



Division of Consumer Affairs

Home Caregiver Portal Application Manual

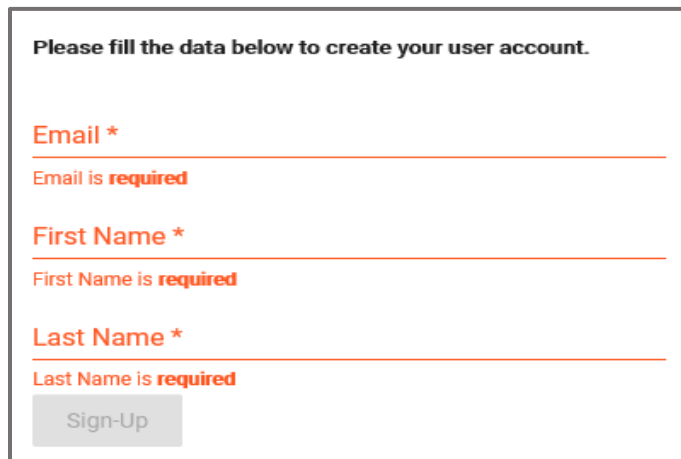
New Applicants—Agency Affiliated

FROM CONSUMER AFFAIRS WEBSITE

1. Go to www.pbcgov.com/consumer
2. Select Home Caregiver from the menu
3. Select “Apply for Caregiver ID Badge”
4. Under the column “New / First – Time Online Portal User” select the green “Apply Here” button

Sign Up (First Time Users)

1. The following screen will display
2. Complete the required fields (*)



Please fill the data below to create your user account.

Email *

Email is required

First Name *

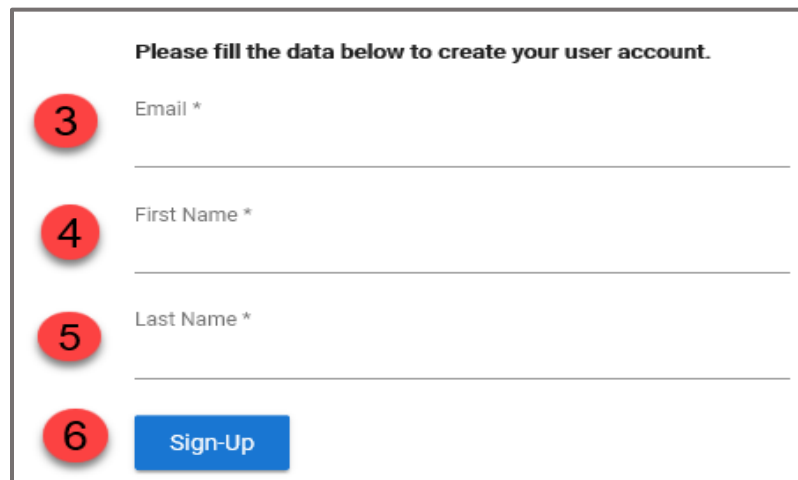
First Name is required

Last Name *

Last Name is required

Sign-Up

3. Enter your **Email**.
4. Enter your **First Name**.
5. Enter your **Last Name**.
6. Click on the “**Sign-Up**” button.



Please fill the data below to create your user account.

