



agency for persons with disabilities
State of Florida

APD PROVIDERS / SUPPORT COORDINATORS JOINT MEETING

Thursday, July 19, 2012 9:30 A.M.

401 NW 2ND AVENUE, SUITE N-1011, MIAMI, FL 33128

AGENDA ITEM	ISSUE / DISCUSSION	ACTION / FOLLOW UP
I. CALL TO ORDER	Ms. Jackson began the meeting at 9:37 a.m. by sharing with all that Ms. Alvarez would not be joining us for today's meeting.	
II. STATE / AREA AND APD UPDATE	<p>**Ms. Jackson reminded all providers that it is critical that all providers read the Handbook. If further clarification is needed please contact staff within our office.</p> <p>❖ <u>Staff Introductions:</u> Hillary Jackson, Kirk Ryon, Carolyn Eleby, Sharon Powell, Ivonne Gonzalez, Maria Springer, Rosa Llaguno, Montrese Albury, Michael Cardello, Maria Roqueta.</p> <p>❖ <u>Announcements:</u></p> <p>New Staff Announcements: none New Provider Announcements:</p> <p>Miltas Place, Inc – Mildred Tassej All Around Home Health Agency, Inc – Janet Gonzalez Bayus Healthcare Services, Inc - Ololade Shokunbi</p> <p>❖ <u>Guest Speakers:</u> none</p>	<ul style="list-style-type: none">▪ For more information about the Agency for Persons with Disabilities, please contact Evelyn Alvarez at (305) 349-1478.

❖ **Ms. Hillary Jackson spoke about several issues:**

1. Costplan Issues:

- Crisis enrollment packets **are not optional when a consumer is requesting services that will exceed their existing frozen costplan amount.** Crisis packets submitted to our office must comply with the Business Process for Costplan Freeze that went into effect 3/28/11. Remember that a new QSI may need to be done for your consumer that you are submitting a crisis packet for; support coordinators are highly encouraged to attend or participate in the QSI assessment for this consumer prior to the assessor inputting the QSI. This will assist all involved to ensure all facets are discussed.

Support coordinators were polled and it was decided during the meeting to have a crisis packet review/submission training for support coordinators. As soon as a date is finalized we will alert all support coordinators.

- Initial Crisis Cost Plans for newly enrolled waiver consumers must be submitted to our office within 60 days of the consumer's enrollment. Consumers are enrolled with \$10,000.00 and TBD tier status to assist in alleviating the consumer's crisis. Prior to the support coordinator getting the file, there should have been an approval done for 3 months of support coordination services and limited approval for any other service. Support coordinators in order to better track this process we are now notifying you via Zixmail that **you must prepare a crisis packet for submission** which includes a due date to submit it to our office. It is imperative that this process be followed. APD Central Office is tracking the crisis submissions for new enrollees.

Support coordinators; please check to ensure that you have issued service authorizations for these newly enrolled consumers from the FY 12-13 costplan.

- Please remind your staff that the Regional Office is allowed timeframes in which to respond to requests received in our office. I am asking that you all share this with your office managers and your support coordination staff. There seems to be an expectation that once an item has been submitted that it must be reviewed within that day or next day. Again, please remind your staff of this.

2. Documentation:

- All service requests require the determination of medical necessity being made by our office. Support coordinators, you are still required to provide us with supporting documentation to justify the service request. Please refer to Attachment A from the PSA requirements this has been sent out to you all via email repeatedly.

3. Support Plan/Forms/Case Note Issues:

- Amendment Request versus Costplan Adjustment Form
 - a. Please only use the Adjustment Form when your consumer wants to reduce one service to obtain another one. Keep in mind medical necessity must still be met as required.
 - b. Amendment request is used when you are not adjusting services within the costplan. Any service that will exceed the current costplan frozen amount requires the use of an ARF. Example -- Consumer is requesting residential habilitation that will exceed the frozen amount.
- **APDmedwaiver_supportplans@apd.state.fl.us mailbox issues:**
 - a. Please put the consumer's name in the subject line along your agency name. Example: John Doe 9/1/12 SP - Busy Bee Agency.
 - b. Please, please save all files as one single file/document. This will minimize you sending us three emails with "part 1" "part 2" and "part 3."
 - c. It is recommended that the file you created as a single document be **saved** in the unforeseen event that you need to resend it to us. This will prevent your office from having to pull items from the file again to be scanned and resent to the **APDmedwaiver_supportplans@apd.state.fl.us** address.
 - d. Please save files as either a Word document or PDF document not as a TIF file or JPG.
 - e. There are some of you that seem to have your zixmail set up to have the delivery expire sooner than 55 days. We ask that you please change this expiration setting.
 - f. Please **only** send Area 11/Southern Region consumers' support plans to the **APDmedwaiver_supportplans@apd.state.fl.us** address.

4. Hearings/Final Orders:

- Please pay very close attention to your Zixmails that contain final order information. You will need to closely follow the instructions within the Zixmail to ensure that providers receive notification. I recommend that when sending authorizations to providers that you save the fax confirmation report.

- Please be mindful of this if you are aware that someone is no longer interested in pursuing a hearing that they should withdraw the hearing request as soon as possible.

5. **Voter Registration:**

- Please refer to the email that was sent to you on Tuesday, July 17, 2012. We are fine tuning how we would like to obtain this information from you all routinely and will alert you to this. More importantly, all must realize that our consumers have the right to vote.

❖ **Mrs. Ivonne Gonzalez shared the following information:**

- **Reminder for the Consumer Direct Care plus Program-** Thank for submitting the Purchasing Plans that had cost plan changes. If your Purchasing Plan wasn't received on time, then a September 1st effective date will have to implemented.

Rhonda Sloan our statewide trainer has taken another position in SunCoast Region in Tampa. If you need any further assistance with Corrective Action Plan's or training, please let me know so that I can assist you as Rhonda is transitioning into her new position.

- **CDC+ Consumers under 21 who have PCA** in their cost plans will also begin to transition from Waiver to MSP (Medicaid State Plan). The training sessions were conducted via Webex by AHCA and EQ staff on July 10 and another one today July 19th, 2012 from 10-12 pm for the Representatives and 1-3pm for the Consultants. The transition is expected to be completed by October 1, 2012.
- **QSI** - Updates - We have 4 additional QSI Assessors that are in the process of being trained. I will introduce them to you next month as they are still in training.

❖ Mr. Kirk Ryon announced the ongoing 2012 APD Gallery of Dreams Exhibition in the North Tower of the 401 Building. Mr. Ryon invited all present to view the Exhibition and thanked Sunrise Community, Emily Moises ADT, Fae Clarks New Horizons and other participating artists for their contributions.

- Kirk Ryon discussed the requirement that "critical" incidents which occur on weekends or evenings be called in to the Southern Region "On Call" Phone (305-

299-3366). This phone is manned by APD management staff on evenings and weekends in order to facilitate the policy that critical incidents be called in immediately. Group home and other providers must call the On Call phone immediately to report a critical incident. During the past several months, there have been several incidents where a critical incident was reported via a written incident report but a corresponding report was not called into the On Call number.

- Kirk Ryon asked that all residential program Disaster Plans be emailed to him no later than July 31st, 2012. Most if not all providers have their plans on file in hard copy on file with the Region however, APD is attempting to collect a data base with all Disaster Plans stored electronically which will be more portable and accessible.

In response to an emailed inquiry received by the Southern Region, Mr. Ryon noted that at least one individual had heard that there was a freeze on applications for new group homes. Mr. Ryon noted that there was no freeze on applications for new group homes and that any interested parties should contact him for further information. Mr. Ryon also noted that at the present time, there are more than 600 vacant beds available in the Southern Region.

- Mr. Ryon reminded all present that any respite placements or ALF placements for APD clients must be reported to the Residential Planning Office for tracking. Specifically, any placement of APD clients in any residential setting should be reported to Cary Dashiff as soon as possible before the placement occurs. Mr. Dashiff can be reached at 305-377-7269.

