL Iffice boxes are accep (000) X0X X00X License Expiration DJ	table below.	Zip Code : * DOB :		
lailing Address same as Physic Mailing Address : City : City : Cell Phone : E-Mail Address : Driver License #/ ID # : Gender :	NOTE: al Address? : Select City Select City Select Gender	Above you MUST pr	ovide a street address. Post ( State : Work Phone : Exp. Date : Height :	PL Iffice boxes are accep (000) 300X 3000X License Expiration Da -Select Height	table below.	Zip Code : • DOB : Race :	-Select Race -	
lailing Address same as Physic Mailing Address : City : City : Cell Phone : E-Mail Address : Driver License #/ ID # : Gender :	NOTE: al Address? : -Select City -Select Cender	Above you MUST pr	ovide a street address. Post d State : Work Phone : Exp. Date : Height :	PL Iffice boxes are accep (000) X00X X000X License Expiration Da -Select Height -	table below.	Zip Code : * DOB : Race :	-Scient Race	
lailing Address same as Physic Mailing Address : City : City : City : E-Mail Address : Driver License #/ ID # : Gender : certify that I have received, read, certify thave received and read a	NOTE: al Address? : -Select City -Select City -Select Gender understood and agree to copy of the Home Caregi	Above you MUST pr	avide a street address. Post d State : Work Phone : Exp. Date : Height :	PL Pffice boxes are accept pffice boxes are	table below.	Zip Code : * DOB : Race : e and the laws of the	-Select Race - State of Fiorida.	V
lailing Address same as Physic Mailing Address : City : City : City : Cell Phone : E-Mail Address : Driver License #/ ID # : Gender : Certify that i have received and read a o notify the Consumer Affairs Div that all statements contained in m	NOTE: al Address? : Select City Select City Select Gender understood and agree to copy of the Home Caregi ision of any changes in a vapolication are completed	Above you MUST pr	avide a street address. Post d State : Work Phone : Exp. Date : Height : ach County Code, Chapter XVII, 5, e-mail address, change in em que that omissions or faits est	PL Hice boxes are accept Diffice boxes are accept (000) 200: 2000 License Expiration Data -Select Height – Article XV - Home Carego ployment, etc. tements will be grounds	table below.	Zip Code : * DOB : Race : e and the laws of the suspension or non-fi	-Select Race State of Florida.	Incluer's ID Badge.
lailing Address same as Physic Mailing Address : City : City : City : Cell Phone : E-Mail Address : Driver License #/ ID # : Gender : Certify that I have received and read a onofity the Consumer Affairs Div that all statements contained in m	NOTE: al Address? : Select City Select City Select Gender understood and agree to copy of the Home Caregi sion of any changes in a y application are completed	Above you MUST pro	ovide a street address. Post d State : Work Phone : Exp. Date : Height : ach County Code, Chapter XVII, s, e-mail address, change in em dige that omissions or false sta	PL PL PL PL PL PL PL PL PL PL	table below.	Zip Code : DOB : Race : b and the laws of the suspension or non-it	-Select Race - State of Fiorida.	regiver's ID Badge.

# Agency Affiliated Caregiver Application

- 1. Click on the "**Yes**" radio button for the two questions to display the message shown below.
- 2. Enter all required data or any necessary optional information.
- 3. Click on the "Save Application" button.

