# 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 emp	oloyment yol	u have	e had dui	ing the last 18 month	ns.							
Name: (First, Middle, Last)						ecurity N	lumber: (	see Priva	acy Act Sta	atement o	on back	of form)
1a. Other Names Used During Employ	yment				FOR OF	FICE US	E ONLY,	DO NOT W	/RITE IN TI	HE GRAY	AREA	BELOW
				EFF Date	М	D	Υ	DATE FILED	М	D	Υ	
Local Mailing Address:					CLAIM	NEW	ADD"	R/O		QUALIFY		
Street Address: City:	State:	Zip:		Apt.# Residence County:	STATUS		ADD'L	ł	I REC	ZUALIFY		
Gity.	State.	tate: Zip:		Residence County:	TYPE:	UC	X	FE	CWC	EB	OTHE	٦
3. Telephone Number:		Alternate phone number:			100115 (1	ļ.— .			_		L-,	METHOD
( ) — or ( ) — 4. Date of Birth: 5. Sex: 6. Height/Weight			— ht/\/\oight	ISSUE: (ch	eck one)		UCB-13	MODS	STDK		METHOD	
Month Day Year		5. Sex: 6. Height/Weight		in/weight	YES - e	nter flag	codes	_	_			
	_ F			1	1.		LOCAL	OFFICE	FIPS	RES. C	YTNUC	WDB
7. (Statistical use only) Are you of Hi	ispanic desc	cent?	_ YE	S _ NO	2.			1 14//0		1100		
Indicate your primary ethnic affiliation:  — White (1)	_ Δ	meric	an Indiar	o or	3. 4.		IND	W/S	ERP	MCS	-	
Black or African American (2)	) A	laskar	n Native	(4)								
				cific Islander (5)	IB4 STATE	/FIPS CC	DDE					
8. Identification (ID):		поппа	ation not	available (6)	_							
Driver's License #:	State	of Issu	uance:		Primary DC	OT Code:		Мо. Ехр.	Secondary	/ DOT Cod	de:	Мо. Ехр.
State Identification #:	State o	of Issu	ance:		Disaster [				Announ		•	
Other ID #:	Type	of ID:			_ Docum	_ Documentation presented: Disaster #: FL						
					TYI	PE:						
<ol> <li>Check the number which correspor</li> <li>Did not finish High School -</li> </ol>												
_1 _2 _3 _4 _5									Seconda	ary DOT		
2. High School Diploma or GED				Primary DOT Code: Mo Exp. Code: Mo. Exp.								
3. AA or Post Secondary Voca		nical C			10. Are yo	ou handi	icapped a	as defined	i in Sectio	n 504 of	the	
4. BS/BA 5. MS/MA 6. Doctorate			Rehab	ilitation	Act of 19	73?	YES	_ NC	)			
					Definition	<b>1:</b> A per	son is ha	andicappe	ed if he or	she has	a physi	cal or
					mental im	pairmen	nt which s	substantia	ally limits o	ne or mo	ore maj	or life
				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								
WEQ. NO.				requested on a voluntary basis; and will be kept confidential.								
11. I am a citizen of the United States YES NO If no, I am authorized to work in this country YES NO					Alien Reg. #: Expiration Date:							
11a. Citizenship:   US Citizen/Nationalized   Lawfully Admitted Alien/Refuge							nglish, wh	at langua	ge do yo	u prefe	r to use?	
Cuban Entrant Haitian Entrant										,	•	
		_ 0	ther									
12. I hereby apply for DUA for the period beginning:				Employer	ID #							
13. TYPE INDUSTRY OF EMPLOYER:			14. Unen	nployme	nt was a	result of	this disast	er becau	se:			
					_							
15. Name of employer at time of dis	saster:											
Employer's Street Address					-							
					Dates Wo	rked:		Occupation	on:			
					FROM:				TO:			
City County		State		Zip	Mo.	Da	ay I	Year	Mo.	Day	/ I	Year
Supervisor's Name:			County	in which worked:			I			ļ		
					Total Gro	ss Earni	ngs					
Employer's Telephone Number:			y Rate:	D *	Total Gro		U		Φ.			
Per * ( ) — (*Hour, Week, Month, Year			Sunday o				\$					

