DEPARTMENT OF ECONOMIC OPPORTUNITY REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES

PLEASE PRINT YOUR INFORMATION IN BLUE OR BLACK INK ONLY FOR ALL ITEMS (on both sides of the application) AND SIGN THIS FORM.

Complete a Supplement for other em	ployment yo	u have	e had du	ring the last 18 monti	าร.							
Name: (First, Middle, Last)						ecurity N	lumber: ((see Priva	acy Act Sta	atement o	on back	k of form)
1a. Other Names Used During Emplo	yment				FOR OF	FICE US	E ONLY,	DO NOT V	VRITE IN T	HE GRAY	AREA	BELOW
				EFF Date	М	. D	Y	DATE FILED	М	D	Y	
Local Mailing Address:					CLAIM	NEW	ADD'L	R/O		QUALIFY		
Street Address: Apt.# City: State: Zip: Residence County:					STATUS	ŀ	ŀ			ZOALII I		
Oity.	Otato.	state. Zip.		Residence County.	TYPE:	UC	X	FE	CWC	EB	OTHE	R
3. Telephone Number:	- N	Alternate phone number:			100115 (1	L.— ,	_					NET IOD
() — or () — 4. Date of Birth: 5. Sex: 6. Height/Weight			— xht/Moight	ISSUE: (ch	ieck one)		UCB-13	MODS	STDK		METHOD	
Month Day Year		5. Sex: 6. Height/Weight		grit/vveigrit	YES - e	nter flag	codes	_	_			
	_ F			1	1.		LOCAL	OFFICE	FIPS	RES. C	YTNUC	WDB
7. (Statistical use only) Are you of H		cent?	YE	S _ NO	2.		IND	W/S	ERP	MCS	1	
Indicate your primary ethnic affiliation: — White (1) — American Indian or				n or	3. 4.		IND	W/S	EKF	IVICS		
Black or African American (2			n Native		10 4 07 4 7	· (EIDO 04						
Asian (3)				cific Islander (5) available (6)	IB4 STATE	FIPS CC	JDE		1			
8. Identification (ID):				aranasis (6)								
Driver's License #:	State	of Issi	uance:		Primary DC	OT Code:		Мо. Ехр.	Secondary	/ DOT Cod	de:	Mo. Exp.
State Identification #:	State of	of Issu	iance:		Disaster I		procent	nd.	Announ			
Other ID #:	Type	of ID:			Documentation presented: Disaster #: FL							
Observation and interest in		'ada a a t			TYI	PE:						
 Check the number which correspo Did not finish High School 												
123456789101112 2. High School Diploma or GED 3. AA or Post Secondary Vocational/Technical Certificate of Completion			Primary DOT Code: Mo Exp. Secondary DOT Code: Mo. Exp.									
									11	S/MA 👝	illoui C	
					Renab	ollitation	Act of 19	73?	YES	_ NC	,	
									ed if he or			
									ally limits o airment: or			
			activities; has a record of such impairment; or is regarded as having such impairment. NOTE: This information will be used for statistical purposes only; is									
									d for statis I will be ke			only; is
11. I am a citizen of the United States YES NO					Alien Reg. #:							
If no, I am authorized to work in this countryYESNO					Expiration Date: ee 11b. If not fluent in English, what language do you prefer to use?							
11a. Citizenship: US Citizen/Nationalized Lawfully Admitted Alien/Refuge Cuban Entrant Haitian Entrant					ee 11b.	If not flu	uent in Ei	nglish, wr	nat langua	ge do yo	u prete	r to use?
a ouban Entrain				ittarit								
12 I haraby apply for DIIA for the p	ariad baging	sina:			Employer	· ID #						
12. I hereby apply for DUA for the period beginning:				Lilipioyei	שו #							
13. TYPE INDUSTRY OF EMPLOY	VED:				- 14 Unen	nnlovme	nt was a	result of	this disast	ar hacau	co.	
15. THE INDOCENT OF LIMITED	i Liv.				14. Onch	прюутто	iii was a	icsuit of	tilis disast	ci becau	30.	
					_							
15. Name of employer at time of dis	saster:											
Employer's Street Address					-							
					Dates Wo	orked:		Occupati	on:			
					FROM:			· .	TO:			
City County Supervisor's Name:		State		Zip in which worked:	Mo.	Da I	ay I	Year	Mo.	Day	y I	Year
Supervisor s ivalité.			County	iii wilicii worked.		I	l			I	I	
		1 -			Total Gro							
Employer's Telephone Number: Salary Rate:			Dor *	Total Gro		•		¢				
\$ Per * (*Hour, Week, Month, Year)							\$					

