



ONLINE APPLICATION SYSTEM (OAS) USER GUIDE

Applicant User Guide to Navigating the OAS

An explanation of the Online Application System (OAS)

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Introduction

Pursuant to section 393.065, Florida Statutes, the Agency for Persons with Disabilities (APD) is required to develop and implement an online application system to support paperless, electronic submission of applications for services.

The Online Application System (OAS) has been designed to allow applicants to:

- Apply for services online
- Attach supporting documentation with the online application
- Receive an email confirmation to acknowledge receipt of the submitted application
- Check the status of their submitted application

This User Guide has been developed to assist applicants with the online application process.

User Account Registration

To begin the application process, applicants or their representatives will have to register for a secure account. This section will walk the user through the account registration and confirmation steps.

Note: After the user account has been created, it can be managed using the application link “Manage My User Account”.

APD has developed a Quick Guide to support applicants and their families through the application and crisis request process. Please use the [Quick Guide: Applying for APD Services](#) to learn about the documentation needed for an application submission. Please use the [Quick Guide: Requesting Crisis Review](#) to learn about the Crisis Waiver Enrollment criteria and documentation requirements.

Applicants or their representatives can access the OAS from any electronic device with internet access and a browser. This includes PCs, Apple devices, laptops, tablets, and Smart Phones.

To begin, access the application at <https://applynow.apd.myflorida.com/>.

On the landing page, the applicant or their representative will see preliminary criteria to help them determine if they are ready to begin the application process.

1. The applicant is 3 years or older.
2. The applicant lives in Florida.
 - a. Examples of documents that may be used as proof of Florida residency include:
 - i. Florida Driver's License or ID Card
 - ii. Florida's Voter Registration Card
 - iii. Florida's Court Filed Declaration of Domicile
 - iv. Homestead exemption filing
 - v. Mortgage or lease agreement
 - vi. Employment/school records
3. The applicant has a developmental disability that presented prior to the age of 18.
 - a. A developmental disability is at least one of the following diagnoses
 - i. Intellectual disabilities (Full Scale IQ of 70 or below)
 - ii. Severe forms of autism
 - iii. Spina bifida cystica or myelomeningocele
 - iv. Cerebral palsy
 - v. Prader-Willi syndrome
 - vi. Down syndrome
 - vii. Phelan-McDermid syndrome
 - viii. Tatton-Brown-Rahman syndrome, or
 - ix. Individuals between the ages of 3-5 at high risk for a developmental disability

For more information about documentation needed when applying for services, please visit: <https://apd.myflorida.com/services/guide.htm>.

Upon starting the process, the “Am I Ready?” page will display information about how the application process works. Clicking the links will provide more information.

Am I Ready?

Welcome to the Agency for Persons with Disabilities (APD) Online Application System (OAS) where you can submit an initial application to become an APD client and/or apply for Crisis Waiver Enrollment. The system will allow you to submit an initial application for APD services if:

- You have never applied before;
- You previously applied and were determined to be ineligible for APD services; or,
- You were previously an APD client and your case was closed.

[Click here to access our Quick Guide: Applying for APD Services](#)

[Click here to access OAS User Guide](#)

If you need to apply for Crisis Waiver Enrollment, you must either be an initial applicant for APD services or an active APD client not currently receiving iBudget Waiver services. To apply for Crisis Waiver Enrollment, simply click on the Crisis Application section when prompted to do so. To submit a Crisis Application, you must meet one or more of the following circumstances:

- You are homeless, living in a homeless shelter, or living in an unsafe environment,
- Your primary caregiver can no longer provide care for you due to an illness or extreme duress, or
- You have behaviors that without the immediate provision of waiver services may create a life-threatening situation for you or others

[Click here to access our Quick Guide: Requesting Crisis Review](#)

The below are pre-screening items that the APD uses to determine eligibility.

- The applicant is 3 years of age or older.
- The applicant lives in Florida.
- Does the applicant have a diagnosis of a developmental disability?
- Did this condition manifest before the age of 18?

[Continue](#)

Already have an account? Login here.

[LOGIN](#)

New?

[CREATE ACCOUNT](#)

When the applicant or their representative is ready, they can click on the “Continue” button to review the Rights and Responsibilities of applicants. By clicking on the down arrows, the information regarding rights and responsibilities is displayed.



Online Application System

Rights and Responsibilities

You have the right to	▼
You have the responsibility to	▼

[I ACCEPT](#)
[I DECLINE](#)

Rights and Responsibilities

You have the right to ^

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Agency for Persons with Disabilities – State of Florida (APD) is an equal opportunity provider.

You have the responsibility to ^

NOTE: You have these same responsibilities if you are applying on behalf of someone else.

- Give us complete and correct proof of requested information, within the time limits given to you, to determine if you are eligible for services.

I ACCEPT

[I DECLINE](#)

© 2026 - APD Florida Online Application System (OAS) - [Privacy](#)

After reviewing this information click “I Accept” to proceed to the “Ready to apply? Here’s How it works.” screen. Clicking “I Decline” will take the user back to the “Am I Ready?” screen.