Home > Application								+ Dack to He	me
								- Heliox III He	
plication Details									
vide Home Caregiver application de	tails.								
pplication details.									
Caregiver ID Badge Application									• Denotes
				_					
	* Do you wo	irk for or plan to work fo	r a home health company? :	Yes  No					
* Have you submitted fingerprin	its within the prior 5-y health care to I	ears for a criminal back the Agency for Health Ca	pround screening relating to re Administration (AHCA)? :	● Yes ○ No					
Your responses in	dicate that you should be	e processed as an Agency	Affiliated Caregiver. The above re	sponses cannot be chang	ed once this app	lication is saved.			
* First Name :	Veronica		Mid. Initial :	D.		* Last Name:	Castro		
* Address :	4500 Palm Circle Road	1							
City :	Hypoluxo	Y	* State :	R.		* Zip Code :	33462		
		NOTE: Above you MUS	l provide a street address. Pos	t Office boxes are acce	ptable below.				
Mailinn Address same as Phys	ical Address? • 🗸								
Malling Address -	4500 Palm Circle Roar	4							
Hunning Address .	Soor Failt Circle Hoad	100.1						-	
City :	Нурошхо		State :	FL		Zip Code :	33462		
* Cell Phone :	(561) 444-4444		Work Phone :	(2003) XXX-20033					
* E Mail Address :	vcastro2080@gmail.co	m							
Driver License #/ ID # :			Exp. Date :	License Expiration Date	c	• DOR :	01/14/1983		
Gender :	Female	V	Height :	Select Height	V	Race :	Select Race	-	v
					1.000	ur al the Freis at Fr	id.		
	damband and area - 44	ida hu tha Dalm Bar - h Co-	unto Cada Chantes VIII Anton V	W. Hama Canadian O.d.	income and the last	the state state of LIGH			
certify that I have received, read, un certify I have received and read a co o notify the Consumer Affairs Divisi	derstood and agree to al py of the Home Caregive on of any changes in add	bide by the Palm Beach Co ars pamphlet. Ireas, photo numbers, e.ma	unty Code, Chapter XVII, Article X	W - Home Caregivers Ord	inance and the la	wa of the state of Flor	100.		
certify that I have received, read, un certify I have received and read a co o notify the Consumer Affairs Divisi hat all statements contained in my i	ederstood and agree to al upy of the Home Caregive on of any changes in add upplication are complete	bide by the Palm Beach Co ers pamphlet. Iress, photo numbers, e-ma and true. I acknowledge the	unty Code, Chapter XVII, Article X iil address, change in employmer at omissions or false statements	W - Home Caregivers Ord It, etc. will be grounds for revoc:	inance and the la atlon, suspension	or non issuance of n	raa. ny Horne Caregiv	er's ID Badge.	
certify that I have received, read, un certify I have received and read a cc a notify the Consumer Affairs Divisi hat all statements contained in my a finitials :	Iderstood and agree to al ipp of the Home Caregive on of any changes in add application are complete VC	bide by the Palm Beach Co rts pamphlet. Iress, photo numbers, e-ma and true. I acknowledge th	unty Code, Chapter XVII, Article X iil address, change in employmer at omlsslons or false statements Submit Date :	W - Home Caregivers Ord It, etc. will be grounds for revoce 08/31/2020	inance and the la atlon, suspension	or non issuance of n * Print Name :	ny Home Caregiv Veronica D. C	er's ID Badge. Jastro	

4. The "Agency Affiliated Forms" links and the message "Application saved successfully." will display.



## **Agency Affiliated Forms**

# Home Caregiver Consent and Authorization (AHCA)

1. Click on the Home Caregiver Consent and Authorization (AHCA) option.

Open and	Review each form below:	
Open Cr H	Home Caregiver Consent and Authorization (AHCA)	
Open 🕸 🕴	Privacy Policy Acknowledgement Form	
Open IC* F	Florida Department of Law Enforcement Form	
Open the	FBI Privacy Act Statement Form	
	Application saved successfully.	
	€ Save Application	Continue to Payment ->

- 2. The Home Caregiver Consent and Authorization form will display.
  - a. Enter the **Social Security Number**.
  - b. Enter Applicant Initials.
  - c. Click on the "Save" button.
  - d. The "Consent form saved successfully" message will display.
  - e. Click on the "Close" button; the form will close.