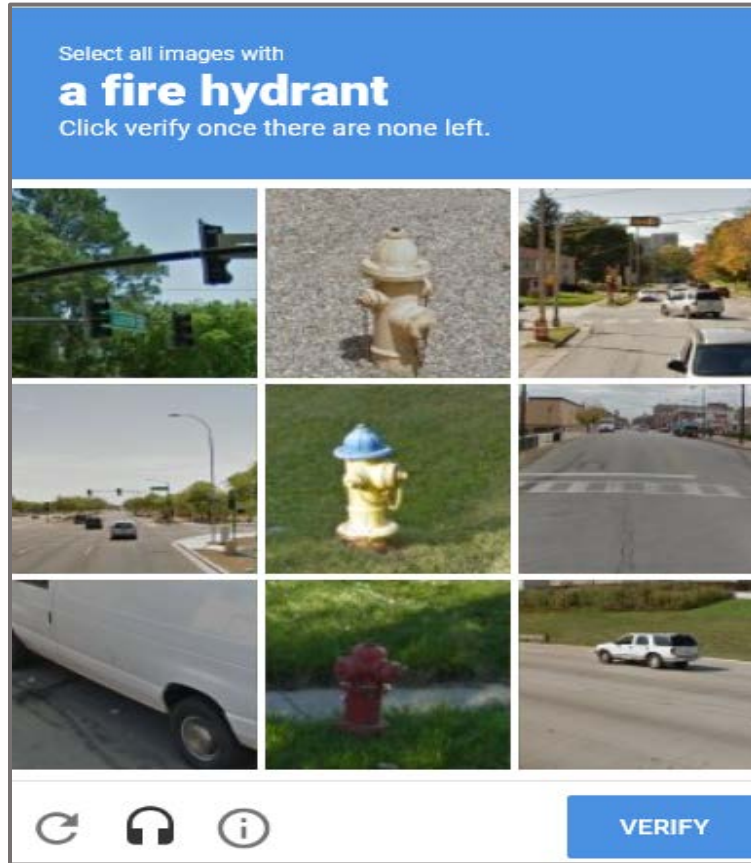
3 Email *

4 First Name *

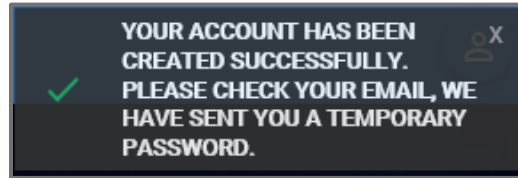
5 Last Name *

6 Sign-Up

7. Select the images as instructed on the security screen, if prompted.



8. The following message will display on the top right-hand- side of your screen.



9. Enter your **User Name**. (The **User Name** is your Email Address).

10. Enter the **Temporary Password** (check your e-mail account). Delivery may take a few minutes. (TIP: Check to make sure it wasn't delivered to your spam or trash folder)

11. Click on the "**Login**" button.

A login form with a blue header bar containing a lock icon and the text "Please log in to continue". Below the header, there are two input fields. The first is labeled "User Name" and contains the placeholder text "Enter your user name", with a red circle containing the number "9" to its left. The second is labeled "Password:" and contains the placeholder text "Enter your password", with a red circle containing the number "10" to its left. Below the password field, there is a "LOGIN" button with a lock icon and a red circle containing the number "11" to its left. At the bottom left, there is a checkbox labeled "Keep me signed in on this device!". At the bottom, there are two links: "SIGN-UP" and "FORGOT PASSWORD?". In the bottom left corner of the form area, there is small text: "PBC Portal - Secured by Enterprise Connect © 2014 Palm Beach County".

The following screen will display.

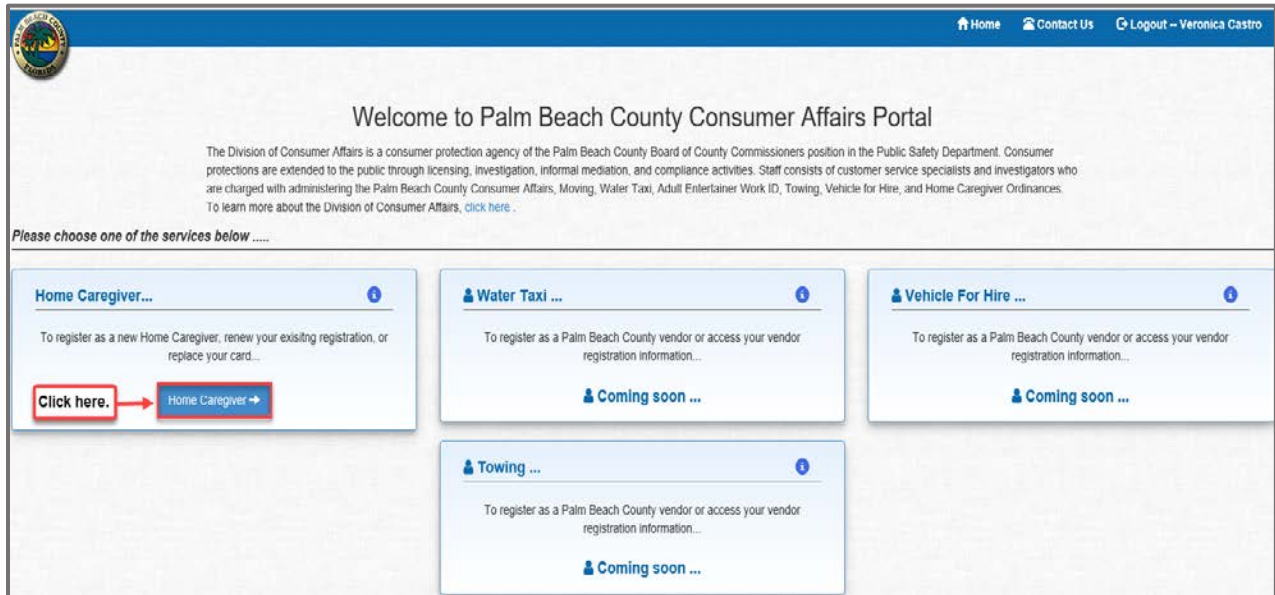
12. Enter a **New Password**.
13. Confirm **New Password**.
14. Click on “**Save New Password.**”

The following screen will display.