Ready to apply? Here's how it works.



Step 1: Fill in and submit your application

What to expect ^

- Please allow ample time to complete all sections of the application as well as gathering and uploading necessary documentation.
- Please create a user account to start an application.
- Fill out as much as you can, as that can speed up your application process.

Step2: Upload documents

Type of documents you may need to provide ^

In many instances, the Agency for Persons with Disabilities (APD) can verify Florida residency for applicants through information provided on the application form. If necessary, APD may request additional information or documentation to verify residency.

1. Identity & Domicile Verification

For all applicants, one or more of the following documents may be needed:

- Copy of Birth Certificate
- Social Security Card
- A copy of a valid Florida driver's license
- U.S. passport
- Federal, state, or local government issued photo ID
- School Photo ID (accepted for children under the age of 16)
- A military dependent's ID card
- Certificate of Indian Blood
- Native American tribal document

Parents of applicants under the age of 18 can submit one of the following: U.S. military card or draft record, U.S. Coast Guard Merchant Mariner card, federal, state, or local government issued photo ID

Applicants born in another country who do not have US Citizenship, provide the following: Please submit the immigration documentation that shows your status as a resident alien, qualified alien, or legal immigration status, and proof of domicile in Florida.

2. Diagnosis Verification (these could be lengthy in numbers of pages/volume of records)

For APD to begin the eligibility process, please submit diagnosis documentation along with the application. Please note that the Quick Guide: Applying for APD Services is a reference only and not an exhaustive list. If necessary, APD may request additional information or documentation in order to complete your application.

- Diagnostic testing and evaluation
- Medical records
- Reports and records from schools
- Assessments and evaluations from various kinds of doctors
- Genetic testing



Step3: We'll review your application

Back

Continue

After reviewing all the information, click on the “Continue” button to advance to the “Helpful Tips” page.

Helpful Tips

Fill out as much as you can. We'll need at least the details below:

Name, Social Security Number, Date of birth, Address & Signature

After that, you can submit your application at any time.



To protect your privacy, your data will be lost after 15 minutes of inactivity.

*Required

Questions marked "required" must be answered. The others are optional.

You must use the Save and Continue and Back buttons, to navigate through the application.

Save and Continue

Click the "Save and Continue" button when you are done with a question. This will also save your information.

Back

Click the "Back" button to return to the previous step.

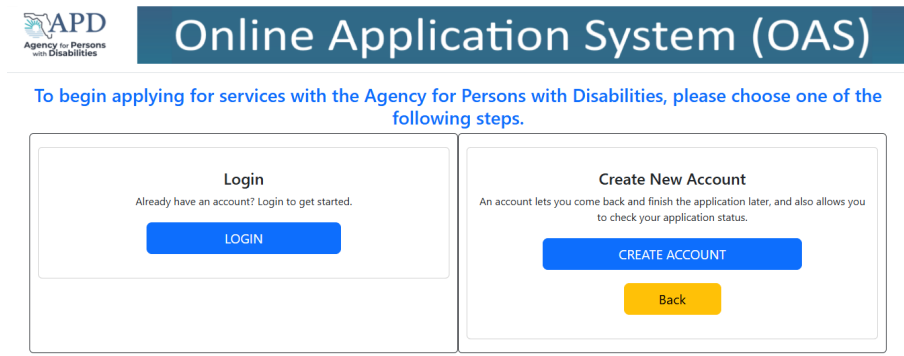
Back

Continue

After reviewing the "Helpful Tips" page, click the "Continue" button to login if an account has already been created, or click "Create Account" if one does not already exist.

Create a New Account

On the Login/Create New Account page, click the “Create Account” button.



The screenshot shows the 'Online Application System (OAS)' interface. At the top left is the APD logo. A dark blue header bar contains the text 'Online Application System (OAS)'. Below the header, a blue instruction line reads: 'To begin applying for services with the Agency for Persons with Disabilities, please choose one of the following steps.' There are two main panels. The left panel is titled 'Login' and contains the text 'Already have an account? Login to get started.' with a blue 'LOGIN' button. The right panel is titled 'Create New Account' and contains the text 'An account lets you come back and finish the application later, and also allows you to check your application status.' with a blue 'CREATE ACCOUNT' button and a yellow 'Back' button below it.

The User Account can be created with either the applicant’s name or the name of their legal representative. It is important that the person who uses the account will have access to the email address that the account is created with because a validation code will be sent to that email address. The validation code will have to be entered before the person requesting the account can move forward.

On the User Account Registration page, the account user will fill in all fields.

When completing this page, be sure to save the password so it can be accessed when logging in again.

The account user will need to select a PIN that will be remembered. This will be needed if phone calls are selected as the authentication method, or if assistance is needed with password resets.