Home Caregiver Consent and Authorization	⊗				
Home Caregiver Consent and Authorization Background Check Verification Utilizing Florida Agency for Health Care Administration (AHCA) Clearing House					
This form is to be used by applicants seeking a Palm Beach County (PBC) Home Caregiver ID Badge who have already undergone a state and national fingerprint background check through the Florida Agency for Health Care Administration (AHCA). Applicants who have already submitted fingerprints to AHCA must still apply for a PBC Home Caregiver ID Badge, but are not required to undergo another fingerprint background check, if eligibility results can be verified by the Division of Consumer Affairs (DCA).					
By signing below, I agree to allow Palm Beach County (PBC) to use my personal information to verify eligibility in the AHCA Clearinghouse as outlined in Chapter 17, Article XV, Home Caregiver Ordinance. The Social Security number collected pursuant to this notice can only be used by DCA for the purposes stated herein. Social security numbers will not be disclosed to others unless required or authorized by Florida law (FL Statute 119.071). In order for the DCA to access your record and view results in the AHCA Clearinghouse, please provide the following data:					
* First Name : Veronica * Last Name : Castro					
a * Social Security Number :         111-11-1111         * Date of Birth :         01/14/1983					
* I have been issued a Palm Beach County Home Caregiver ID Badge in the past : 🛛 🔿 Yes 💿 No					
Under penalty of perjury, I, Veronica Castro (applicant name), hereby swear or affirm that I have submitted fingerprints to the AHCA to qualify for employment as a home caregiver in regards to criminal background screening standards set forth in Chapter 435 and section 408.809, F.S. and that the information reported above is true and accurate. Furthermore, I understand that PBC may suspend my badge should my eligibility status change.					
D * Applicant Initials : VC Date : 03/18/2020					
Consent form saved successfully.					
C C Save Close Cose					

3. The **"Home Caregiver Consent and Authorization (AHCA)"** will display a checkmark indicating the form has been completed.



# Privacy Policy Acknowledgement Form

1. Click on the "Privacy Policy Acknowledgement Form" option.



- 2. The "Privacy Policy Acknowledgement Form" will display.
  - a. Enter Applicant Name.
  - b. Enter Applicant Initials.
  - c. Click on the "Save" button.
  - d. The "Consent form saved successfully" message will display.
  - e. Click on the "Close" button; the form will close.

Privacy Policy Acknowledgement Form		9
I acknowledge that I have received a copy of the Investigation, which describe the exchange of inf Screening Clearinghouse.	PRIVACY POLICY ACKNOWLEDGEMENT FORM privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of ormation where criminal record results will become part of the Care Provider Background	
I understand and agree that I will read and comp	ly with the guidelines contained in the privacy policies.	
a * Applicant Name (Printed) :	Veronica D. Castro	
b * Applicant Initials :	VDC	
Date :	03/18/2020	
	d Consent form saved successfully.	
C -		

3. The **"Privacy Policy Acknowledgement Form"** will display a checkmark indicating the form has been completed.



# Florida Department of Law Enforcement Form

1. Click on the "Florida Department of Law Enforcement Form" option.



- 2. The "Florida Department of Law Enforcement Form" will display.
  - a. Review Form
  - b. Click on the "Close" button; the form will close.

Florida Department of Law Enforcement Form
a FLORIDA DEPARTMENT OF LAW ENFORCEMENT NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE
NOTICE OF:
• SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,
• RETENTION OF FINGERPRINTS,
• PRIVACY POLICY, AND
RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD
This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you of the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.
Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.
Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.
Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.
The FBI's Privacy Statement follows on a separate page and contains additional information.
b × Close

3. The **"Florida Department of Law Enforcement Law Form"** will display a checkmark indicating the form has been completed.



### FBI Privacy Act Statement Form

1. Click on the "FBI Privacy Act Statement Form" option.



- 2. The "FBI Privacy Act Statement Form" will display.
  - a. Review Form
  - b. Click on the "Close" button; the form will close.

#### FBI Privacy Act Statement Form

FBI PRIVACY ACT STATEMENT

#### Authority:

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

#### Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

#### Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/ or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the agency and/or the agency conducting the fingerprints and related information for other authorized purposes of such agency(se).