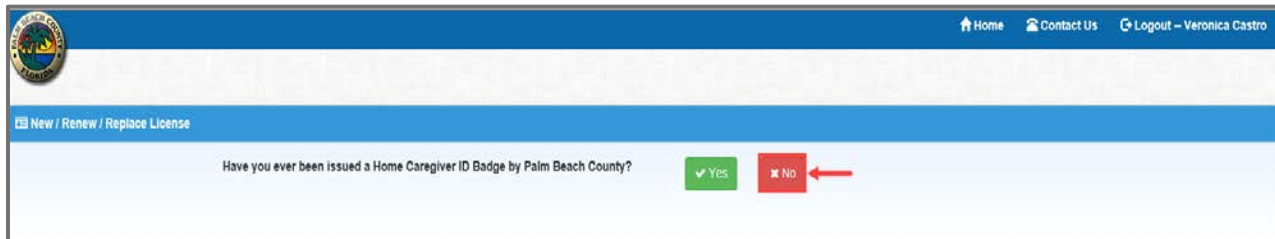
15. The **First Name** will display by default.
16. The **Last Name** will display by default.
17. Enter your **Birthday**.
18. Enter your **Phone Number**.
19. Click on the “**Update**” button.

Register as a New Home Caregiver

1. Click on the “Home Caregiver” button.



2. Click on the “No” button.



3. The **Home Caregiver ID Badge Application** form will display.

- a. Your response to the two questions will determine whether you are applying for an **Agency Affiliated OR an Independent/Private Caregiver License**.
- b. Enter/select all required data or any necessary optional information.
- c. Click on the **“Save Application”** button.

The screenshot shows the 'Home Caregiver ID Badge Application' form. At the top, there is a navigation bar with 'Home', 'Contact Us', and 'Logout - Veronica Castro'. Below this is a breadcrumb 'Home > Application' and a 'Back to Home' button. The main heading is 'Step 1 - Application Details' with the instruction 'Please provide Home Caregiver application details.' and a task list: 'To Do: 1. Enter application details.'

The form itself is titled 'Home Caregiver ID Badge Application' and includes a 'Denotes Required Field' indicator. It contains two questions in a red-bordered box, labeled 'a':

- * Do you work for or plan to work for a home health company? : Yes No
- * Have you submitted fingerprints within the prior 5-years for a criminal background screening relating to health care to the Agency for Health Care Administration (AHCA)? : Yes No

A callout box 'a' points to these questions with the text: 'Based on your response to these two questions will determine whether you are applying for an Agency Affiliated or Independent/Private Caregiver License.'

Below these questions is a large red-bordered box labeled 'b' containing the main application form fields:

- * First Name :
- Mid. Initial :
- * Last Name :
- * Address :
- * City :
- * State :
- * Zip Code :

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

Mailing Address same as Physical Address? :

Mailing Address :

City :

State :

Zip Code :

* Cell Phone :

Work Phone :

* E-Mail Address :

Driver License # / ID # :

Exp. Date : - * DOB :

Gender :

Height :

Race :

Below the form fields is a section for terms and conditions:

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, photo numbers, e-mail address, change in employment, etc.
I certify that all statements contained in my application are complete and true. I acknowledge that omissions or false statements will be grounds for revocation, suspension or non-issuance of my Home Caregiver's ID Badge.

At the bottom of the form, there are fields for:

- * Initials :
- Submit Date :
- * Print Name :

A green 'Save Application' button is located at the bottom right, labeled 'c'.

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Agency Affiliated Caregiver Application

1. Click on the “Yes” radio button for the two questions to display the message shown below.
2. Enter all required data or any necessary optional information.
3. Click on the “Save Application” button.

The screenshot shows a web application interface for a Home Caregiver ID Badge Application. At the top, there is a navigation bar with links for Home, Contact Us, and Logout (Veronica Castro). Below the navigation bar, the breadcrumb trail reads "Home > Application" and there is a "Back to Home" button. The main content area is titled "Step 1 - Application Details" and contains the instruction: "Please provide Home Caregiver application details. To Do: 1 Enter application details." Below this, the form is titled "Home Caregiver ID Badge Application" and includes a note: "Your responses indicate that you should be processed as an Agency Affiliated Caregiver. The above responses cannot be changed once this application is saved." The form contains several sections: 1. Two questions with radio buttons for "Yes" and "No": "Do you work for or plan to work for a home health company?" and "Have you submitted fingerprints within the prior 5-years for a criminal background screening relating to health care to the Agency for Health Care Administration (AHCA)?". Both "Yes" options are selected, and a red circle with the number "1" points to the "Yes" radio buttons. 2. Personal information fields: First Name (Veronica), Mid. Initial (D.), Last Name (Castro), Address (4500 Palm Circle Road), City (Hypoluxo), State (FL), and Zip Code (33462). A note states: "NOTE: Above you MUST provide a street address. Post Office boxes are acceptable below." 3. Mailing Address section: A checkbox "Mailing Address same as Physical Address?" is checked. Fields include Mailing Address (4500 Palm Circle Road), City (Hypoluxo), State (FL), and Zip Code (33462). 4. Contact information: Cell Phone ((561) 444-4444), Work Phone ((XXX) XXX-XXXX), and E-Mail Address (vcastro2000@gmail.com). 5. Identification and Demographics: Driver License # / ID #, Exp. Date (License Expiration Date), DOB (01/14/1983), Gender (Female), Height (--Select Height--), and Race (--Select Race--). 6. Certifications and Agreements: A block of text where the user certifies they have read 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. 7. Summary fields: Initials (VC), Submit Date (00/31/2020), and Print Name (Veronica D. Castro). 8. A green "Save Application" button at the bottom center, with a red circle and the number "3" pointing to it.

