

**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 employment you have had during the last 18 months.

1. Name: (First, Middle, Last) _____				*Social Security Number: (see Privacy Act Statement on back of form) _____																																																																																																																																																																																							
1a. Other Names Used During Employment _____				FOR OFFICE USE ONLY, DO NOT WRITE IN THE GRAY AREA BELOW																																																																																																																																																																																							
2. Local Mailing Address: Street Address: _____ Apt.# _____ City: _____ State: _____ Zip: _____ Residence County: _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">EFF Date</td> <td>M</td> <td>D</td> <td>Y</td> <td colspan="2">DATE FILED</td> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>CLAIM</td> <td>NEW</td> <td>ADD'L</td> <td>R/O</td> <td>T</td> <td>REQUALIFY</td> <td colspan="4"></td> </tr> <tr> <td>STATUS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td>TYPE:</td> <td>UC</td> <td>X</td> <td>FE</td> <td>CWC</td> <td>EB</td> <td>OTHER</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">ISSUE: (check one)</td> <td>UCB-13</td> <td>MODS</td> <td>STDK</td> <td colspan="3">METHOD</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> NO</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> YES - enter flag codes</td> <td colspan="6"></td> </tr> <tr> <td>1.</td> <td colspan="2">LOCAL OFFICE</td> <td>FIPS</td> <td>RES. COUNTY</td> <td colspan="2">WDB</td> <td colspan="3"></td> </tr> <tr> <td>2.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td>3.</td> <td>IND</td> <td>W/S</td> <td>ERP</td> <td>MCS</td> <td colspan="5"></td> </tr> <tr> <td>4.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="5"></td> </tr> <tr> <td colspan="4">IB4 STATE/FIPS CODE</td> <td colspan="6"></td> </tr> <tr> <td colspan="4">Primary DOT Code: _____</td> <td colspan="2">Mo. Exp. _____</td> <td colspan="4">Secondary DOT Code: _____</td> </tr> <tr> <td colspan="4">Mo. Exp. _____</td> <td colspan="6"></td> </tr> <tr> <td colspan="4">Disaster Date: _____</td> <td colspan="2">Documentation presented: _____</td> <td colspan="4">Announcement Disaster #: FL _____</td> </tr> <tr> <td colspan="4">TYPE: _____</td> <td colspan="6"></td> </tr> <tr> <td colspan="4">Primary DOT Code: _____</td> <td colspan="2">Mo. Exp. _____</td> <td colspan="4">Secondary DOT Code: _____</td> </tr> <tr> <td colspan="4">Mo. Exp. _____</td> <td colspan="6"></td> </tr> </table>				EFF Date		M	D	Y	DATE FILED		M	D	Y	CLAIM	NEW	ADD'L	R/O	T	REQUALIFY					STATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					TYPE:	UC	X	FE	CWC	EB	OTHER				ISSUE: (check one)				UCB-13	MODS	STDK	METHOD			<input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> YES - enter flag codes										1.	LOCAL OFFICE		FIPS	RES. COUNTY	WDB					2.										3.	IND	W/S	ERP	MCS						4.										IB4 STATE/FIPS CODE										Primary DOT Code: _____				Mo. Exp. _____		Secondary DOT Code: _____				Mo. Exp. _____										Disaster Date: _____				Documentation presented: _____		Announcement Disaster #: FL _____				TYPE: _____										Primary DOT Code: _____				Mo. Exp. _____		Secondary DOT Code: _____				Mo. Exp. _____									
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3. Telephone Number: _____ Alternate phone number: _____ () - or () -				10. Are you handicapped as defined in Section 504 of the Rehabilitation Act of 1973? <input type="checkbox"/> YES <input type="checkbox"/> NO Definition: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major 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 requested on a voluntary basis; and will be kept confidential.																																																																																																																																																																																							
4. Date of Birth: _____ 5. Sex: _____ 6. Height/Weight _____ Month Day Year <input type="checkbox"/> M <input type="checkbox"/> F /				11. I am a citizen of the United States. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, I am authorized to work in this country. <input type="checkbox"/> YES <input type="checkbox"/> NO Alien Reg. #: _____ Expiration Date: _____																																																																																																																																																																																							
7. (Statistical use only) Are you of Hispanic descent? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate your primary ethnic affiliation: <input type="checkbox"/> White (1) <input type="checkbox"/> American Indian or <input type="checkbox"/> Black or African American (2) <input type="checkbox"/> Alaskan Native (4) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Hawaiian or Pacific Islander (5) <input type="checkbox"/> Information not available (6)				11a. Citizenship: <input type="checkbox"/> US Citizen/Nationalized <input type="checkbox"/> Lawfully Admitted Alien/Refugee <input type="checkbox"/> Cuban Entrant <input type="checkbox"/> Haitian Entrant <input type="checkbox"/> Other																																																																																																																																																																																							
8. Identification (ID): Driver's License #: _____ State of Issuance: _____ State Identification #: _____ State of Issuance: _____ Other ID #: _____ Type of ID: _____				11b. If not fluent in English, what language do you prefer to use? _____																																																																																																																																																																																							
9. Check the number which corresponds to the highest grade you completed: 1. Did not finish High School - Highest grade completed was: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 2. High School Diploma or GED <input type="checkbox"/> 3. AA or Post Secondary Vocational/Technical Certificate of Completion <input type="checkbox"/> 4. BS/BA <input type="checkbox"/> 5. MS/MA <input type="checkbox"/> 6. Doctorate <input type="checkbox"/>				12. I hereby apply for DUA for the period beginning: _____ 13. TYPE INDUSTRY OF EMPLOYER: _____ 15. Name of employer at time of disaster: _____																																																																																																																																																																																							
Employer's Street Address _____ City _____ County _____ State _____ Zip _____ Supervisor's Name: _____ County in which worked: _____				Employer ID # _____ 14. Unemployment was a result of this disaster because: _____ Dates Worked: _____ Occupation: _____ FROM: _____ TO: _____ Mo. Day Year Mo. Day Year																																																																																																																																																																																							
Employer's Telephone Number: _____ () - Salary Rate: _____ \$ _____ Per * (*Hour, Week, Month, Year)				Total Gross Earnings _____ Total Gross Earnings since _____ Sunday of this week: _____ \$ _____ Occupation or Title: _____																																																																																																																																																																																							