DEPARTMENT OF ECONOMIC OPPORTUNITY REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES

Reason for Separation:	Supposion				
─ Permanent Lay-off─ Temporary Lay-off	SuspensionLeave of Absence	Tools/Equipment U	sed:		
Quit or Voluntary Lay-off	 Discharged, Job Performance 	Tools/Equipment o	seu.		
■ Working Reduced Hours	■ Discharged, Other	Are you scheduled	to return to work	for this employer?	
Explain Reason for Separation:		_ YES	When?	, ,	
16. Are you currently employed, self-employed	or have you been self-employed in the		YES	■ NO	
17. Is there any reason you cannot seek or acc	ept full-time employment?	-	_ YES	■ NO	
17A. Have you refused any offer of work since y	ou became unemployed?			➡ NO	
18. Did you apply for or receive, or would you b Any amount for loss of wages due to illness Any type of private income protection insura	or disability?	ark "Y" for Yes or "N" y amount of retireme orker's compensation	nt pension or anr	nuity income?	
 Any amount as supplemental unemployment 	nt benefit?				
19. Have you received, or will you receive any of	the following payments?				
Severance Pay YES Wages in Lieu of Notice YES	⇒ NO ⇒ NO	Amount: \$			
Vacation PayYES	= NO	From:		To:	
20. Do you have specific plans to enroll in or atte	end school or vocational training withi	n the next 12			
months?	(4242)		YES	■ NO	
If yes, when? 21. Are you receiving, or will you receive a retire	(date)		YES	■ NO	
If yes, date payment began/will begin:	ement pension?		— 1L3		
yoo, aato paymont zogan m zog	Е	mployer's Name:			
22. During the past 18 months, have you:	a. Been in the Military Ser	vice?	_ YES	■ NO	
	b. Held a Federal Civilian	Job?	<u> </u>	_ NO	
	c. Worked in any other sta	ate?	<u> </u>	➡ NO	
23. Have you applied for Reemployment Assista If yes, against which state?	ance benefits in the past 12 months?		YES	_ NO	
24. If you receive, or will receive payments from	Worker's Compensation, is it classifie	ed as:			
Temporary Total YES NO Permanent Total YES NO	Temporary Partial `	YES _ NO YES _ NO	Impairment Inc	omeYESNO	
25. Are you a member of a labor union which fin			_ YES	■ NO	
If yes, provide Union name and number:					
What type of work are you seeking? 27. Are you a veteran who meets one or more o	f the following conditions?			_ YES _ NO	
1	<u>-</u>	arge other than disho	norable.		
a. Served on active duty for a period of more than 180 days and received a discharge other than dishonorable.b. Was a reservist who earned a campaign badge and was released or discharged with a discharge other than dishonorable?					
c. Was discharged or released from active d	uty because of a service-connected of	lisability?			
If you answered yes to Question 27 above, p	lease answer questions 28 – 32 bel	ow, otherwise go to	question 33.		
28. Were you released from military active duty	within the last three years (36 month	ıs)?		_ YES _ NO	
29. Did you serve on active duty during a war, o	campaign or expedition for which a ca	mpaign badge has be	een authorized?	_ YES _ NO	
30. Are you a Disabled Veteran?				_ YES _ NO	
Definition: You have a service-connected	disability which entitles you to compe	nsation or caused yo	u to be discharge		
Are you a Special Disabled Veteran? Definition: You are entitled to compensation that you have a serious employment handice.					
32. Are you a homeless veteran?				_ YES _ NO	
33. Are you the spouse of any of the following in (a) a veteran who died of a service connect serving on active duty who has been listed for	ed disability; (b) a veteran who has a				
of duty by a hostile force; or (III) forcibly detained in the line of duty by a foreign government? 34. If you answered 'Yes' to Question 27 or 33 above, you qualify for Special Job Service Veteran's Assistance through the local One Stop Center					
in your area and, unless told otherwise at the time					