#### **Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by Ireaty, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

#### Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



3. The **"FBI Privacy Act Statement Form"** will display a checkmark indicating the form has been completed.

Open and Review each form below:	
Open 🖒 Home Caregiver Consent and Authorization (AHCA)	
Open 🖒 Privacy Policy Acknowledgement Form	
Open 🖒 Florida Department of Law Enforcement Form ✔	
Open 🌮 FBI Privacy Act Statement Form ✔	

4. After all the forms have been reviewed, click on the "**Continue to Payment**" button.

Open and Review each form below:		
Open 🚱 Home Caregiver Consent and Authorization (AHCA) 🗸		
Open 🚱 Privacy Policy Acknowledgement Form 🖌		
Open 🚱 Florida Department of Law Enforcement Form 💙		
Open 🚱 FBI Privacy Act Statement Form 🖌		
	€ Save Application	Continue to Payment →

## **Agency Affiliated Caregiver - No Fingerprints**

1. Selecting "**Yes**" to the first question and "**No**" to the second question will display the following message (shown below): If you plan to work for an agency, you need to submit current fingerprints to the Agency for Health Care Administration (AHCA) prior to applying for a Palm Beach County Home Caregiver ID badge. Contact your home health agency for information on where to have your fingerprints submitted to AHCA. The fingerprint check performed at Consumer Affairs is NOT sufficient for agency employment. Once your fingerprints have been submitted to AHCA, you may apply for your Palm Beach County Home Caregiver ID badge.

	A Home	Contact Us	Ge Logout Veroni-
Home > Application		+ Back to Ho	me
ep 1 - Application Details			
ease provide Home Caregiver application details. 5 Do: 1. Enter application details.			
Home Caregiver ID Badge Application			• Denotes Requ
Do you work for or plan to work for a home health company?:     Yes O No     Have you submitted fingerprints within the prior 5-years for a criminal background screening relating to     health care to the Agency for Health Care Administration (AIICA)?:			
If you plan to work for an agency, you need to submit current fingerprints to the Agency for Health Care Administration (AHCA) prior to applying for a Palm Beach County Home Caregiver ID bac information on where to have your fingerprints submitted to AHCA. The fingerprints check performed at Consumer Affairs is NOT sufficient for agency employment. Once your fingerprints have Palm Beach County Home Caregiver ID Badga.	lge. Contac been subm	t your home health itted to AHCA, you	company for may apply for your

# Independent/Private Caregiver Application

- 1. Based on your response scenarios to the two questions, the message shown below will display.
  - a. If you select "**No**" to both questions.

A Home Caregiver ID Badge Application	Denotes Required Field
Do you work for or plan to work for a home health company?: O Yes No     Have you submitted fingerprints within the prior 5-years for a criminal background screeging relating to O Yes R No	
health care to the Agency for Health Care Administration (AHCA)? : Your responses indicate that you should be processed as an Independent/Private Caregiver. The above responses cannot be changed once this application is saved.	

### 

b. If you select "No" to the first question and "Yes" to the second question.

A Home Care	sgiver ID Badge Application	Denotes Required Field
	* Do you work for or plan to work for a home health company? : O Yes  No	
• н	lave you submitted fingerprints within the prior 5-years for a criminal background screening relating to 💽 Yes 🔿 No health care to the Agency for Health Care Administration (AHCA)? :	
	Your responses indicate that you should be processed as an Independent/Private Caregiver. The above responses cannot be changed once this application is saved.	

- 2. Enter all required data or any necessary optional information.
- 3. Click on the "Save Application" button.
- 4. The message "Application saved successfully" will display.
- 5. Click on the "Continue to Payment" button.