4. The “**Agency Affiliated Forms**” links and the message “**Application saved successfully.**” will display.

The screenshot displays a web application interface. On the left side, there is a box with a red border containing the text "Open and Review each form below:" followed by four links, each with an "Open" button and a document icon:

- Open Home Caregiver Consent and Authorization (AHCA)
- Open Privacy Policy Acknowledgement Form
- Open Florida Department of Law Enforcement Form
- Open FBI Privacy Act Statement Form

Below this list, a green horizontal bar contains a red arrow pointing to a message box with the text "Application saved successfully." At the bottom of the interface, there are two buttons: a green "Save Application" button with a checkmark icon and a blue "Continue to Payment" button with a right-pointing arrow icon.

Agency Affiliated Forms

Home Caregiver Consent and Authorization (AHCA)

1. Click on the **Home Caregiver Consent and Authorization (AHCA)** option.

Open and Review each form below:

- Open ←
- Open
- Open
- Open

Application saved successfully.

2. The **Home Caregiver Consent and Authorization** form will display.

- a. Enter the **Social Security Number**.
- b. Enter **Applicant Initials**.
- c. Click on the **“Save”** button.
- d. The **“Consent form saved successfully”** message will display.
- e. Click on the **“Close”** button; the form will close.

Home Caregiver Consent and Authorization

Home Caregiver Consent and 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:

* First Name : Veronica * Last Name : Castro
a * Social Security Number : 111-11-1111 * Date of Birth : 01/14/1983
* I have been issued a Palm Beach County Home Caregiver ID Badge in the past : Yes No

Under penalty of perjury, I, **Veronica Castro** (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.

b * Applicant Initials : VC Date : 03/18/2020

d
Consent form saved successfully.

c e

3. The “**Home Caregiver Consent and Authorization (AHCA)**” will display a checkmark indicating the form has been completed.

Open and Review each form below:

Open	Home Caregiver Consent and Authorization (AHCA) ✓
Open	Privacy Policy Acknowledgement Form
Open	Florida Department of Law Enforcement Form
Open	FBI Privacy Act Statement Form

Privacy Policy Acknowledgement Form

1. Click on the “Privacy Policy Acknowledgement Form” option.



2. The “Privacy Policy Acknowledgement Form” will display.
 - a. Enter **Applicant Name**.
 - b. Enter **Applicant Initials**.
 - c. Click on the “**Save**” button.
 - d. The “**Consent form saved successfully**” message will display.
 - e. Click on the “**Close**” button; the form will close.

Privacy Policy Acknowledgement Form

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.

a * Applicant Name (Printed) :

b * Applicant Initials :

Date : 03/18/2020

d

Consent form saved successfully.

c → ← **e**

3. The “**Privacy Policy Acknowledgement Form**” will display a checkmark indicating the form has been completed.

Open and Review each form below:

Open	Home Caregiver Consent and Authorization (AHCA)	✓
Open	Privacy Policy Acknowledgement Form	✓
Open	Florida Department of Law Enforcement Form	
Open	FBI Privacy Act Statement Form	

Florida Department of Law Enforcement Form

1. Click on the “Florida Department of Law Enforcement Form” option.



2. The “Florida Department of Law Enforcement Form” will display.
 - a. Review Form
 - b. Click on the “Close” button; the form will close.



3. The “**Florida Department of Law Enforcement Law Form**” will display a checkmark indicating the form has been completed.

Open and Review each form below:

- [Open](#) **Home Caregiver Consent and Authorization (AHCA)** ✓
- [Open](#) **Privacy Policy Acknowledgement Form** ✓
- [Open](#) **Florida Department of Law Enforcement Form** ✓
- [Open](#) **FBI Privacy Act Statement Form**

FBI Privacy Act Statement Form

1. Click on the “FBI Privacy Act Statement Form” option.



2. The “FBI Privacy Act Statement Form” will display.
 - a. Review Form
 - b. Click on the “Close” button; the form will close.

FBI Privacy Act Statement Form

a 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).

b





3. The **“FBI Privacy Act Statement Form”** will display a checkmark indicating the form has been completed.



Open and Review each form below:

- Open  Home Caregiver Consent and Authorization (AHCA) ✓
- Open  Privacy Policy Acknowledgement Form ✓
- Open  Florida Department of Law Enforcement Form ✓
- Open  **FBI Privacy Act Statement Form** ✓

4. After all the forms have been reviewed, click on the **“Continue to Payment”** button.

Open and Review each form below:

- Open  Home Caregiver Consent and Authorization (AHCA) ✓
- Open  Privacy Policy Acknowledgement Form ✓
- Open  Florida Department of Law Enforcement Form ✓
- Open  FBI Privacy Act Statement Form ✓

Agency Affiliated Caregiver - No Fingerprints

1. Selecting **“Yes”** to the first question and **“No”** to the second question will display the following message (shown below): If you plan to work for an agency, you need to submit current fingerprints to the Agency for Health Care Administration (AHCA) prior to applying for a Palm Beach County Home Caregiver ID badge. Contact your home health agency for information on where to have your fingerprints submitted to AHCA. The fingerprint check performed at Consumer Affairs is NOT sufficient for agency employment. Once your fingerprints have been submitted to AHCA, you may apply for your Palm Beach County Home Caregiver ID badge.