DEPARTMENT OF ECONOMIC OPPORTUNITY REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES

discretion of the department, this application for benefits may be accepted as my registration for work and employment Reemployment Assistance Law provides penalties for knowingly making false statements for the purpose of obtaining made in connection with this claim are true and correct to the best of my knowledge and belief. I understand the informagree to provide such documentation as required.	nt services. I understand the Florida benefits. I declare that the statements
Claimant Signature:	Date:
The Department of Economic Opportunity may e-mail me for additional information needed in determining my claim.	
My E-Mail Address is:	to section 443.1715, Florida Statutes.

*PRIVACY ACT STATEMENT

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Please mail to the following address: Florida Department of Economic Opportunity P.O. Box 5350 Tallahassee, FL 32314-5350

REEMPLOYMENT ASSISTANCE APPLICATION SUPPLEMENT				35. *Social Security Number: ————				
36. WORK HISTORY: Complete the following employment you listed in item 12 of the UC31 Include all employers regardless of location, to	0 form. Include s	self-employment,	, part-time wo	e held DURING THE PAST <u>18 MONTHS PRIOR to the</u> ork, military service, and employment with a government agency.				
Next Most Recent Employer:				Employer ID # (For Office Use Only)				
Employer's Street Address:			Dates Worked: FROM: TO:					
City:	State:	Zip:	Total Gross	s Earnings with this Employer:				
Employer's Local Mailing Address (if different	than above):			s Earnings with this Employer day of this Week: \$				
City:	State:	Zip:	Occupation	n or Position Title:				
Employer's Telephone Number:	1	1	Tools/Equipment used:					
Reason for Separation: Permanent Lay-off Suspension Leave of Absence Quit or Voluntary Lay-off Working Reduced Hours Suspension Leave of Absence Discharge, Job Performa			Salary Rate: \$ Per: (Hour, Week, Month, Year)					
Explain Reason for Separation:								
Next Most Recent Employer:				Employer ID # (for Office Use Only)				
Employer's Street Address:				Dates Worked: FROM: TO:				
City: State:		Zip:	Total Gross Earnings with this Employer:					
Employer's Local Mailing Address (if different	than above):		Total Gross Earnings with this Employer Since Sunday of this Week: \$					
City: State: Zip:			Occupation or Position Title:					
Employer's Telephone Number:	1	1	Tools/Equipment used:					
☐ Temporary Lay-off ☐ Le	spension ave of Absence scharge, Job Per scharged, Other	formance	Salary Rate: \$ Per: (Hour, Week, Month, Year)					
·								
Next Most Recent Employer:				Employer ID # (For Office Use Only)				
Employer's Street Address:		1	T=	Dates Worked: FROM: TO:				
City: State: Zip:			Total Gross Earnings with this Employer: \$					
Employer's Local Mailing Address (if different	than above):	_	Total Gross Earnings with this Employer Since Sunday of this Week: \$					
City: State: Zip:			Occupation or Position Title:					
Employer's Telephone Number: () —				Tools/Equipment used:				
Reason for Separation:			Salary Rate: \$ Per: (Hour, Week, Month, Year)					
Explain Reason for Separation:								

*PRIVACY ACT STATEMENT

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Please mail to the following address: Florida Department of Economic Opportunity P.O. Box 5350 Tallahassee, FL 32314-5350



Florida Reemployment Assistance Way2Go Debit Card Fee Schedule

Below are the Debit Card Fee schedules you have reviewed and acknowledged. Depending on the Florida Reemployment Assistance Way2Go Debit Card services you utilize, you may be responsible for these fees.

