



**Department of Public Safety  
Division of Consumer Affairs**

50 South Military Trail, Suite 201  
West Palm Beach, FL 33415  
Main Office: (561) 712-6600

South and West County 1-888-852-7362 Fax: (561) 712-6610

[www.pbcgov.com/consumer](http://www.pbcgov.com/consumer)

**ALL FEES ARE NON-REFUNDABLE**

**Home Caregiver ID Badge Initial Application Information – Agency Affiliated**

**What to submit:**

1. Completed Home Caregiver ID Badge Application
2. Copy of valid Florida Driver's License, Passport, or Government-issued photo ID.
3. Home Caregiver Consent and Authorization Form
4. Privacy Policy Acknowledgement Form

**Application Fees:** **Application fee - \$30** (For agency affiliated caregivers with AHCA clearance)

**Payment Type:** Payments can be made by check, money order, Visa/MasterCard or Discover Card. Include the [credit card payment authorization form](#) with your application. Make checks/money orders payable to Board of County Commissioners – **CASH NOT ACCEPTED**. If paying by check or money order, return application by U.S. mail. If paying by credit card, return application by mail, fax, or e-mail. If you are unsure how to calculate the fees, call 561-712-6600 for assistance.

**What you will receive:** Once your application is processed and approved, you will receive a receipt and an ID badge in the mail. The ID badge will be mailed to the address on your application. **You cannot legally operate as a Home Caregiver until your photo identification badge has been issued to you.**

**Renewal Information:**

- **Your Home Caregiver ID Badge expires 5 years from date of application.**
- You should submit your renewal application at least 30 days prior to the expiration date.
- If you renew your Home Caregiver ID Badge after the expiration date, a **\$20** late fee will be due.
- You may renew your ID badge up to ninety (90) days before it expires.
- Please bring previously issued Home Caregiver's ID badge with you (if it is expired).



**Palm Beach County, Florida  
Board of County Commissioners  
Public Safety Department  
Consumer Affairs Division**

<b>2021</b>
HC# _____

50 South Military Trail, Suite 201  
West Palm Beach, FL 33415  
(561) 712-6600 (Main Office)  
1-888-852-7362 (Boca, Delray, Glades)  
Website: www.pbcgov.com/consumer

**In accordance with the provisions of the Americans with Disabilities Act, this application may be requested in an alternative format. Please contact the Division of Consumer Affairs at the above-referenced telephone numbers.**

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## Home Caregiver's ID Badge Application

**PERSONAL INFORMATION    Print or type – Incomplete Applications will not be processed**

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NOTE: Above you MUST provide a street address. Post Office boxes are acceptable below.**

**Mailing Address if different:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Florida Driver's License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Name of **Home Care Business** you will be providing services for:

\_\_\_\_\_

HC# _____
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**I hereby certify that I have received, read, understood and agree to abide by the Palm Beach County Code, Chapter XVII, Article XV – Home Caregivers’ Ordinance and the laws of the State of Florida.**

**I further certify I have received and read a copy of the Home Caregivers’ pamphlet.**

**I agree to notify the Consumer Affairs Division of any changes in address, phone numbers, e-mail address, change in employment, etc.**

**Under penalty of perjury, I swear or affirm that the information provided above is true. I acknowledge that omissions or false statements will be grounds for revocation, suspension or non-issuance of my Home Caregiver’s ID Badge or criminal prosecution.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



Public Safety Department  
 Consumer Affairs Division  
 50 S. Military Trail, West Palm Beach, FL  
 Phone: (561) 712-6600

**Home Caregiver Consent & Authorization  
 Background Check Verification Utilizing  
 Florida Agency for Health Care Administration (AHCA) Clearing House**

This form is to be used by applicants seeking a Palm Beach County (PBC) Home Caregiver ID Badge who have already undergone a state and national fingerprint background check through the Florida Agency for Health Care Administration (AHCA). Applicants who have already submitted fingerprints to AHCA must still apply for a PBC Home Caregiver ID Badge, but are not required to undergo another fingerprint background check, if eligibility results can be verified by the Division of Consumer Affairs (DCA).

By signing below, I agree to allow Palm Beach County (PBC) to use my personal information to verify eligibility in the AHCA Clearinghouse as outlined in Chapter 17, Article XV, Home Caregiver Ordinance. The Social Security number collected pursuant to this notice can only be used by DCA for the purposes stated herein. Social security numbers will not be disclosed to others unless required or authorized by Florida law (FL Statute 119.071). In order for the DCA to access your record and view results in the AHCA Clearinghouse, please provide the following data:

<b>First Name:</b>	<b>Last Name:</b>
<b>Social Security Number (or 9 digit number used when submitted to AHCA):</b>	<b>Date of Birth:</b>
<b>I have been issued a Palm Beach County Home Caregiver ID Badge in the past: YES or NO</b>	
<b>If yes, ID Badge#: _____</b>	

Under penalty of perjury, I, \_\_\_\_\_ (applicant name), hereby swear or affirm that I have submitted fingerprints to the AHCA to qualify for employment as a home caregiver in regards to criminal background screening standards set forth in Chapter 435 and section 408.809, F.S. and that the information reported above is true and accurate. Furthermore, I understand that PBC may suspend my badge should my eligibility status change.

\_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
 Date

<p><b>Office Use (check one)</b></p> <p><input type="radio"/> Applicant is <b>eligible</b> to function as a home caregiver per AHCA clearinghouse on _____ (date)  <b>FINGERPRINTS ARE RETAINED UNTIL</b> _____ (date)</p> <p><input type="radio"/> Applicant is <b>NOT eligible</b> work as a home caregiver per AHCA clearinghouse on _____ (date)</p> <p><input type="radio"/> Applicant record is <b>NOT FOUND</b> in the AHCA clearinghouse on _____ (date)</p>
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## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

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Employee/Contractor Name (Printed)

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Employee/Contractor Signature

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Date

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.



**US Department of Justice**  
**Federal Bureau of Investigation**  
*Criminal Justice Information Services Division*

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## FBI PRIVACY ACT STATEMENT

### **Authority:**

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

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

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

### **Principal Purpose:**

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

### **Routine Uses:**

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

### **Additional Information:**

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



**PALM BEACH COUNTY**  
**PUBLIC SAFETY DEPARTMENT**  
*Enhancing the safety and well-being of our community*  
**CONSUMER AFFAIRS**  
50 South Military Trail  
Suite 201  
West Palm Beach, FL 33415  
561-712-6600  
Fax: 561-712-6610

**Credit Card Authorization Form**

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number ( <b>LAST 4 DIGITS ONLY</b> ): _____ Once the completed form is received, customer will be contacted to provide the 12 digits from card number over the phone and the 3 digit CVV#.
Expiration Date (mm/yy): _____
Billing Address: _____ City/State/Zip: _____

I, \_\_\_\_\_, authorize the use of the credit card below for payment in full of \$\_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date