Home > Application [Back to Home](#)

Step 1 - Application Details

Please provide Home Caregiver application details.

What to Do:

1. Enter application details.

Home Caregiver ID Badge Application * Denotes Required

* Do you work for or plan to work for a home health company? : Yes No

* Have you submitted fingerprints within the prior 5-years for a criminal background screening relating to health care to the Agency for Health Care Administration (AHCA)? : Yes No

If you plan to work for an agency, you need to submit current fingerprints to the Agency for Health Care Administration (AHCA) prior to applying for a Palm Beach County Home Caregiver ID badge. Contact your home health company for information on where to have your fingerprints submitted to AHCA. The fingerprints check performed at Consumer Affairs is NOT sufficient for agency employment. Once your fingerprints have been submitted to AHCA, you may apply for your Palm Beach County Home Caregiver ID Badge.

Independent/Private Caregiver Application

1. Based on your response scenarios to the two questions, the message shown below will display.
 - a. If you select “No” to both questions.

Home Caregiver ID Badge Application * Denotes Required Field

* Do you work for or plan to work for a home health company? : Yes No

* Have you submitted fingerprints within the prior 5-years for a criminal background screening relating to health care to the Agency for Health Care Administration (AHCA)? : Yes No

Your responses indicate that you should be processed as an Independent/Private Caregiver. The above responses cannot be changed once this application is saved.

A red circle with the letter 'a' is positioned to the right of the questions, with arrows pointing to the 'No' radio buttons for both questions.

OR

- b. If you select “No” to the first question and “Yes” to the second question.

Home Caregiver ID Badge Application * Denotes Required Field

* Do you work for or plan to work for a home health company? : Yes No

* Have you submitted fingerprints within the prior 5-years for a criminal background screening relating to health care to the Agency for Health Care Administration (AHCA)? : Yes No

Your responses indicate that you should be processed as an Independent/Private Caregiver. The above responses cannot be changed once this application is saved.

A red circle with the letter 'b' is positioned to the right of the questions, with arrows pointing to the 'No' radio button for the first question and the 'Yes' radio button for the second question.

2. Enter all required data or any necessary optional information.
3. Click on the **“Save Application”** button.
4. The message **“Application saved successfully”** will display.
5. Click on the **“Continue to Payment”** button.

The screenshot shows a web application interface for a Home Caregiver ID Badge Application. At the top, there is a navigation bar with 'Home', 'Contact Us', and 'Logout - Veronica Castro'. Below this is a breadcrumb trail 'Home > Application' and a 'Back to Home' button.

The main content area is titled 'Step 1 - Application Details' and contains the instruction: 'Please provide Home Caregiver application details. To Do: 1. Enter application details.' Below this is a blue header for the 'Home Caregiver ID Badge Application' with a 'Denotes Required Field' indicator.

Two questions are asked:

- 'Do you work for or plan to work for a home health company?' with radio buttons for 'Yes' and 'No' (selected).
- 'Have you submitted fingerprints within the prior 5-years for a criminal background screening relating to health care to the Agency for Health Care Administration (AHCA)?' with radio buttons for 'Yes' and 'No' (selected).

 A blue box below these questions states: 'Your responses indicate that you should be processed as an Independent/Private Caregiver. The above responses cannot be changed once this application is saved.'

A red circle with the number '2' highlights the main form area. The form contains several fields:

- First Name: Veronica
- Mid. Initial: D
- Last Name: Castro
- Address: 4500 Palm Circle Road
- City: Hypoluxo (dropdown)
- State: FL
- Zip Code: 33462

 A note below these fields says: 'NOTE: Above you MUST provide a street address. Post Office boxes are acceptable below.'

Below the address fields is a checkbox for 'Mailing Address same as Physical Address?' which is checked. This is followed by another set of address fields:

- Mailing Address: 4500 Palm Circle Road
- City: --Select City-- (dropdown)
- State: FL
- Zip Code: 33462

Other fields include:

- Cell Phone: (561) 444-4444
- Work Phone: (XXX) XXX-XXXX
- E-Mail Address: vcastro2080@gmail.com
- Driver License # / ID #: (empty)
- Exp. Date: License Expiration Date
- DOB: 01/14/1983
- Gender: --Select Gender-- (dropdown)
- Height: --Select Height-- (dropdown)
- Race: --Select Race-- (dropdown)

At the bottom of the form, there is a certification section:

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, photo numbers, e-mail address, change in employment, etc. I certify that all statements contained in my application are complete and true. I acknowledge that omissions or false statements will be grounds for revocation, suspension or non-issuance of my Home Caregiver's ID Badge.