❖ **Ms. Sharon Powell discussed the following:**

- **Reminder on consumers aging out:** - Transition from teenager to adulthood is a process that requires caregivers and all supporting staff to be proactive in planning. It is a good practice to start planning for the transition from pediatrics to adult care once the consumer turns 17 years. This is to prevent the chaos once the consumer turns 18 and the pediatrician can no longer provide service and the consumer is left without medical attention. For the support coordinator it is important to assist parents to identify appropriate medical providers and to discuss guardianship options. Once the consumer turns 18 parents are no longer allowed to sign medical consents without presenting guardianship papers. Providers this is a conversation I want you to have with family members of minors and adults who have not being adjudicated incompetent. This will prevent unnecessary stress when immediate medical care is needed. For consumers turning 21 years proactive planning is also needed for services

that are covered by Medicaid state plan, like dental and therapies. This is the time we need to look at community resources. When you have exhausted all community options then you will need to turn to the waiver using the crisis packet to request additional services. This you know may take some time to review and eventually approve, so in circumstance should you be requesting the service at day or 2 weeks before the consumers' 21st birthday.

- **July is Minority Mental Health month** - We are a diverse nation with varying cultures and subcultures. Mental health issues remain a challenge for minorities mainly because of the stigma that is associated with mental illness. In addition to the unwillingness of mental health sufferers to acknowledge that they are experiencing emotional problems. This could be one of the main reasons for such high incidence of homicide and suicide.
 - **Obsessive compulsive disorder (OCD)**:- approximately 2.2 million American adults are sufferers from OCD and anxiety. This affects their quality of life and their ability to maintain positive relationships.
 - **Suicide**: - early recognition and treatment of depression can be the key to suicide prevention. Depression is often undiagnosed, especially in the older population where it might be diagnosed as dementia, personality style or might be masked by other medical condition.
Treatment: there are several treatment options for mental illness including medications, group therapy, and counseling. There are times that you will need a combination of treatment for success.

- ❖ Ms. Carolyn L. Eleby reported that the Region is finalizing the Medicaid Waiver (MW) agreement renewal process for all providers whose agreements expired on 6/30/2012. We have a number of providers who did not respond to renew the agreement and are no longer eligible to provide services for consumers in the Southern Region. A list of those providers was sent to the Wavier Support Coordinators (WSCs) previously. WSCs must review that list and ensure that their consumers make a change of provider when applicable. Also a number of providers were not renewed because they did not provide proof of liability insurance as per ongoing notices provided regarding the need to have liability in compliance with the MW agreement requirements. Once again please be cognizant that all providers must maintain the liability insurance current at all times and should have proof available upon a request by APD. We will be sending out updates to the list of providers who did not renew to WSCs as there have been a few changes from the initial list sent.

- **Ibudget Implementation** - Also in the provider enrollment Area we have begun preliminary activities related to the transition to Ibudget in February 2013. There

will be a number of changes that will take place in line with the new IBudget requirements. We will be implementing a new IBudget provider application with new providers in addition to the continuation of the present application process. Existing enrolled providers are also required to complete a new IBudget application which will be sent out in the next few days to the first 300 providers alphabetically on our list. You will be asked to complete the application per the instructions provided and return within the designated timeframe. Existing enrolled providers are only required to complete Section A. The new application lists the services provided in the new IBudget Service Families. You will indicate the present services you are approved to provide in correlation with the IBudget Category.

- ❖ **Supported Employment Liaison, Montrese Albury** reminded all Waiver Support Coordinators and Supported Employment providers. Do not submit the Q2 Employment forms for this quarter until Central office send out the new forms with instructions.

- ❖ **Michael Cardello, Community Relations Coordinator** showed a video, produced by Baptist Health South Florida and Miami Dade Employability Network, which highlighted 3 APD consumers who successfully participated in paid internships sponsored by MDEAN and held at BHSF.
 - Mr. Cardello stated that, this year, BHSF has agreed to mentor 15 APD consumers for Disability Mentoring Day (up from 11 last year). He also stated that Seaboard Marine had hired 2 DMD mentees last year within 2 weeks of their participation.
 - Mr. Cardello urged the group to submit DMD Participant applications for these and other opportunities being provided by various companies and organizations. The “official” DMD date is October 17, 2012.

- ❖ **Maria Roqueta, Supported Living Program Specialist** spoke about how services such as IHSS, PCA, Coaching, etc. must be provided as per The Handbook. These service providers should not do tasks **for** the consumer (such as laundry, cleaning, paying bills, etc) rather they must, whenever possible, do these things **with** the consumer: they must assist, teach, train and support them.
 - Ms. Roqueta reminded Waiver Support Coordinators of a past due assignment requested by Ms. Eleby regarding documentation required when a Supported Living coach is the fiscal agent or representative payee for the consumer. A number of coordinators appear to not have submitted their responses. We need this information in our records.

❖ **Mrs. Maria Springer shared the following information:**

- Good morning, I am Maria E. Springer Program Operations Administrator over the Waitlist Units. I am happy to report that this Fiscal Year we have been able to buy dippers and bed pads for our waitlist consumers that are over the age to 21 and for children if they do not have State Medicaid.
 - Today we will be hosting our Waitlist Quarterly Meeting in the Monroe area from 6 to 8 PM at the Monroe Association for Remarkable Citizens in Tavernier.
 - We have been able to assist over one dozen of our waitlist consumers with different services via IFS one-time funds.
 - Carolyn Eleby and I need your assistance in our requirement efforts to identify family members that would like to be part of our Southern Region Area Family Care Council please feel free to contact either Carolyn or myself and we will be more than happy to give more information to the families that contact us.
- ❖ *Ms. Rosa Llaguno advised that she is the Region's Voters Registration designee. She reminded them that all WSCs should have previously received the Agency's OP 05-002 by Hillary Jackson via e-mail. This policy is currently under review but asked all WSC to continue to follow the current policy until new policy is in place at which time a new training will take place. The current policy was reviewed with the WSCs, emphasizing that they are required to offer APD consumers with the opportunity to register to vote or update their records, and must assist APD in the collection of data for the agency. Ms. Llaguno reminded the WSCs that these opportunities should be offered when a new consumer enters APD, a consumer obtains a driver's license, turns age 18, has a change of address; or at least annually. The WSC can offer the registrations or updates in person, by phone, on-line, or by mail.*
- *The WSC were instructed that if the registrations are received by the Waiver Support Coordinator, it must be sent to the Supervisor of Elections within 10 days. It is suggested that the WSC send the applications to the APD offices for handling purposes but if they choose to send the applications directly, they are advised to date stamp the applications and send them with cover letters to the Supervisor of Elections. The WSCs were also reminded that all information concerning voters information is confidential and exempt and that if they receive*

	<p><i>a request, to please check with APD or their own attorneys before releasing any information. All were reminded to be sure to include the Notice of Rights when offering consumers voters registration information. Consumers have the right to decline but APD must keep track of this information. The notice is available online.</i></p> <ul style="list-style-type: none"> • <i>WSCs were advised not to influence a consumer’s choice in party affiliation or appear to do so as this is a violation of state and federal law, Florida Chapter 97 and 42 U.S.C. 1973 gg.</i> • All present were informed that the Voters Registrations applications can be found by the door. APD will send PowerPoint presentations and all links via email. Contact information was provided as follows in case of questions: email: Rosa_LLaguno@apd.state.fl.us and telephone: 305.377.5815. 	
	<p>IMPORTANT:</p> <p>OUR ON-CALL PHONE NUMBER IS 305-299-3366.</p>	
<p>III. ADJOURNMENT</p>	<p>Meeting adjourned at 11:30 a.m.</p>	