Home > Application								de Dank to I	loma
	1000	- 100	Constant Constant			1000		- Back to I	tome
Application Details									
rovide Home Caregiver application	details.								
r application details.									
e Careniver ID Badne Applicatio	n								Denotes I
	5M								
	* Do you work for a	or plan to work fo	a home health company? :	○ Yes ® No					
Have you submitted fing relation t	erprints within the prior	5-years for a crin	ninal background screening e Administration (AHCA)?	○ Yes ® No					
						and the street in			
saved.	cate that you should be pro	cessed as an indeper	ident/Private Caregiver. The above	responses cannot	be changed once the	s application is			
							w		
* First Name :	Veronica		Mid. Initial :	D		* Last Name:	Castro		
Address :	4500 Palm Circle Road								
* city :	Нуровахо	~	* State :	FL		* Zip Code :	33462		
	NOTE: A	hove you MUST or	ovide a street address. Post (	office boxes are	accentable below				
		bore you noor p	onde a street address. Post e	ince boxes are	acceptable below.				
Mailing Address same as Physice	al Address? : ⊻								
Mailing Address :	4500 Palm Circle Road								
City :	Select City	•	State :	FL		Zip Code :	33462		
• Cell Phone :	(561) 444-4444		Work Phone :	(2003) 2003-200	XX				
* E-Mail Address :	vcastro2080@gmail.com								
Driver Licence #/ ID # -			Evo Data -	Liceose Evoirs	tion Data	* DOR -	01/14/1003		
Unver License #/ 10 # .		_	Exp. Date :	License Expire	ouri Dare	+ 000.	01/14/1903		_
Gender :	-Select Gender -	<b>v</b>	Height :	-Select Heigh	t- 💙	Race :	-Select Race	-	~
by certify that I have received, read,	understood and agree to a	bide by the Palm Be	ach County Code, Chapter XVII,	Article XV - Home	Caregivers Ordina	nce and the laws of the	State of Florida.		
er certify I have received and read a to notify the Consumer Affairs Divi	copy of the Home Caregiv sion of any changes in ad-	ers pamphlet. dress, photo numbe	rs, e-mail address, change in em	ployment, etc.					
y that all statements contained in m	y application are complete	and true. I acknowl	edge that omissions or false stat	ements will be gr	ounds for revocatio	n, suspension or non-	ssuance of my Ho	ome Caregive	r's ID Badge.
• Initials :	VC		Submit Date :	03/30/2020		* Print Name :	Veronica Cast	ro	

# Payment

# Pay Now (Online Payment)

- 1. Select the "**Pay Now**" radio button.
- 2. Click on the "Review your Payment" button.

	A Home	🕿 Contact Us	C+ Logout Veronica Castro
Home > Application > Payment		+ Back to A	oplication
Step 2 - Payment Options			
Please select payment option. To Do: 1. Select one of the payment options "Pay Now" or "Pay In Person."			
\$ Payment Options			Denotes Required Field
* Payment Options : Pay Now Pay In Person			
Pay To: Palm Beach County - Consumer Affairs			
Amount To Pay: \$30.00 New - Home Caregiver Fee Amount			
2 → Review your Payment →			

- 3. The "Payment Review" screen will display.
- 4. Click on the "Edit Payment Option" button to return to the Payment Options screen and make any changes, OR
- 5. Click on the "Proceed to Payment" button.

			A Home	🕿 Contact Us	🕒 Logout Veronica Castro
L'ANDE					
Home > Application > Payment				+ Back to A	pplication
Step 2 - Payment Review					
To Do: 1. To make any changes click on "Edit Payment Onlion" or continue to	to "Proceed to Payment"				
	o Housed to Fujinent .				
\$ Payment Review - 3					
Pay To :	Palm Beach County - Consume	er Affairs			
Amount To Pay :	\$30.00				
	4		5		
	Edit Payment Option	Proceed to Payment $\Rightarrow$			
	Edit Payment Option	Proceed to Payment →			

- 6. Enter the required information.
- 7. Click on the "Pay Now" button.

Consum		
Your Order		
Total Amount		\$30.00
		Caract
Billing Informatic		
	511	* Required field
First Name *		
Last Name *		
Company Name		
Address Line 1 *		
City *		
Country/Region *	United States of America	
State/Province *	Florida	
Zip/Postal Code *		
Phone Number *		
Email *		
Payment Details	-	
Card Type *	_	
	VISA Visa	Mastercard      Discover
Card Number *		
Expiration Date *		

**Note:** To cancel the order and return to the "**Payment Options**" page, click on the "**Cancel**" button.

- 8. The "Payment Status" screen will display.
- 9. Click on the "Show Receipt" button to display or print the Payment Receipt.
- 10. Click on the "Continue to Schedule Appointment" button.