Below the certification are fields for:

- Initials: VC
- Submit Date: 03/30/2020
- Print Name: Veronica Castro

At the bottom of the page, a green banner contains a message 'Application saved successfully.' A red circle with the number '4' points to this message. Below the banner, a red circle with the number '3' points to a green 'Save Application' button. To the right, a red circle with the number '5' points to a blue 'Continue to Payment' button.

Payment

Pay Now (Online Payment)

1. Select the “Pay Now” radio button.
2. Click on the “Review your Payment” button.

Home > Application > Payment

Step 2 - Payment Options

Please select payment option.
To Do:
1. Select one of the payment options "Pay Now" or "Pay In Person."

\$ Payment Options * Denotes Required Field

* Payment Options : Pay Now Pay In Person

Pay To : Palm Beach County - Consumer Affairs

Amount To Pay : \$30.00 New - Home Caregiver Fee Amount

Review your Payment →

3. The “Payment Review” screen will display.
4. Click on the “Edit Payment Option” button to return to the Payment Options screen and make any changes, OR
5. Click on the “Proceed to Payment” button.

Home > Application > Payment

Step 2 - Payment Review

To Do:
1. To make any changes click on "Edit Payment Option" or continue to "Proceed to Payment".

\$ Payment Review

Pay To : Palm Beach County - Consumer Affairs

Amount To Pay : \$30.00

Edit Payment Option Proceed to Payment →

6. Enter the required information.
7. Click on the **“Pay Now”** button.

Consumer Affairs Portal

Your Order

Total Amount \$30.00

6

Billing Information * Required field

First Name *
Last Name *
Company Name
Address Line 1 *
City *
Country/Region * United States of America
State/Province * Florida
Zip/Postal Code *
Phone Number *
Email *

Payment Details

Card Type *

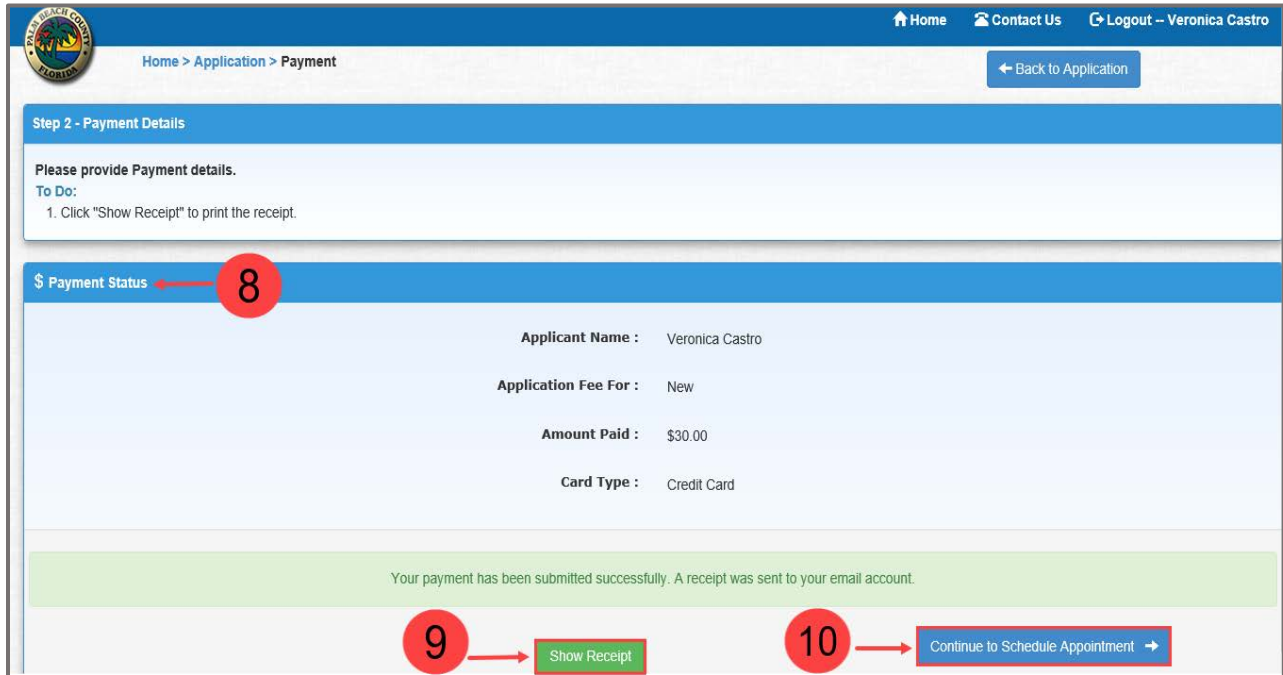
VISA Visa Mastercard
 AMEX Amex DISCOVER Discover