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ATTENDANCE: Montrese Albury, Maria Garcia, Tatiana Ortiz, Etha Griffith, Charles Jacob, Nereida Diaz, Xiomara Benavides, Diane Gelpi, Derrick Harley, Jacques Thompson, Carole Gibson, Jennifer Maxwell, Anyslei Tejada, Karina Gomez, James Louis, Dora Guzman, Gisel Prado, Sabrina Altidor, Portia James, Pascale Malette, Cherie O'Geen, Elsbeth Arce, Damien Diaz, Karen Knobloch, Haydee Milian, Mario Valdes, Laura Vinent, Matthew Zasahnick, Jorge Villalon, Yitzhak Rivero, Martha Gonzalez, Sophonie Maneus, Vivian Owen, Veronica Oliver, Ludim Herrera, Penny Schueneman, Linda Atkins-Pratt, Clara Martinez, Gabriel Lefran, Isabel Rojas, Armando Cuan, Aqueelah Ranelle, Keisha Cassells, Xiomara Gonzalez, Janet Gonzalez, Gladys Minino, Carlos Rocha, Sarah Cartaya, Cynthia Gay, Mercedes Franco, Cristina Schwarz, Patricia Garcia Montes, Muriel Cuadro, Cristiana Robaina, Eldith Tuesta, Tammie Martin, Mable Burger, Elissa Marorino, Lelany Arguelles, Viveen Brooks, Josephine Livingston, Lawrence Andrey, Mildred Tassy, Rita Maruri Rivero, Kathleen Childs, Luis Rodriguez, Suzette Spalding, Rene Gomez, Aida Zuniga, Ingrid Ariza, Derk Green, Donata Joseph*, Amanda Ortiz*, Manao Osegueda*, Kathy Morman*, Shelia Edwards*, Kathleen Mulkey*, Deborah Carter-Evans*, Laroneda Smith*.

*** Denotes tardiness of more than 15 minutes**



Florida Voter Registration Application

TO REGISTER, YOU MUST:

- Be a citizen of the United States of America. (Box 2)
- Be a Florida resident. (Box 8)
- Be 18 years old. (You may pre-register if you are 17 or if you have a valid driver's license before your 17th birthday.) (Box 5)
- Not be adjudicated mentally incapacitated with respect to voting unless that right is restored. (Box 4)
- Not be a convicted felon unless you have had your civil rights restored. (Box 3)
- Provide your current and valid Florida driver's license number or Florida identification card number. If you do not have a current and valid Florida driver's license or Florida identification card, you must provide the last four digits of your Social Security number. If you do not have a Florida driver's license number, Florida identification card number or Social Security number, write "NONE" in the box. (Box 6)
- Complete all information in the black boxes on the application. (Boxes 2, 3, 4, 5, 6, 7, 8, 16)

YOU CAN USE THIS FORM TO:

- Register to vote in the State of Florida
- Change name or address
- Replace your defaced, lost or stolen Voter Information Card
- Register with a political party or change party affiliation
- Update your signature

DEADLINE INFORMATION

If this is a new registration application in Florida, the date the completed application is postmarked or hand delivered to a driver's license office, a voter registration agency, an armed forces recruitment office, the Division of Elections, or the office of any supervisor of elections in the state will be your registration date. You must be registered for at least 29 days before you can vote in an election. If your application is complete and you are qualified as a voter, a voter information card will be mailed to you.

PARTY AFFILIATION (BOX #12)

If you wish to register with a major political party, place an "X" in the box next to the desired major party. If you wish to register with a minor political party, place an "X" in the box preceding "minor party" and then print the name of the desired minor party. For a list of all political parties registered in Florida, go to the Division of Elections' web site: <http://election.dos.state.fl.us/online/parties.shtml>. If you do not wish to

register with any political party, place an "X" in the box preceding "NONE." Florida is a closed primary election state. Therefore, to vote in a primary election for partisan candidates, you must be a registered voter in the party for which a primary is being held. Regardless of party affiliation, all registered voters can vote on issues and non-partisan candidates.

NOTICE

The office at which you register or your decision not to register, your SSN, your FL DL# and your FL ID card# will remain confidential and will be used only for voter registration purposes.

NOTE

If the information on this application is not true, the applicant can be convicted of a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years.

QUESTIONS

Contact the office of your county supervisor of elections for additional information. Contact information is on the website for the Division of Elections: <http://election.dos.state.fl.us/county/index.shtml>

INFORMACIÓN EN ESPAÑOL

Sírvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en Español.

PLEASE COMPLETE THE APPLICATION BELOW. PLEASE PRINT USING A BLACK BALLPOINT PEN.

- 1) Black boxes must be completed on the application below for registration to be valid. 2) Return this completed application to the office of your supervisor of elections. 3) If you are a first-time voter in this state applying by mail to register to vote and you have not been issued a FL DL#, FL ID#, or SSN, include a copy of your ID with the application (see Special Identification Requirements for additional information required). 4) Mail with first-class stamp.

FLORIDA VOTER REGISTRATION APPLICATION

REVISED 1/08

1 Check boxes that apply: New Registration Address Change Party Change Name Change Card Replacement Signature Update

OFFICIAL USE ONLY:
03 DE 39 1/08

2 Are you a citizen of the United States of America? Yes No (if NO, you cannot register to vote)

3 I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

4 I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) / /

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":

7 Last Name Suffix (circle) Jr. Sr. II III IV First Name Middle Name/Initial

8 Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX Apt/Lot/Unit City County of Legal Residence State Zip Code

9 Mailing Address if Different from Above Apt/Lot/Unit City Country State Zip Code

10 Address Last Registered to Vote Apt/Lot/Unit City Country State Zip Code

11 Former Name if Making Name Change Day Phone Number (optional)

12 Party Affiliation (Check only one) Democratic Party Republican Party minor party (print registered party name): NONE

13 Race/Ethnicity (Check only one) American Indian/Alaskan Native Asian/Pacific Islander Black, not Hispanic Hispanic White, not Hispanic

14 Sex M F Do you need voting assistance at the polls? Yes No Are you interested in being a poll worker? Yes No State or Country of Birth

15 Are You: Active Duty Military/Merchant Marine Dependent of Active Duty Military/Merchant Marine U.S. Citizen Currently Residing Outside the U.S.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

X

Date:

16 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

MAIL YOUR APPLICATION



Address your envelope to your County Supervisor of Elections.

ALACHUA COUNTY

Supervisor of Elections
PO Box 1496
Gainesville FL 32602-1496
352-374-5252

BAKER COUNTY

Supervisor of Elections
PO Box 505
Macclenny FL 32063
904-259-6339

BAY COUNTY

Supervisor of Elections
205 Mosley Drive
Lynn Haven FL 32444
850-784-6100

BRADFORD COUNTY

Supervisor of Elections
PO Box 58
Starke FL 32091
904-966-6266

BREVARD COUNTY

Supervisor of Elections
PO Box 1119
Titusville FL 32781-1119
321-264-6740

BROWARD COUNTY

Supervisor of Elections
PO Box 029001
Fort Lauderdale FL 33302
954-357-7050

CALHOUN COUNTY

Supervisor of Elections
20859 Central Ave. E., Room G10
Blountstown FL 32424
850-674-8568

CHARLOTTE COUNTY

Supervisor of Elections
PO Box 511229
Punta Gorda FL 33951-1229
941-637-2232

CITRUS COUNTY

Supervisor of Elections
120 N. Apopka Ave.
Inverness FL 34450
352-341-6740

CLAY COUNTY

Supervisor of Elections
PO Box 337
Green Cove Springs FL 32043-0337
904-284-6350

COLLIER COUNTY

Supervisor of Elections
3301 Tamiami Trail E.,
Rev. Dr. MLK Jr. Bldg.
Naples FL 34112
239-252-8450

COLUMBIA COUNTY

Supervisor of Elections
971 W. Duval St., Suite 102
Lake City FL 32055-3737
386-758-1026