	A Home	🕿 Contact Us	C+Logout Veronica Castro
Home > Application > Payment		🗲 Back to Ap	plication
Step 2 - Payment Details			
Please provide Payment details. To Do: 1. Click "Show Receipt" to print the receipt.			
\$ Payment Status			
Applicant Name :	Veronica Castro		
Application Fee For :	New		
Amount Paid :	\$30.00		
Card Type :	Credit Card		
Your payment has been submitted successful	illy. A receipt was sent to your email account.		
9 Show Receipt		tinue to Schedule Ap	pointment →

### 11. A **Payment Confirmation** email is sent to the applicant.

Payment was received for the following ID badge or license as detailed below:
Paid To: Palm Beach County Board of County Commissioners Department/Division: Department of Public Safety, Division of Consumer Affairs
Account Holder: Veronica Castro
Amount (US\$): 30.00 New- Home Caregiver Fee Amount
Transaction Date: January 14, 2021
Confirmation: 831000
Please note that your Caregiver ID Badge is not approved until the application has been processed and your badge has been received.

# Pay In Person (SECONDARY)

1. Select the "Pay In Person" radio button.

			A Home	Contact Us	G• Logout Veronica Castro
Home > Application > Payment				- Back to Applic	cation
Step 2 - Payment Details					
Please provide Payment details. To Do: 1. Select one of the payment options, "Pay Now" of "Pay in Person." 2. Provide credit card details if you select the "Pay Now" option.					
\$ Payment Details					Denotes Required Field
* Pay	ment Option : 🛛 Pay Now 🗍 Pay In Per	ion			

2. Click on the "Save" button.

	A Home	Contact Us	C+Logout – Veronica Castro
Home > Application > Payment		+ Back to Applic	ation
Step 2 - Payment Details			
Please provide Payment details.			
1. Select one of the payment options, "Pay Now" or "Pay in Person."			
2. Provide credit card details if you select the "Pay Now" option.			
			Departure Descripted Dialet
S Payment Details			
Payment Option : 🕓 Pay Now 🖲 Pay In Person			
Cf Save			

3. Click on the "Continue to Review" button.

	ft Home	🕿 Contact Us	C+ Logout Dawn Do
Home > Application > Payment		+ Back to Ap	plication
Step 2 - Payment Options			
Please select payment option. To Do: 1. Select one of the payment options "Pay Now" or "Pay In Person."			
\$ Payment Options			Denotes Requi
Payment Options : O Pay Now 🖲 Pay In Person			
Previously you selected to Pay in Person. You can change the payment option.			
		Continue	to Review 👄

# 4. Submit the application

teme ⊋Cen	tact Ua (> Logout - Dawn Doug) Dack to Peyment
ĤHoms ≩Con +	tact Us Co-Logout – Devin Dougl Dack to Peyment
fHome ⊋Con	tact Us Co Logout – Davin Dougi Dack to Payment
	Dack to Payment

5. Application Status Screen Appears

	📌 Home
Application Status	
Applicant Name :	Test Test
Application Type :	Replacement
Status :	Submitted
Submitted Date :	02/03/2021

Schedule an Appointment

- 1. Click in the Date field, and a calendar will appear.
- 2. Select appointment date and time.

				🔒 Home	Contact Us C+Logout - Veronica Castro
Home > Applicati	ion > Payment > Appointment				+ Back to Payment
Step 3 - Appointment Details					
Please select the Date and Time you w To Do: 1. Select the Date of your Appointment 2. Select the Time of your Appointment	rould like to arrive for your Appointment.				
O Appointment					
	Date : Tu	esday June 23, 2020			
8.00 AM	8:20 AM	8.40 AM	9.00 AM	9.20 AM	9.40 AM
10:00 AM	10:20 AM	10:40 AM	11:00 AM	11/20 AM	11:40 AM
1:00 PM	1:20 PM	1:40 PM	2.00 PM	2:20 PM	2:40 PM
3:00 PM	3.20 PM				

- 3. The "Schedule Appointment" screen will display.
  - a. Select **Type of Phone** from the dropdown list.
  - b. Enter the Best Phone number.
  - c. Click on the "Schedule Appointment" button.