Florida Reemployment Assistance Prepaid Card issued by Comerica

You have sever	deposit to your own prep You do not have t	ayments: direct deposit to yo aid account; or this prepaid on accept this prepaid card.			
Monthly fee \$0	Per purchase \$0	ATM withdrawal \$0 (in-network) \$1.90 (out-of-network)	Cash reload N/A		
ATM balance inqui	vork)	\$0 or \$0.75			
Customer service (\$0.50*			
Inactivity	\$0				
We charge 2 other types of fees. Here they are.					
Card replacement (regular or expedited delivery) \$4* or \$18.50*					
Over the counter te	eller cash withdrawal		\$3.00*		
			_		

^{*} This fee can be lower depending on how and where this card is used. See separate disclosure for ways to access your funds and balance information for no fee. You are allowed one regular card replacement for no fee per benefit period.

No overdraft/credit feature

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit *cfpb.gov/prepaid*. Find details and conditions for all fees and services in the cardholder agreement.

I have reviewed the Florida Reemployment Assistance Way2Go Debit Card Fee Schedule and understand that if I choose Florida Reemployment Assistance Way2Go Debit Card as my payment method and use the above services that I will be responsible for any fees charged for those services.

All Fees	Amount	Details			
Get Started					
Card purchase	\$0	There is no fee to obtain a Card account.			
Spend money					
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or PIN number.			
Get Cash					
ATM Withdrawal (in-network)	\$0	There is no fee for in-network ATM withdrawals conducted at Comerica and MoneyPass ATM locations. In-network refers to Comerica and MoneyPass ATM locations. In-network locations can be found at https://locations.comerica.com/ and moneypass.com/atm-locator.html. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.			
ATM Withdrawal (out-of-network)	\$1.90	This is our fee. "Out-of-network" refers to all ATMs outside of the MoneyPass or Comerica Bank ATM Network. You will be assessed a fee for each ATM withdrawal conducted at an out-of-network ATM. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.			
Teller-assisted cash withdrawals (OTC)*	\$3.00	This is our fee. You are allowed one (1) withdrawal per deposit for no fee at Mastercard Member Bank or Credit Union teller windows. Each additional withdrawal will be assessed the fee.			
Information					
Customer service (automated or live agent)*	\$0.50*	You are allowed five (5) calls to Customer Service Interactive Voice Response (IVR) or live agent for no fee each month to check your balance or hear your transaction history. Each additional call will be assessed the fee.			
ATM balance inquiry (in-network)	\$0	There is no fee for ATM balance inquires conducted at MoneyPass and Comerica Bank ATM networks.			
ATM balance inquiry (out-of-network)	\$0.75	This is our fee. Each ATM balance inquiry conducted at an out-of-network ATM will be assessed a fee.			
Using your card outside the U.S.					
International transaction fee	3%	Conversion rate is a Mastercard fee for each transaction amount conducted outside of the U.S.			
Other					
Card replacement	\$4	You are allowed one (1) card replacement for no fee per benefit period. Each additional card replacement request will be assessed a fee. Cards are sent via regular mail. Standard delivery is 7 to 10 calendar days.			
Expedited card delivery	\$14.50	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee, in addition to any applicable card replacement fee. Expedited card delivery can be expected within 3 to 5 calendar days.			
Funds transfer via Interactive Voice Response (IVR-phone) or web portal	\$0.00	There is no fee for you to transfer funds from your card account to a U.S. bank account owned by you.			

^{* &}quot;No Fee" transactions expire at the end of each calendar month if not used.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-833-888-2780, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.com. For general information about prepaid accounts, visit cfpb.gov/prepaid.

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.