DESOTO COUNTY

Supervisor of Elections
PO Box 89
Arcadia FL 34265
863-993-4871

DIXIE COUNTY

Supervisor of Elections
PO Box 2057
Cross City FL 32628
352-498-1216

DUVAL COUNTY

Supervisor of Elections
105 E. Monroe St.
Jacksonville FL 32202
904-630-1414

ESCAMBIA COUNTY

Supervisor of Elections
PO Box 12601
Pensacola FL 32591-2601
850-595-3900

FLAGLER COUNTY

Supervisor of Elections
PO Box 901
Bunnell FL 32110-0901
386-313-4170

FRANKLIN COUNTY

Supervisor of Elections
47 Ave. F
Apalachicola FL 32320
850-653-9520

GADSDEN COUNTY

Supervisor of Elections
PO Box 186
Quincy FL 32353
850-627-9910

GILCHRIST COUNTY

Supervisor of Elections
112 S. Main St., Room 128
Trenton FL 32693
352-463-3194

GLADES COUNTY

Supervisor of Elections
PO Box 668
Moore Haven FL 33471
863-946-6005

GULF COUNTY

Supervisor of Elections
401 Long Ave.
Port St. Joe FL 32456-1707
850-229-6117

HAMILTON COUNTY

Supervisor of Elections
1153 US Hwy. 41 NW, Suite 1
Jasper FL 32052
386-792-1426

HARDEE COUNTY

Supervisor of Elections
311 N. 8th Ave.
Wacahola FL 33873
863-773-6061

HENDRY COUNTY

Supervisor of Elections
PO Box 174
LaBelle FL 33975
863-675-5230

HERNANDO COUNTY

Supervisor of Elections
20 N. Main St., Room 165
Brooksville FL 34601
352-754-4125

HIGHLANDS COUNTY

Supervisor of Elections
PO Drawer 3448
Sebring FL 33871
863-402-6655

HILLSBOROUGH COUNTY

Supervisor of Elections
601 E. Kennedy Blvd., 16th Floor
Tampa FL 33602
813-272-5850

HOLMES COUNTY

Supervisor of Elections
201 N. Oklahoma St., Suite 102
Bonifay FL 32425
850-547-1107

INDIAN RIVER COUNTY

Supervisor of Elections
4375 43rd Ave., Unit 101
Vero Beach FL 32967
772-226-3440

JACKSON COUNTY

Supervisor of Elections
PO Box 6046
Marianna FL 32447
850-482-9652

JEFFERSON COUNTY

Supervisor of Elections
380 W. Dogwood St.
Monticello FL 32344
850-997-3348

LAFAYETTE COUNTY

Supervisor of Elections
PO Box 76
Mayo FL 32066
386-294-1261

LAKE COUNTY

Supervisor of Elections
PO Box 457
Tavares FL 32778-0457
352-343-9734

LEE COUNTY

Supervisor of Elections
PO Box 2545
Fort Myers FL 33902
239-533-VOTE (8683)

LEON COUNTY

Supervisor of Elections
PO Box 7357
Tallahassee FL 32314-7357
850-606-VOTE (8683)

LEVY COUNTY

Supervisor of Elections
421 S. Court St.
Bronson FL 32621
352-486-5163

LIBERTY COUNTY

Supervisor of Elections
PO Box 597
Bristol FL 32321
850-643-5226

MADISON COUNTY

Supervisor of Elections
229 SW Pinckney St., Room 113
Madison FL 32340
850-973-6507

MANATEE COUNTY

Supervisor of Elections
PO Box 1000
Bradenton FL 34206
941-741-3823

MARION COUNTY

Supervisor of Elections
PO Box 289
Ocala FL 34478-0289
352-620-3290

MARTIN COUNTY

Supervisor of Elections
PO Box 1257
Stuart FL 34995
772-288-5637

MIAMI-DADE COUNTY

Supervisor of Elections
PO Box 521550
Miami FL 33152-1550
305-499-VOTE (8683)

MONROE COUNTY

Supervisor of Elections
530 Whitehead St., Suite 101
Key West FL 33040-6577
305-292-3416

NASSAU COUNTY

Supervisor of Elections
96135 Nassau Place, Suite 3
Yulee FL 32097
904-491-7500

OKALOOSA COUNTY

Supervisor of Elections
302 Wilson St. N., Suite 102
Crestview FL 32536-3440
850-689-8600

OSKEECHOBEE COUNTY

Supervisor of Elections
304 NW 2nd St., Room 101
Okeechobee FL 34972
863-763-4014

ORANGE COUNTY

Supervisor of Elections
PO Box 562001
Orlando FL 32856
407-836-2070

OSCEOLA COUNTY

Supervisor of Elections
2509 E. Irla Bronson Memorial Hwy
Kissimmee FL 34744
407-742-6000

PALM BEACH COUNTY

Supervisor of Elections
PO Box 22309
West Palm Beach FL 33416
561-656-6200

PASCO COUNTY

Supervisor of Elections
PO Box 300
Dade City FL 33526-0300
352-521-4302

PINELLAS COUNTY

Supervisor of Elections
13001 Starkey Road
Largo FL 33773-1415
727-464-6108

POLK COUNTY

Supervisor of Elections
PO Box 1460
Barrow FL 33831-1460
863-534-5888

PUTNAM COUNTY

Supervisor of Elections
2509 Crill Ave., Suite 900
Palatka FL 32177
386-329-0224

SANTA ROSA COUNTY

Supervisor of Elections
6495 Caroline St., Suite F
Milton FL 32570-4592
850-983-1900

SARASOTA COUNTY

Supervisor of Elections
PO Box 4194
Sarasota FL 34230-4194
941-861-8600

SEMINOLE COUNTY

Supervisor of Elections
PO Box 1479
Sanford FL 32772-1479
407-585-VOTE (8683)

ST. JOHNS COUNTY

Supervisor of Elections
4455 Ave. A, Suite 101
St. Augustine FL 32095
904-823-2238

ST. LUCIE COUNTY

Supervisor of Elections
4132 Okeechobee Road
Fort Pierce FL 34947
772-462-1500

SUMTER COUNTY

Supervisor of Elections
900 N. Main St.
Bushnell FL 33513
352-793-0230

SUWANNEE COUNTY

Supervisor of Elections
220 Pine Ave. SW
Live Oak FL 32064
386-362-2616

TAYLOR COUNTY

Supervisor of Elections
PO Box 1060
Perly FL 32348
850-838-3515

UNION COUNTY

Supervisor of Elections
125 W. Main St., Room 106
Lake Butler FL 32054
866-496-2236

VOLUSIA COUNTY

Supervisor of Elections
125 W. New York Ave.
DeLand FL 32720-4208
386-736-5930

WAKULLA COUNTY

Supervisor of Elections
PO Box 305
Crawfordville FL 32326-0305
850-926-7575

WALTON COUNTY

Supervisor of Elections
671 E. Nelson Ave. (US Hwy. 90)
DeFuniak Springs FL 32433
850-833-4112

WASHINGTON COUNTY

Supervisor of Elections
1331 South Blvd., Suite 900
Chipley FL 32428
850-638-6230

SPECIAL IDENTIFICATION REQUIREMENTS

If you are registering by mail, you have never voted in Florida, and you have not been issued a Florida driver's license, Florida identification card, or Social Security number, you will be required to provide additional identification prior to voting the first time. To ensure that you will not have problems when you go to vote, you should provide a copy of the required identification listed below at the time you mail your voter registration application.

You may provide a copy of one of the following photo identifications (ID) that includes your name and picture:

- U.S. Passport
- Employee Badge or ID
- Buyers Club ID
- Debit/Credit Card
- Military ID
- Student ID
- Retirement Center ID
- Neighborhood Association ID
- Public Assistance ID

Or, you may provide a copy of one of the following documents that contains your name and current residence address:

- Bank Statement
- Paycheck
- Government Check
- Utility Bill
- Other Government Document

Or, if you are one of the following persons, you are exempt from having to provide a copy of an ID at this time. These exemptions are:

- Persons 65 years of age or older
- Persons with a temporary or permanent physical disability
- Members of the active uniformed service or merchant marine who, by reason of such active duty, are absent from the county
- Spouse or dependent of an active uniformed service member or merchant marine who, by reason of the active duty or service of the member, is absent from the county
- Persons currently residing outside the U.S. who are eligible to vote in Florida

DO NOT SEND ORIGINAL IDENTIFICATION DOCUMENTS TO THE SUPERVISOR OF ELECTIONS.