Card Number *
Expiration Date *

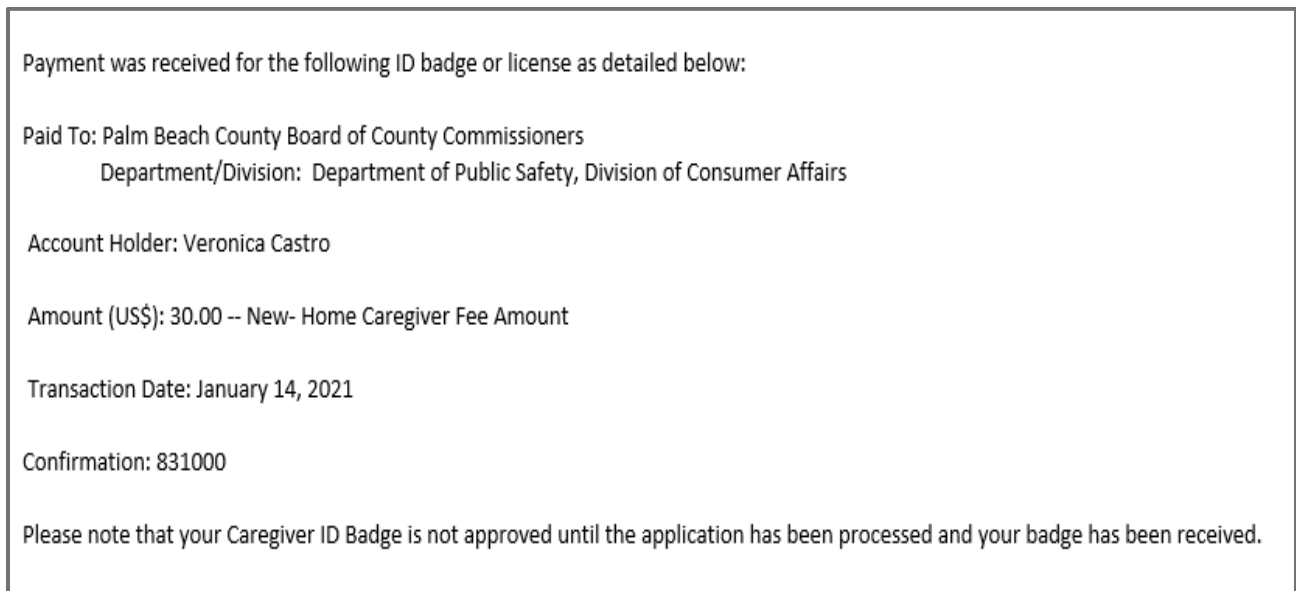
7 → Pay now

Note: To cancel the order and return to the **“Payment Options”** page, click on the **“Cancel”** button.

8. The “**Payment Status**” screen will display.
9. Click on the “**Show Receipt**” button to display or print the Payment Receipt.
10. Click on the “**Continue to Schedule Appointment**” button.



11. A **Payment Confirmation** email is sent to the applicant.



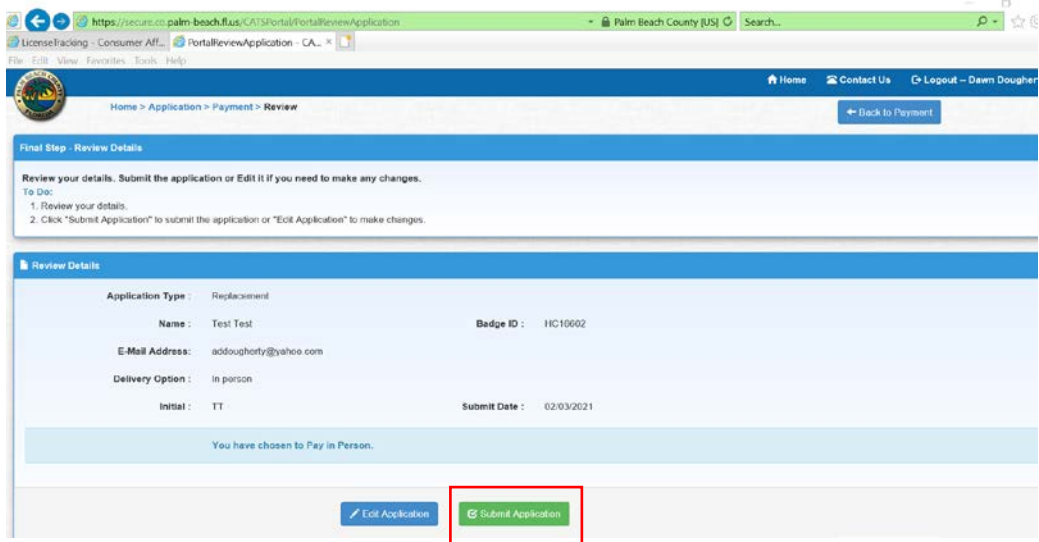
Pay In Person (SECONDARY)

1. Select the “Pay In Person” radio button.

2. Click on the “Save” button.

3. Click on the “Continue to Review” button.

4. Submit the application



5. Application Status Screen Appears



Schedule an Appointment

1. Click in the Date field, and a calendar will appear.
2. Select appointment date and time.

Home > Application > Payment > Appointment

Step 3 - Appointment Details

Please select the Date and Time you would like to arrive for your Appointment.