		🕈 Home 🖀 Contact Us 🕒 Logout Veronica Castro
Home > Application > Payment > Appointment		+ Back to Appointment
Step 3 - Appointment Details		
Please select the Date and Time you would like to arrive for the appointment. To Do: 1. Verify your appointment Date, Time, Name, and Email 2. Select "Type of Phone" and enter the phone number. 3. Circk "Schedule Appointment" to confirm the appointment.		
O Schedule Appointment		
Appointment Date/Time :	Tuesday, June 23, 2020 at 1:20 PM	
Name :	Veronica Castro	
Email : a • Type of Phone : • Best Phone :	Ioliva@pbcgov.org (Note: To modify your Email Address click here) Cell Phone (561) 222-1111	
	O Schedule Appointment	

# 4. The **"Appointment Confirmation**" will display.

a. Click on the "Continue to Review" button.

	A Home 🕿 Contact Us 🕒 Logout – Veronica Castro
Home > Application > Payment > Appointment	+ Back to Appointment
Step 3 - Appointment Details	
Please select the Date and Time you would like to arrive for the appointment. To Do: 1. Verify your appointment Date. Time, Name, and Email 2. Select "Type of Phone" and enter the phone number. 3. Click "Schodule Appointment" to confirm the appointment.	
O Schedule Appointment	
Appointment Date/Time : Name :	Tuesday, June 23, 2020 at 1:20 PM Veronica Castro
Email :	loliva@pbcgov.org (Note: To modify your Email Address click here)
* Type of Phone :	Cell Phone
* Best Phone :	(551) 222-1111
Appointment scheduled	in June 23, 2020 at 1 20 PM. Email contirmation for your appointment has been sent to your email account
	© Sichedule Appointment Continue to Review →

## 5. An **Appointment Confirmation** email is sent to the applicant.

Your appointment has been scheduled for: June 23, 2020 at 1:20 PM.
Confirmation Number: 85085328
The Division of Consumer Affairs is located at the following address: 50 S. Military Trail, Suite 201 West Palm Beach, FL 33415
Please bring picture identification (Driver's License or Passport) and be prepared to have your photo taken. If you have NOT already paid online, please bring payment in the form of a check, money order, Visa, Discover or MasterCard. **WE DO NOT ACCEPT CASH.
Thank you – we look forward to seeing you soon!
If you have any questions, please contact 561-712-6600 or email caregiveridbadges@pbcgov.org

# **Review Application Details**

- 1. Review your details.
  - a. Click on the "Edit Application" button to make changes to the application.
  - b. Click on the "Submit Application" to submit the application.

				A Home 🕯	Contact Us 🛛 🕞 Logout Veronica Cast
Home > Application > I	<sup>b</sup> ayment > Appointment > Review			÷8	ack to Appointment
al Step - Review Details					
eview your details. Submit the application o Do: 1. Review your details. 2. Click "Submit Application" to submit the appl	r Edit it if you need to make any changes. lication or "Edit Application" to make changes.				
Review Details					
This application will b	e processed as a Private/Independent Caregiver.				
Application Type :	Renewal				
Appointment Date and Time :	Tuesday, August 25, 2020 at 2:00 PM				
Name :	Henrietta Hopkins				
E-Mail Address :	vcastro2080@gmail.com				
Address :	5011 Wiles Road 207 Road 207 Apt Coconut Creek FL 33073				
Mailing Address :	5011 Wiles Road Apt 207, Coconut Creek, FL 33073				
Driver Lic. # :	H125-320-60-915-0	Exp. Date :	11/15/2021	Date of Birth :	11/15/1960
Gender :		Height :		Race :	
Initials :	HH	Submit Date :	08/12/2020	Print Name :	Henrietta Hopkins
Delivery Option :	Mail				
Payment Date :	8/24/2020 12:43:05 PM	Payment Amount :	\$70.00	Payment Type :	Credit Card
	a / Edit Application	C Submit Applicat	b		
		© 2020 Palm Beach Co	unty. All rights reserved.		

2. The **Application Status** notification will display.

	A Home	🕿 Contact Us	🕒 Logout – Veronica Castro
Application Status			
Applicant Name : Henrietta Hopkins			
Application Type : Renewal			
Status : Submitted			
Submitted Date : 08/25/2020			

### 3. An email notification is sent to the applicant.

Your application was submitted to the Palm Beach County Consumer Affairs Division on Tuesday, August 25, 2020 at 12:07:43 PM. Please note that your Caregiver ID Badge is not approved until the application has been processed and your badge has been received.

Thank you!