Solicitud de inscripción para votar en la Florida

PARA INSCRIBIRSE, USTED DEBE:

- Ser ciudadano de los Estados Unidos de América. (Casilla 2)
- Residir en el estado de Florida. (Casilla 8)
- Tener 18 años. (Usted puede preinscribirse si tiene 17 años o si posee una licencia de conducir vigente antes de su cumpleaños número 17). (Casilla 5)
- No estar adjudicado mentalmente incapacitado para votar a menos que se le haya reestablecido ese derecho. (Casilla 4)
- No estar condenado por un delito grave a menos que le hayan reestablecido sus derechos civiles. (Casilla 3)
- Presentar su número de licencia de conducir vigente de la Florida o el número de identificación de la tarjeta de la Florida. Si usted no tiene una licencia de conducir vigente de la Florida o la tarjeta de identificación de la Florida, deberá indicar los últimos cuatro dígitos de su número de seguro social. Si usted no posee el número de identificación de la licencia de conducir de la Florida, la tarjeta con el número de identificación de la Florida o el número de seguro social, escriba "NINGUNO" en la casilla. (Casilla 6)
- Complete toda la información en las casillas de color negro que figuran en la solicitud. (Casillas 2, 3, 4, 5, 6, 7, 8, 16)

USTED PUEDE USAR ESTE FORMULARIO PARA:

- Inscribirse para votar en el estado de la Florida
- Modificar su nombre o dirección
- Reemplazar su vieja y deteriorada tarjeta de información del votante
- Afiliarse a un partido político o cambiar de partido
- Actualizar su firma

INFORMACIÓN DE LA FECHA LIMITE. Si esta es una nueva solicitud de inscripción presentada en la Florida, la fecha de inscripción será la fecha en que se selle la solicitud o se entregue en mano en una oficina para obtener la licencia de conducir, en una agencia de inscripción de votantes, en una oficina de reclutamiento de las fuerzas armadas, en la División de Elecciones o en la oficina de cualquier supervisor de elecciones del estado. Usted deberá estar inscrito por lo menos 29 días antes de votar en una elección. Si su solicitud está completa y usted cumple con los requisitos para votar, le enviarán una tarjeta de información del votante por correo.

AFILIACIÓN A PARTIDOS (CASILLA 12). Si usted desea inscribirse en un partido político principal, coloque una "X" en la casilla ubicada junto al partido deseado. Si usted desea inscribirse en un partido político minoritario, coloque una "X" en la casilla que precede a "partido minoritario" y luego escriba en imprenta el nombre del partido minoritario. Para obtener una lista de todos los partidos políticos de la Florida, diríjase al

sitio Web de la División de Elecciones: <http://election.dos.state.fl.us/online/parties.shtml>. Si usted no desea inscribirse en ningún partido político, coloque una "X" en la casilla que precede a "ninguna." Florida es un estado de elección primaria cerrada. Por lo tanto, para votar en una elección primaria para candidatos partidarios, usted deberá estar inscrito en el partido para el cual se realiza la elección primaria. Independientemente de la afiliación partidaria, todos los votantes inscritos podrán votar sobre distintas cuestiones y a candidatos no partidarios.

AVISO. La información sobre la oficina en la cual usted se haya inscrito o en la cual haya dejado constancia de su decisión de no inscribirse, su número de seguro social, su número de licencia de conducir y su número de tarjeta de la Florida serán datos confidenciales y sólo se utilizarán para los procesos de inscripción de votantes.

NOTA. Si la información contenida en este formulario no es verdadera, el solicitante podrá ser condenado por delito de tercer grado y obligado a pagar una multa de hasta \$5000 y/o será encarcelado por hasta cinco años.

PREGUNTAS. Comuníquese con la oficina del supervisor de elecciones de su condado para recibir más información. La información de contacto está en el sitio Web de la División de Elecciones: <http://election.dos.state.fl.us/county/index.shtml>.

POR FAVOR, COMPLETE LA SIGUIENTE SOLICITUD. COMPLETAR EN LETRA IMPRENTA Y CON TINTA NEGRA.

- 1) Para que la inscripción sea válida, se deberán completar las casillas de color negro que figuran en el formulario.
- 2) Envíe esta solicitud a la oficina de su supervisor de elecciones.
- 3) Si usted vota por primera vez en este estado, a su solicitud de inscripción para votar por correo y no posee un número de licencia de conducir de la Florida, un número de identificación de la Florida o número de seguro social, incluya una copia de su documento de identidad junto con la solicitud (ver Requisitos para identificación especiales para obtener información necesaria adicional).
- 4) Enviar por correo postal con estampilla de primera clase.

MODIFICADO 1/08

SOLICITUD DE INSCRIPCIÓN PARA VOTAR EN LA FLORIDA

REQUERIDO	1	Marque las casillas que correspondan: <input type="checkbox"/> Nueva inscripción <input type="checkbox"/> Cambio de dirección <input type="checkbox"/> Cambio de partido <input type="checkbox"/> Cambio de nombre <input type="checkbox"/> Reemplazo de tarjeta <input type="checkbox"/> Actualización de firma				SOLO PARA USO OFICIAL: DS DE 39 1/08	
	2	¿Es ciudadano estadounidense? Sí <input type="checkbox"/> No <input type="checkbox"/> (Si responde NO, no puede inscribirse para votar)					
	3	<input type="checkbox"/> Declaro que no estoy condenado por delito grave o, si lo estoy, declaro que me ha sido otorgado el derecho a votar.					
	4	<input type="checkbox"/> Declaro que no estoy adjudicado mentalmente incapacitado para votar o, si lo estoy, declaro que me ha sido otorgado el derecho a votar.					
SI USTED RESPONDIÓ NO A LA PREGUNTA 2 O SI NO PUEDE RESPONDER AFIRMATIVAMENTE A LAS DECLARACIONES DE LAS CASILLAS 3 Y 4, NO CUMPLE CON LOS REQUISITOS PARA VOTAR. NO COMPLETE ESTA SOLICITUD.							
5	Fecha de nacimiento (mm/dd/aaaa) / /						
6	Si posee un número de licencia de conducir o una tarjeta de identificación de la Florida, deberá indicar el número en esta casilla. Si no posee ninguno de los dos, indique los últimos 4 dígitos de su número de seguro social. Si no tiene una licencia de conducir de la Florida, un número de identificación de la Florida o un número de seguro social, escriba "NINGUNO".						
7	Apellido		Sufijo (marque con un círculo) Jr. Sr. II III IV		Nombre		Segundo nombre/inicial
8	Dirección de su domicilio (residencia legal) (NO USE APARTADOS POSTALES)		Apto/Lote/Unidad	Ciudad		Condado de residencia legal	Estado Código Postal
9	Dirección postal si es diferente de la anterior		Apto/Lote/Unidad	Ciudad		Condado de residencia legal	Estado Código Postal
10	Última dirección registrada para votar		Apto/Lote/Unidad	Ciudad		Condado de residencia legal	Estado Código Postal
11	Nombre anterior si cambiar de nombre				Número de teléfono durante el día (OPCIONAL)		
12	Afiliación partidaria (MARQUE SOLO UNA) <input type="checkbox"/> Partido Demócrata <input type="checkbox"/> Partido Republicano <input type="checkbox"/> Partido minoritario (nombre registrado del partido en imprenta): <input type="checkbox"/> NINGUNA						
13	Raza/Etnia (MARQUE SOLO UNA) <input type="checkbox"/> Indio americano/Nativo de Alaska <input type="checkbox"/> Asiático/Isleño del Pacífico <input type="checkbox"/> Negro, no hispano <input type="checkbox"/> Hispano <input type="checkbox"/> Blanco, no Hispano						
14	Sexo <input type="checkbox"/> M <input type="checkbox"/> F	¿Necesita asistencia para votar durante la votación? <input type="checkbox"/> Sí <input type="checkbox"/> No		¿Tiene interés en trabajar en los lugares de votación? <input type="checkbox"/> Sí <input type="checkbox"/> No		Estado o país de nacimiento	
15	Usted se encuentra: <input type="checkbox"/> En servicio militar activo/en la marina mercante <input type="checkbox"/> A cargo de un militar en servicio activo/en la marina mercante <input type="checkbox"/> Viviendo en el exterior pero es ciudadano estadounidense						
REQUERIDO	16	JURAMENTO: Solemnemente, juro (o declaro) que protegeré y defenderé la Constitución de los Estados Unidos y la Constitución del estado de la Florida, que soy apto para inscribirme como elector según la Constitución y las leyes del estado de la Florida y que toda la información suministrada en esta solicitud es verdadera.					
	FIRMA: Firme o coloque una marca sobre la línea de la siguiente casilla. (No posee validez sin la firma o marca del solicitante)		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> X </div>		Fecha:		

ENVÍE SU SOLICITUD POR CORREO



Dirija el sobre al supervisor de elecciones de su condado.