To Do:

1. Select the Date of your Appointment
2. Select the Time of your Appointment

Appointment

Date : Tuesday June 23, 2020

8:00 AM	8:20 AM	8:40 AM	9:00 AM	9:20 AM	9:40 AM
10:00 AM	10:20 AM	10:40 AM	11:00 AM	11:20 AM	11:40 AM
1:00 PM	1:20 PM	1:40 PM	2:00 PM	2:20 PM	2:40 PM
3:00 PM	3:20 PM				

3. The “**Schedule Appointment**” screen will display.
 - a. Select **Type of Phone** from the dropdown list.
 - b. Enter the **Best Phone** number.
 - c. Click on the “**Schedule Appointment**” button.

Home > Application > Payment > Appointment

Step 3 - Appointment Details

Please select the Date and Time you would like to arrive for the appointment.

To Do:

1. Verify your appointment Date, Time, Name, and Email.
2. Select "Type of Phone" and enter the phone number.
3. Click "Schedule Appointment" to confirm the appointment.

Schedule Appointment

Appointment Date/Time : Tuesday, June 23, 2020 at 1:20 PM

Name : Veronica Castro

Email : loliva@pbcgov.org (Note: To modify your Email Address [click here](#))

* Type of Phone : Cell Phone

* Best Phone : (561) 222-1111

Schedule Appointment

4. The **“Appointment Confirmation”** will display.
 - a. Click on the **“Continue to Review”** button.

The screenshot shows a web application interface for scheduling an appointment. At the top, there is a navigation bar with a home icon, 'Home', 'Contact Us', and 'Logout - Veronica Castro'. Below this is a breadcrumb trail: 'Home > Application > Payment > Appointment'. A blue button labeled 'Back to Appointment' is located on the right. The main content area is titled 'Step 3 - Appointment Details'. It contains instructions: 'Please select the Date and Time you would like to arrive for the appointment. To Do: 1. Verify your appointment Date, Time, Name, and Email. 2. Select "Type of Phone" and enter the phone number. 3. Click "Schedule Appointment" to confirm the appointment.' Below the instructions is a 'Schedule Appointment' section with the following details: 'Appointment Date/Time: Tuesday, June 23, 2020 at 1:20 PM', 'Name: Veronica Castro', 'Email: loliva@pbcgov.org (Note: To modify your Email Address click here)', 'Type of Phone: Cell Phone', and 'Best Phone: (561) 222-1111'. At the bottom of this section, a green box contains the text: 'Appointment scheduled on June 23, 2020 at 1:20 PM. Email confirmation for your appointment has been sent to your email account'. A red circle with the letter 'a' is placed over this text. At the bottom of the page, there are two buttons: 'Schedule Appointment' and 'Continue to Review'.

5. An **Appointment Confirmation** email is sent to the applicant.

Your appointment has been scheduled for: June 23, 2020 at 1:20 PM.

Confirmation Number: 85085328

The Division of Consumer Affairs is located at the following address:
50 S. Military Trail, Suite 201
West Palm Beach, FL 33415

Please bring picture identification (Driver's License or Passport) and be prepared to have your photo taken. If you have NOT already paid online, please bring payment in the form of a check, money order, Visa, Discover or MasterCard. ****WE DO NOT ACCEPT CASH.**

Thank you – we look forward to seeing you soon!

If you have any questions, please contact 561-712-6600 or email caregiveridbadges@pbcgov.org

Review Application Details

1. Review your details.
 - a. Click on the **“Edit Application”** button to make changes to the application.
 - b. Click on the **“Submit Application”** to submit the application.

Home > Application > Payment > Appointment > Review

Final Step - Review Details

Review your details. Submit the application or Edit it if you need to make any changes.

To Do:

1. Review your details.
2. Click "Submit Application" to submit the application or "Edit Application" to make changes.

Review Details

This application will be processed as a Private/Independent Caregiver.

Application Type : Renewal

Appointment Date and Time : Tuesday, August 25, 2020 at 2:00 PM

Name : Henrietta Hopkins

E-Mail Address : vcastro2080@gmail.com

Address : 5011 Willes Road 207 Road 207 Apt.Coconut Creek FL 33073

Mailing Address : 5011 Willes Road Apt 207, Coconut Creek,FL 33073

Driver Lic. # : H125-320-60-915-0 Exp. Date : 11/15/2021 Date of Birth : 11/15/1960

Gender : Height : Race :

Initials : HH Submit Date : 08/12/2020 Print Name : Henrietta Hopkins

Delivery Option : Mail

Payment Date : 8/24/2020 12:43:05 PM Payment Amount : \$70.00 Payment Type : Credit Card

[Edit Application](#) [Submit Application](#)

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2. The **Application Status** notification will display.

Home Contact Us Logout - Veronica Castro

Application Status

Applicant Name : Henrietta Hopkins

Application Type : Renewal

Status : Submitted

Submitted Date : 08/25/2020

3. An email notification is sent to the applicant.

Your application was submitted to the Palm Beach County Consumer Affairs Division on Tuesday, August 25, 2020 at 12:07:43 PM. Please note that your Caregiver ID Badge is not approved until the application has been processed and your badge has been received.

Thank you!