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REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES**

Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Suspension <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Discharged, Job Performance <input type="checkbox"/> Discharged, Other	Tools/Equipment Used: Are you scheduled to return to work for this employer? <input type="checkbox"/> YES When? <input type="checkbox"/> NO
Explain Reason for Separation:	
16. Are you currently employed, self-employed or have you been self-employed in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. Is there any reason you cannot seek or accept full-time employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17A. Have you refused any offer of work since you became unemployed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Did you apply for or receive, or would you be eligible to receive if applied for: (Mark "Y" for Yes or "N" for No next to each question) <input type="checkbox"/> Any amount for loss of wages due to illness or disability? <input type="checkbox"/> Any amount of retirement pension or annuity income? <input type="checkbox"/> Any type of private income protection insurance? <input type="checkbox"/> Worker's compensation for death of head of household? <input type="checkbox"/> Any amount as supplemental unemployment benefit?	
19. Have you received, or will you receive any of the following payments? Severance Pay <input type="checkbox"/> YES <input type="checkbox"/> NO Amount: \$ _____ Wages in Lieu of Notice <input type="checkbox"/> YES <input type="checkbox"/> NO Vacation Pay <input type="checkbox"/> YES <input type="checkbox"/> NO From: _____ To: _____	
20. Do you have specific plans to enroll in or attend school or vocational training within the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ (date)	
21. Are you receiving, or will you receive a retirement pension? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date payment began/will begin: _____ Employer's Name: _____	
22. During the past 18 months, have you: <input type="checkbox"/> YES <input type="checkbox"/> NO a. Been in the Military Service? b. Held a Federal Civilian Job? c. Worked in any other state?	
23. Have you applied for Reemployment Assistance benefits in the past 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, against which state? _____	
24. If you receive, or will receive payments from Worker's Compensation, is it classified as: Temporary Total <input type="checkbox"/> YES <input type="checkbox"/> NO Temporary Partial <input type="checkbox"/> YES <input type="checkbox"/> NO Impairment Income <input type="checkbox"/> YES <input type="checkbox"/> NO Permanent Total <input type="checkbox"/> YES <input type="checkbox"/> NO Supplemental Income <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Are you a member of a labor union which finds/obtains work for its members? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide Union name and number: _____	
26. What type of work are you seeking?	
27. Are you a veteran who meets one or more of the following conditions? <input type="checkbox"/> YES <input type="checkbox"/> 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, please answer questions 28 – 32 below, otherwise go to question 33.	
28. Were you released from military active duty within the last three years (36 months)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
29. Did you serve on active duty during a war, campaign or expedition for which a campaign badge has been authorized? <input type="checkbox"/> YES <input type="checkbox"/> NO	
30. Are you a Disabled Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Definition: You have a service-connected disability which entitles you to compensation or caused you to be discharged or released from active duty.	
31. Are you a Special Disabled Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
33. Are you the spouse of any of the following individuals? <input type="checkbox"/> YES <input type="checkbox"/> NO (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 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.	

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I hereby claim benefits under the Florida Reemployment Assistance Law. I am not seeking benefits under any other state or Federal system. At the discretion of the department, this application for benefits may be accepted as my registration for work and employment services. I understand the Florida Reemployment Assistance Law provides penalties for knowingly making false statements for the purpose of obtaining benefits. I declare that the statements made in connection with this claim are true and correct to the best of my knowledge and belief. I understand the information is subject to verification and agree to provide such documentation as required.

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: _____

I understand the Department of Economic Opportunity will maintain the confidentiality of my e-mail address pursuant 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 in blue or black ink for the last 3 jobs you have held DURING THE PAST 18 MONTHS PRIOR to the employment you listed in item 12 of the UC310 form. Include self-employment, part-time work, military service, and employment with a government agency. Include all employers regardless of location, type of work performed, or length of job.

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: () —			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$ Per: (Hour, Week, Month, Year)

Explain Reason for Separation:

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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 PROGRAM
 PO BOX 5250
 TALLAHASSEE, FL 32314-5250

Ron DeSantis
 Governor

Ken Lawson
 Executive Director

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

<p>You have several options to receive your payments: direct deposit to your bank account; direct deposit to your own prepaid account; or this prepaid card. You do not have to accept this prepaid card. Ask about other ways to receive your funds.</p>			
Monthly fee \$0	Per purchase \$0	ATM withdrawal \$0 (in-network) \$1.90 (out-of-network)	Cash reload N/A
ATM balance inquiry (in-network or out-of-network)			\$0 or \$0.75
Customer service (automated or live agent)			\$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 teller cash withdrawal			\$3.00*
<p>* 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.</p> <p>No overdraft/credit feature Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services in the cardholder agreement.</p>			

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.

List of all fees for Florida Reemployment Assistance Way2Go Card Prepaid Card

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.

* "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.