ALACHUA COUNTY
Supervisor of Elections
PO Box 1496
Gainesville FL 32602-1496
352-374-5252

BAKER COUNTY
Supervisor of Elections
PO Box 505
Macclenny FL 32063
904-259-6339

BAY COUNTY
Supervisor of Elections
830 W. 11th St.
Panama City FL 32401
850-784-6100

BRADFORD COUNTY
Supervisor of Elections
PO Box 58
Starke FL 32091
904-966-6266

BREVARD COUNTY
Supervisor of Elections
PO Box 1119
Titusville FL 32781-1119
321-264-6740

BROWARD COUNTY
Supervisor of Elections
PO Box 029001
Fort Lauderdale FL 33302
954-357-7050

CALHOUN COUNTY
Supervisor of Elections
20859 Central Ave. E., Room G10
Blountstown FL 32424
850-674-8568

CHARLOTTE COUNTY
Supervisor of Elections
PO Box 511229
Punta Gorda FL 33951-1229
941-833-5400

CITRUS COUNTY
Supervisor of Elections
120 N. Apopka Ave.
Inverness FL 34450
352-341-6740

CLAY COUNTY
Supervisor of Elections
PO Box 337
Green Cove Springs FL 32043-0337
904-284-6350

COLLIER COUNTY
Supervisor of Elections
3301 Tamiami Trail E.
Rev. Dr. MLK Jr. Bldg.
Naples FL 34112
239-252-8450

COLUMBIA COUNTY
Supervisor of Elections
971 W. Duval St., Suite 102
Lake City FL 32055-3737
386-758-1026

DESOTO COUNTY
Supervisor of Elections
PO Box 89
Arcadia FL 34265
863-993-4871

DIXIE COUNTY
Supervisor of Elections
PO Box 2057
Cross City FL 32628
352-498-1216

DUVAL COUNTY
Supervisor of Elections
105 E. Monroe St.
Jacksonville FL 32202
904-630-1414

ESCAMBIA COUNTY
Supervisor of Elections
PO Box 12601
Pensacola FL 32591-2601
850-595-3900

FLAGLER COUNTY
Supervisor of Elections
PO Box 901
Bunnell FL 32110-0901
386-313-4170

FRANKLIN COUNTY
Supervisor of Elections
47 Ave. F
Apalachicola FL 32320
850-653-9520

GADSDEN COUNTY
Supervisor of Elections
PO Box 186
Quincy FL 32353
850-627-9910

GILCHRIST COUNTY
Supervisor of Elections
112 W. Main St., Room 128
Trenton FL 32693
352-463-3194

GLADES COUNTY
Supervisor of Elections
PO Box 668
Moore Haven FL 33471
863-946-6005

GULF COUNTY
Supervisor of Elections
401 Long Ave.
Port St. Joe FL 32456-1707
850-229-6117

HAMILTON COUNTY
Supervisor of Elections
1153 US Hwy. 41 NW, Suite 1
Jasper FL 32052
386-792-1426

HARDEE COUNTY
Supervisor of Elections
311 N. 6th Ave.
Wauchula FL 33873
863-773-6061

HENDRY COUNTY
Supervisor of Elections
PO Box 174
Lafayette FL 33975
863-675-5230

HERNANDO COUNTY
Supervisor of Elections
20 N. Main St., Room 165
Brooksville FL 34601
352-754-4125

HIGHLANDS COUNTY
Supervisor of Elections
PO Drawer 3448
Sebring FL 33871
863-402-6655

HILLSBOROUGH COUNTY
Supervisor of Elections
601 E. Kennedy Blvd., 16th Floor
Tampa FL 33602
813-272-5850

HOLMES COUNTY
Supervisor of Elections
201 N. Oklahoma St., Suite 102
Bonifay FL 32425
850-547-1107

INDIAN RIVER COUNTY
Supervisor of Elections
4375 43rd Ave., Unit 101
Vero Beach FL 32967
772-226-3440

JACKSON COUNTY
Supervisor of Elections
PO Box 6046
Marathon FL 32447
850-482-9652

JEFFERSON COUNTY
Supervisor of Elections
380 W. Dogwood St.
Monticello FL 32344
850-997-3348

LAFAYETTE COUNTY
Supervisor of Elections
PO Box 76
Mayo FL 32066
386-294-1261

LAKE COUNTY
Supervisor of Elections
PO Box 457
Tavares FL 32778-0457
352-343-9734

LEE COUNTY
Supervisor of Elections
PO Box 2545
Fort Myers FL 33902
239-533-VOTE (8683)

LEON COUNTY
Supervisor of Elections
PO Box 7357
Tallahassee FL 32314-7357
850-606-VOTE (8683)

LEVY COUNTY
Supervisor of Elections
421 S. Court St.
Bronson FL 32621
352-486-5163

LIBERTY COUNTY
Supervisor of Elections
PO Box 597
Bristol FL 32321
850-643-5226

MADISON COUNTY
Supervisor of Elections
229 SW Pinckney St., Room 113
Madison FL 32340
850-973-6507

MANATEE COUNTY
Supervisor of Elections
PO Box 1000
Bradenton FL 34206
941-741-3823

MARION COUNTY
Supervisor of Elections
PO Box 289
Ocala FL 34478-0289
352-620-3290

MARTIN COUNTY
Supervisor of Elections
PO Box 1257
Stuart FL 34995
772-288-5637

MIAMI-DADE COUNTY
Supervisor of Elections
PO Box 521550
Miami FL 33152-1550
305-499-VOTE (8683)

MONROE COUNTY
Supervisor of Elections
530 Whitehead St., Suite 101
Key West FL 33040-6577
305-292-3416

NASSAU COUNTY
Supervisor of Elections
96135 Nassau Place, Suite 3
Yulee FL 32097
904-491-7500

OKALOOSA COUNTY
Supervisor of Elections
302 Wilson St. N., Suite 102
Crestview FL 32536-3440
850-689-5600

OKEECHOBEE COUNTY
Supervisor of Elections
304 NW 2nd St., Room 101
Okeechobee FL 34972
863-763-4014

ORANGE COUNTY
Supervisor of Elections
PO Box 562001
Orlando FL 32856
407-836-2070

OSCEOLA COUNTY
Supervisor of Elections
2509 E. Irló Bronson Memorial Hwy
Kissimmee FL 34744
407-742-6000

PALM BEACH COUNTY
Supervisor of Elections
PO Box 22309
West Palm Beach FL 33416
561-656-6200

PASCO COUNTY
Supervisor of Elections
PO Box 300
Dade City FL 33526-0300
352-521-4302

PINELLAS COUNTY
Supervisor of Elections
13001 Starkey Road
Largo FL 33773-1416
727-464-6788

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PO Box 1460
Barlow FL 33831-1460
863-534-5888

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Palatka FL 32177
386-329-0224

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Supervisor of Elections
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Milton FL 32570-4592
850-983-1900

SARASOTA COUNTY
Supervisor of Elections
PO Box 4194
Sarasota FL 34230-4194
941-861-8600

SEMINOLE COUNTY
Supervisor of Elections
PO Box 1479
Sanford FL 32772-1479
407-585-VOTE (8683)

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St. Augustine FL 32095
904-823-2238

ST. LUCIE COUNTY
Supervisor of Elections
4132 Okeechobee Road
Fort Pierce FL 34947
772-462-1500

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Supervisor of Elections
900 N. Main St.
Bushnell FL 33513
352-793-0230

SUWANNEE COUNTY
Supervisor of Elections
220 Pine Ave. SW
Live Oak FL 32064
386-362-2616

