

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



October 20, 2023

Case: 1071223275

Phone: (813) 337 - 5845

Fax : (888) 254 - 7591

ACCESS Number: 819864012

Rosalynn Carter
501 73rd Ave N
St Petersburg FL 33702

Dear Rosalynn Carter,

The following is information about your eligibility.

Once you receive your case number you can go to www.myflorida.com/accessflorida to activate your My ACCESS Account. You will be able to get case status information. You will also be able to print a temporary Medicaid card if you are eligible for Medicaid.

We need the following information by October 30, 2023.

*Proof of all gross income from the last 4 weeks using the "Verification Of Employment/Loss Of Income" form or you may send in your last 4 pay stubs
Other - please see comments below

*****Please provide a copy of current Financial Aid Award Letter, the Student Aid Report (SAR), or statement from school verifying if eligible to participate in Work Study and/or EFC amount

Requested items with an asterisk (*) must be provided if you are applying for food assistance.

Please return or fax the information to the return address or fax number listed above. If you need help getting this information, let us know right away.

If you do not contact us or provide the requested information, we will be unable to determine your eligibility. We will deny your application or your benefits may end.

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You may be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at

<https://www.myflfamilies.com/services/public-assistance>.

Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب. 850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilite pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오. 요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

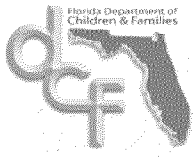
Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323



VERIFICATION OF EMPLOYMENT/LOSS OF INCOME

Date: _____

In order to determine the eligibility of _____ for public assistance,
please assist us by answering the questions below and returning this form to us by _____.

Case Name _____
1071223275
Case Number/Cat/Seq. _____

Office Address / Phone Number:

☐ Section I – GENERAL INFORMATION

1. Name of Employee: _____		*Social Security Number: _____	
Address: _____			
2. Job Title: _____		Type of Work Performed: _____	
3. Number of Hours Worked Per Week: _____		Number of Days Worked Per Week: _____	
4. A. How often is/was the employee paid? <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly			
B. Rate of pay: \$ _____ per _____		<input type="checkbox"/> Other _____ (Explain)	
Hr./Day/Wk./etc.			
5. Date current employment began: _____		Date previously employed: _____	
6. Does/did employee receive tips? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please show tips in Section III.)			
7. Is/was employment seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, season begins: _____ ends: _____			
8. Is/was the employee covered by health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of insurance company: _____			
9. Number of dependents covered: _____			
10. Does/did the employee participate in any type of payroll savings plan or profit sharing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the balance? \$ _____			
11. Does the person perform their job duties: <input type="checkbox"/> in their home <input type="checkbox"/> in your home <input type="checkbox"/> N/A			

☐ Section II – LOSS OF INCOME

1. Date employment ended: _____	
2. Reason for termination: _____	
3. Is the loss of income <input type="checkbox"/> Permanent or <input type="checkbox"/> Temporary? If temporary, when do you expect the employee to return to work? _____	
4. Date employee received final check: _____ Gross amount: \$ _____ (Please list last 4 weeks in Section III.)	
5. Will employee receive any vacation pay, retirement refund, or other? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type? _____ Date received: _____ Amount: \$ _____	
6. Is employee eligible for any type of benefits from your company, such as extended insurance coverage, workers' compensation, or other? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:	
A. Name of insurance company: _____	
B. Reason for benefits: _____	

Case Name _____

1071223275

Case Number/Cat/Seq. _____

☐ **Section III – RECORD OF PAY RECEIVED**

List the gross amounts and dates of checks or cash, which were paid for the last four weeks in the space below.

Pay Period Ending	Date Pay Received	GROSS Earnings	No. of Regular Hours Worked	Rate of Pay	No. of Overtime Hours	Rate of Pay for Overtime	Tips \$\$	Earned Income Credit (EIC)

If hours or rate of pay has varied in the above period, please state why.

☐ **Section IV – EMPLOYER INFORMATION**

What I have written on this form is true to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Employer

Employer's Title

Name of Business

Telephone Number

If applicable, enter "ext."
and extension number

Address

Date Completed

* Pursuant to 42 C.F.R. § 435.910, the Department is requesting you provide the social security number (SSN), but you are not required to provide us the SSN under the law. However, if you give us the SSN we can determine eligibility for assistance or services faster and more accurately. Social security numbers are used by the Department for identity verification, income and eligibility verification and other purposes related to administration of our programs.