# DEPARTMENT OF ECONOMIC OPPORTUNITY REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES

Reason for Separation:  — Permanent Lay-off	Suspension					
Temporary Lay-off	Leave of Absence	Tools/Equipment U	sed:			
Quit or Voluntary Lay-off	■ Discharged, Job Performance	Toolo, Equipment o				
■ Working Reduced Hours	■ Discharged, Other	Are you scheduled	to return to work	for this employer?		
Explain Reason for Separation:	_ J.coma.goa, cano.	YES _ NO	When?	To the complete of the control of th		
16. Are you currently employed, self-employed	or have you been self-employed in the	e past year?	YES	■ NO		
17. Is there any reason you cannot seek or acce	ept full-time employment?		_ YES	➡ NO		
17A. Have you refused any offer of work since y	. ,		<u>       YES                             </u>	➡ NO		
<ul> <li>18. Did you apply for or receive, or would you be</li> <li>Any amount for loss of wages due to illness</li> <li>Any type of private income protection insura</li> <li>Any amount as supplemental unemployment</li> </ul>	or disability? = An ince? = Wo	ark "Y" for Yes or "N" y amount of retireme orker's compensation	nt pension or ann	nuity income?		
10. Have you received, or will you receive any of	the following normante?					
19. Have you received, or will you receive any of Severance Pay	■ NO	Amount: \$				
Wages in Lieu of Notice YES Vacation Pay YES	■ NO ■ NO	From:		To:		
20. Do you have specific plans to enroll in or atte			_ YES	= NO		
If yes, when?	(date)					
21. Are you receiving, or will you receive a retire	ment pension?		YES	➡ NO		
If yes, date payment began/will begin:  Employer's Name:						
22. During the past 18 months, have you:	a. Been in the Military Ser	vice?	➡ YES	➡ NO		
	b. Held a Federal Civilian		YES	■ NO		
	c. Worked in any other sta	ate?	_ YES	■ NO		
23. Have you applied for Reemployment Assista If yes, against which state?	nce 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	- 1 7	YES _ NO YES _ NO	Impairment Inc	come YES NO		
25. Are you a member of a labor union which finds/obtains work for its members?						
If yes, provide Union name and number:						
26. What type of work are you seeking?	f the following conditions?			_ YES _ NO		
27. Are you a veteran who meets one or more of the following conditions?  — YES — NO  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 <i>and</i> was released or discharged with a discharge other than dishonorable?						
c. Was discharged or released from active duty because of a service-connected disability?						
If you answered yes to Question 27 above, pl	ease 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	s)?		_ YES _ NO		
29. Did you serve on active duty during a war, c	ampaign or expedition for which a car	mpaign badge has be	een authorized?	_ YES _ NO		
30. Are you a Disabled Veteran?	, , , , , , , , , , , , , , , , , , , ,			_ YES _ NO		
<b>Definition:</b> You have a service-connected	disability which entitles you to compe	nsation or caused yo	u to be discharge	ed or released from active duty.		
31. Are you a Special Disabled Veteran? YESNO Definition: You are entitled to compensation for a service-connected disability rated at 30 percent or more or 10 or 20 percent with a determination that you have a serious employment handicap or you were discharged or released from active duty because of service-connected disability.						
32. Are you a homeless veteran?						
33. Are you the spouse of any of the following individuals?  (a) a veteran who died of a service connected disability; (b) a veteran who has a total service-connected disability; (c) a member of the Armed Forces serving on active duty who has been listed for a total of more than 90 days in one of the following categories: (I) missing in action; (II) captured in line 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	<b>34.</b> 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 you complete this application, you should report to that office to register for Veteran's assistance.					

## 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:		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			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:		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:    Permanent Lay-off			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.

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### 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 <b>\$0</b>	ATM withdrawal <b>\$0</b> (in-network) <b>\$1.90</b> (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*		
			_		

<sup>\*</sup> 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.			

<sup>\* &</sup>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.