TAYLOR COUNTY
Supervisor of Elections
PO Box 1060
Perry FL 32348
850-838-3515

UNION COUNTY
Supervisor of Elections
55 W. Main St., Room 106
Lake Butler FL 32054
386-496-2236

VOLUSIA COUNTY
Supervisor of Elections
125 W. New York Ave.
DeLand FL 32720-4208
386-736-5930

WAKULLA COUNTY
Supervisor of Elections
PO Box 205
Crawfordville FL 32326-0305
850-926-7575

WALTON COUNTY
Supervisor of Elections
571 E. Nelson Ave. (US Hwy. 90)
Defuniak Springs FL 32433
850-892-8172

WASHINGTON COUNTY
Supervisor of Elections
1331 South Blvd., Suite 900
Chipley FL 32428
850-638-6230

REQUISITOS PARA IDENTIFICACIÓN ESPECIALES

Si usted va a inscribirse por correo, nunca ha votado en la Florida y no ha recibido una licencia de conducir de la Florida, una tarjeta de identificación de la Florida o un número de seguro social, deberá presentar otra identificación antes de votar por primera vez. Para asegurarse de que no tendrá problemas cuando se dirija a votar, deberá presentar una copia de la documentación identificatoria requerida descrita más abajo al enviar su solicitud de inscripción para votar por correo.

Puede presentar una copia de uno de los siguientes documentos de identificación que incluyan su nombre y foto:

- Pasaporte de los Estados Unidos
- Insignia o identificación de empleado
- Identificación de clubes de comras
- Tarjeta de débito/crédito
- Identificación militar
- Identificación de estudiante
- Identificación de centro para adultos mayores
- Identificación de asociaciones de vecinos
- Identificación de asistencia pública

O bien, puede presentar una copia de uno de los siguientes documentos que incluyan su nombre y domicilio actual de residencia:

- Estado de cuenta bancaria
- Constancia de sueldo
- Cheque del gobierno
- Factura de servicios
- Otro documento emitido por el gobierno

O bien, si usted cumple con lo siguiente, en esta ocasión estará exento de presentar una copia de un documento identificatorio. Las excepciones son:

- Personas de 65 años o más
- Personas con una discapacidad física transitoria o permanente
- Miembros activos de las fuerzas armadas o de la marina mercante que, por estar en servicio, no se encuentren en el condado
- Esposa o persona a cargo de un miembro activo de las fuerzas armadas o de la marina mercante que, por estar en servicio, no se encuentren en el condado
- Personas que actualmente residan fuera de los EE. UU. y cumplan con los requisitos para votar en la Florida

NO ENVÍE DOCUMENTOS DE IDENTIFICACIÓN ORIGINALES AL SUPERVISOR DE ELECCIONES.



agency for persons with disabilities
State of Florida

MEMORANDUM

Rick Scott,
Governor

Michael Hansen,

Director

Area 11

401 NW 2nd Avenue

Suite S-811

Miami,

Florida

33128

(305) 349-1478

Fax:

(305) 377-5028

Toll Free:

(866) APD-CARES

(866-273-2273)

DATE: January 11, 2012
FROM: Kirk Ryon, Program Operations Administrator
TO: Area 11 Medicaid Waiver Agencies
SUBJECT: On Call - Evening and Weekend Calls to the APD After Hours Designee

We ask that you please carefully review this memorandum as well as the front of the Incident Reporting Form with regards to the evening and weekend APD "On Call" procedure.

The On Call number (305-299-3366) should be used evenings after 5:00 pm, week-ends and Holidays following the instructions for "Critical Incidents" listed near the top of the incident report form.

In addition, as written in APD OP 10-002:

"If the incident occurs between the hours of 8:00 pm and 8:00 am, an oral report may be submitted no later than between 8:00 am and 9:00 am of the following day. It shall be within the provider's discretion and judgment to determine the appropriateness of waiting until the following morning".

As listed on the form:

Critical Incidents – Must be reported immediately

Consumer Death Sexual Misconduct
Missing Child Missing Incompetent Adult Media

Only call the on call number if the incident includes one of the events noted above.

You should not call the On Call number for "Reportable Incidents". As noted on the Incident Reporting Form, Reportable Incidents are to be submitted in writing as incident reports on the NEXT BUSINESS DAY.

If you have any questions or concerns regarding this procedure, please do not hesitate to contact me at 305-377-7436.



agency for persons with disabilities
State of Florida

MEMORANDUM

Chartie Crist,
Governor

**
Jim DeBeaugrine,

Director

**
4030 Esplanade
Way,
Suite 380

Tallahassee,
Florida
32399-0950

**
(850) 488-4257

Fax:

(850) 922-6456

Toll Free:

(866) APD-CARES

(866-273-2273)

DATE: November 3, 2010

TO: APD Area Administrators

FROM: Mac McElroy, Operations Officer

SUBJECT: Change in Policy Regarding Classification of Critical Incidents

Effective immediately, any arrest of an APD client which occurs while that client is under the care or supervision of an APD-contracted service provider should be deemed a "critical" incident and reported as such to Central Office (in accordance with the protocols delineated within APD OP 10-002). An updated operating procedure is forthcoming.

Please let me know if you have questions or require additional information.

Cc: Pedro Moreno
Jolie Latourelle-Jones

iBudget Florida Services

Service Family	iBudget Services
Life Skills Development	Life Skills Development Level 1 <i>(formerly known as Companion Services)</i>
	Life Skills Development Level 2 <i>(formerly known as Supported Employment)</i>
	Life Skills Development – Level 3 <i>(formerly known as Adult Day Training)</i>
	Family and Legal Representative Training <i>(not available yet)</i>
Supplies and Equipment	Consumable Medical Supplies
	Durable Medical Equipment and Supplies
	Environmental Accessibility Adaptations
	Personal Emergency Response Systems <i>(unit and services)</i>
Personal Supports	Personal Supports <i>(includes services formerly known as In-Home Supports, Respite, Personal Care and Companion; for individuals age 21 or older, living in their own home or family home; also for those at least 18 but under 21 living in their own home)</i>
	Respite <i>(for individuals under 21 living in their family home)</i>
Residential Services	Standard Residential Habilitation
	Behavior-Focused Residential Habilitation
	Intensive-Behavior Residential Habilitation
	Live-In Residential Habilitation
	Specialized Medical Home Care
	Supported Living Coaching
Support Coordination	Limited Support Coordination
	Full Support Coordination
	Enhanced Support Coordination
Therapeutic Supports and Wellness	Private Duty Nursing
	Residential Nursing
	Skilled Nursing
	Dietician Services
	Respiratory Therapy
	Speech Therapy
	Occupational Therapy
	Physical Therapy
	Specialized Mental Health Counseling
	Behavior Analysis Services
	Behavior Assistant Services
Transportation	Transportation
Dental Services	Adult Dental Services

**DMD PARTICIPANT
APPLICATION**

Agency for Persons with Disabilities
Michael Cardello
Return by Fax to (305) 349-1479 or
Return by Email to:
Michael_Cardello@apd.state.fl.us



October 17, 2012

**ARE YOU AN ENERGETIC AND ENTHUSIASTIC STUDENT OR JOB SEEKER
WITH A DISABILITY LOOKING FOR A WORKPLACE MENTOR?**

Then taking part in Disability Mentoring Day is for you! DMD enables students and job seekers to spend part of a day visiting a business, a non-profit agency or government agency that matches their interests and have one-on-one time with Volunteer Workplace Mentors. It is an opportunity to underscore the connection between school and work, evaluate personal goals, target career skills for improvement, explore possible career paths and develop lasting mentor relationships. It all begins with this application, so **fill it out, send it in, and spread the word!**

SECTION I: GENERAL INFORMATION

Last Name: _____ First Name: _____

Date: _____ Male _____ Female _____ Date of Birth: _____

Address: _____

City: _____, FL Zip: _____ E-mail: _____

Phone/TDD: (____) _____ - _____ Cell: (____) _____ - _____

SECTION II: EDUCATIONAL SUMMARY

Please check one of the following:

___ High school student, attending _____ Grade _____

___ College/graduate student, attending _____ Year _____

___ Job seeker, not currently in school.

Major or area of interest _____

Highest level of education attained (Check One):

___ Some high school
___ High School Diploma
___ Vocational License

___ College Degree(s): _____
___ Post-Graduate Degree(s): _____
___ Other: _____

SECTION III: SCHOOL OR PROFESSIONAL CONTACT
(Teacher, Counselor, Professor, or Service Provider)

Last Name: _____ First Name: _____

Title: _____

Address: _____

City: _____, FL Zip: _____ E-mail: _____

Phone/TDD: (____) _____ - _____

SECTION IV: PLACEMENT PREFERENCES

All DMD participants are responsible for getting to and returning from the central venue for their local Disability Mentoring Day events or to designated spots as arranged in advance. Check with your local organizer to determine the details that pertain to you.

Below, using the Career Clusters Worksheet (located on the last page of this application) as a guide, please select up to three or more career choices and place in rank order.

- | | |
|--------------------------------------|---|
| ___ Arts and Communication | ___ Law, Government and Public Policy |
| ___ Business and Marketing | ___ Law Enforcement |
| ___ Education | ___ Natural Resources, Environment, and |
| ___ Food, Recreation and Hospitality | ___ Agriculture |
| ___ Health and Medicine | ___ Technology, Engineering and Science |
| ___ Human Services | ___ Other: _____ |

SECTION V: REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

- | | |
|-----------------------|--------------------------------------|
| ___ Braille | ___ Sign Language Interpreter |
| ___ Computer disk | ___ Oral ___ Tactile ___ ASL ___ PSE |
| ___ Large print | ___ Dietary needs _____ |
| ___ Wheelchair access | ___ Other _____ |

SECTION VI: GOALS, INTERESTS AND HOBBIES (OPTIONAL)

On separate sheets of paper, briefly answer the following questions. Though optional, we strongly encourage you to take advantage of this opportunity to provide more information, since this will help event organizers with the Mentor/Participant matching process. Also feel free to include a resume.

What is your ultimate and/or long-term career goal? Describe your major and/or educational interest. Beyond high school, from what schools have you graduated and when? Describe your paid and/or unpaid work experience (if any). Include extracurricular activities, internships, and community service work. Describe the job-related skills that you have (if any). If not, what skills do you hope to gain?

**PARENTAL/GUARDIAN
INITIAL CONSENT & PHOTO
RELEASE FORM
[AGENCY]**



Return by Fax to (____) ____-____ or
Return by E-mail to [Email Address]

TO BE COMPLETED BY ALL PARTICIPANTS

NOTE: For students in high school or younger, the authorization must be completed by their parent or guardian.

Your son or daughter has been invited to attend the Disability Mentoring Day (DMD) event on Wednesday, October 17, 2012, nationally hosted by the American Association of People with Disabilities (AAPD) and locally coordinated by [Your Organization's Name]. He or she will attend a morning session for a large group of students before being assigned to an employee for a one-on-one mentoring and job shadowing experience. Participants will learn about career opportunities, typical attitudinal and structural barriers faced by people with disabilities in a particular industry, and the types of skills needed to succeed in the working world. Following the receipt of the application and your initial consent, your son or daughter will be assigned to a local business, public agency or non-profit organization. Additional details will be forthcoming at that time. For further information, please contact [Your Name] with [Your Organization] at [Your number] or [Your e-mail].

PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY

My son/daughter, _____, may participate in the Disability Mentoring Day activities on **Wednesday, October 17, 2012**, from ____:____ AM to ____:____ PM.

Signature

Date



PHOTO/NAME RELEASE

(PARENT/GUARDIAN PLEASE SIGN BELOW IF PARTICIPANT IS UNDER THE AGE OF 18)

I further understand that the Disability Mentoring Day can attract attention from the media and that it is used to promote ongoing partnerships between schools, disability organizations and employers. Additionally, I understand that participating mentee names will be provided to the Florida DMD statewide planning committee to print a recognition certificate from DMD. I hereby grant permission to release the name and photograph my above-mentioned son/daughter for promotional and educational purposes.

Signature

Date

PRELIMINARY TRANSPORTATION PERMISSION

_____ I understand that I am responsible for making transportation arrangements for my son/daughter to the plenary event, and I understand that this may involve my son/daughter traveling between different locations during the day in vehicles that may be either School District vehicles or business-owned vehicles and may be driven by either School District employees or local business people. I further understand that, in certain cases made known to me in advance, employers may escort my son/daughter to job shadowing work sites via public transportation and that such arrangements will depend on the agency to which he/she is matched.

_____ I will provide transportation for my son/daughter to and from the mentoring site on Wednesday, October 17, 2012. I will also transport him/her from the plenary to the particular mentoring organization and then back to the afternoon plenary event in accordance with arrangements individually made with that organization in advance.

Signature

Date

PHOTO RELEASE FORM
[AGENCY NAME]

Return by Fax to () - or
Return by Email to [Email Address]



PHOTO RELEASE. I understand that Disability Mentoring Day can attract attention from the media and that it is used to promote ongoing partnerships between schools, disability organizations, and employers. I hereby grant permission to be photographed for promotional and educational purposes.

Adult Jobseeker Name

Adult Jobseeker Signature

Date

CAREER CLUSTERS WORKSHEET

NAME: _____

On Disability Mentoring Day, mentees may be paired with a workplace mentor at a job site. To make your experience more meaningful, please rate your top three choices among the following career clusters. If possible, you will be paired with a person in one of the clusters you selected.

INSTRUCTIONS: Place the number of your choice next to the appropriate career cluster below.
1 = First Choice 2 = Second Choice 3 = Third Choice

_____ **Arts and Communication:** Do you like to communicate ideas? Do you like to share information? Are you creative, imaginative and innovative? Do you like to express yourself in writing or with audio, visual or graphic media arts? Do you like to perform? Could you imagine yourself working at a museum or in other settings that promote and celebrate artistic expression?

_____ **Business and Marketing:** Are you organized, accurate and self-motivated? Are you a leader? Do you enjoy organizing people and planning events? Do you like computers and business machines? Do you like creating reports? Do you like marketing things? Do you enjoy working with numbers?

_____ **Education:** Would you enjoy teaching either children or adults in an academic setting?

_____ **Food, Recreation and Hospitality:** Do you enjoy the preparation of and/or serving of food either in a cafeteria or restaurant setting? Do you like organizing recreational activities such as social outings, competitive sports, arts and crafts, and picnics? Do you like putting together the logistics for conferences and conventions, community service projects, or other endeavors surrounding community relations? Do you enjoy being around people and picture frequent interaction with others as a vital part of your ideal work environment?

_____ **Health and Medicine:** Do you like to work with people? Are you interested in wellness and nutrition? Are you interested in working as a doctor, nurse, nurse practitioner, or medical assistant? Do you like new technology? Are you interested in medical research and figuring out the causes of diseases? Can you stay calm in an emergency?

_____ **Human Services:** Are you able to get along with a diverse group of people? Do you like serving the public? Do you have leadership ability? Are you patient and polite, yet able to make decisions? Are you dependable and hardworking?

_____ **Law, Government and Public Policy:** Do you like to follow current events? Do you like to learn about local, state, national, or international politics? Are you interested in how laws are enacted? Do you aspire to hold elected or appointed political office? Do you like speech and debate? Do you see yourself arguing a case in court? Do you like conducting research on the law, its practical application, and how it is interpreted? Do you envision helping to draft major public policy on issues you care about?

_____ **Law Enforcement:** Do you want to work as a police officer, sheriff, marshal, detective, or criminologist? Would you be interested in investigating and solving crimes?

_____ **Natural Resources, Environment and Agriculture:** Do you like the environment? Do you like working with plants and animals? Are you interested in physical resources such as land, water, soil, and weather? Do you like to observe, learn, investigate and solve problems?

_____ **Technology, Engineering and Science:** Do you enjoy math, technology, or science? Do you have the ability to be accurate, analyze data, and solve problems? Do you like designing things or drawing detailed plans? Do you like using machines and heavy equipment?

_____ **Other:** Do you fall into a category not directly covered above? If so, state your preference in the space provided on the previous page.