User Account Registration

First Name (*Required)

Middle Name (optional)

Last Name (*Required)

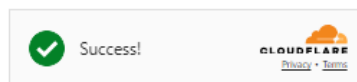
Email (*Required)

Mobile Phone *Please enter only numbers* (*Required)

Password (*Required)

Confirm password (*Required)

User generated PIN *Please enter only numbers* (*Required)



Save and Continue

Start Over

The account user will receive an email with the validation code.

Date: November 1, 2024 at 8:59:26 AM EDT
To: Hide My Email <twin_vistas0b@icloud.com>
Subject: Email from APD Online Applications
Reply-To: APD Online Applications User Account Service
<apd.apps.noreply_at_apdfl_onmicrosoft_com_j94eg272xk0bc4_c59q1675@icloud.com>

Dear Michael Test,

Please enter the following code in the Validation Code field on the User Email Validation Form:

P3WRPF

User Email Validation

Validation Code: (*Required)

Submit

Email (Please check email address before clicking Resend Validation Code):

Resend Validation Code

After validating the email, a confirmation screen will appear. This will advise them that they will receive an email with their login information.

Registration Confirmation

Thank you... You will receive your login information via email in the next few minutes with instructions on how to activate your account. Please make sure to complete the activation steps in order to begin your application.

Close

The email will include the login name and the link to activate the account.

Follow the link to activate the account.

Subject: Email from APD Online Applications
Importance: High

Dear [External Account](#),

Thank you for registering with APD Online Application for Services. Please use the link below to activate your APD Online Application account.

Your login name is bamboos-reliant08.icloud.com@apdtest.fl.local.7

Upon activating your account, you will be redirected to the login page to begin your application submission.

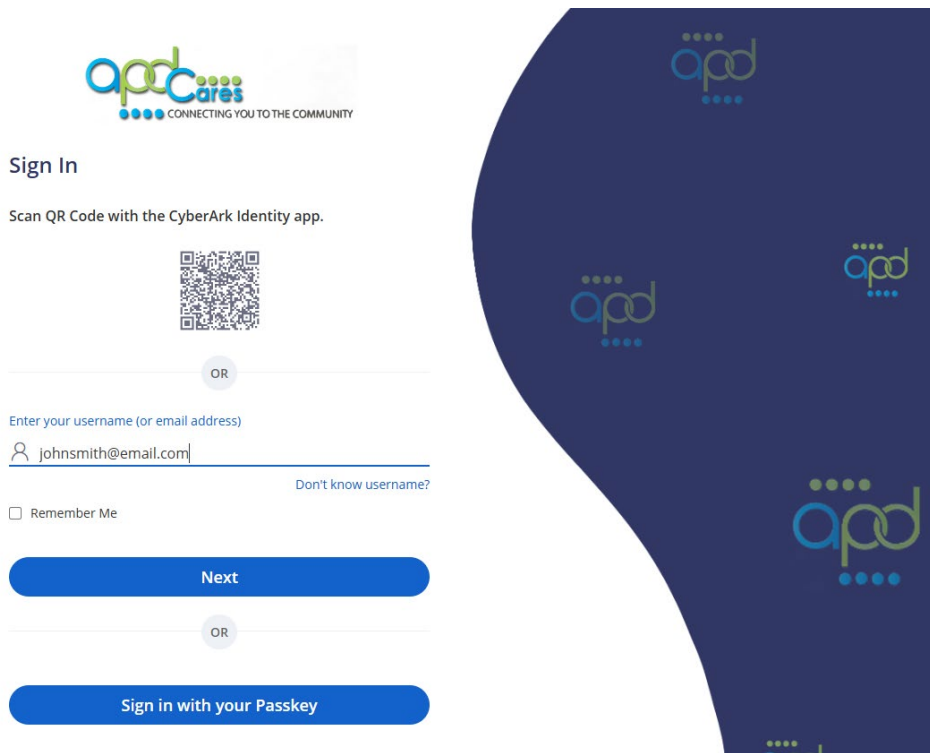
[Click here to activate your APD Online Application account](#)

If you need assistance, please contact at 1-866-APD-CARES (1-866-273-2273).

Thank you.

Logging In

Once the account has been activated, the user will be redirected to the User Portal. Enter the username from the email (if it is not pre-populated) and click “Next.”



The screenshot shows the APD Cares Sign In page. At the top is the APD Cares logo with the tagline "CONNECTING YOU TO THE COMMUNITY". Below the logo is the heading "Sign In". A message says "Scan QR Code with the CyberArk Identity app." followed by a QR code. Below the QR code is a horizontal line with a circle containing "OR". Underneath is a text input field labeled "Enter your username (or email address)" with the placeholder text "johnsmith@email.com". To the right of the input field is a link that says "Don't know username?". Below the input field is a checkbox labeled "Remember Me". At the bottom of the first section is a blue button labeled "Next". Below this is another horizontal line with a circle containing "OR". At the bottom of the page is a blue button labeled "Sign in with your Passkey". The right side of the image shows a dark blue background with several APD Cares logos arranged in a curved pattern.

Enter the password created during User Registration and click “Next.”

Successful login will launch the OAS Welcome Page.

Welcome! Amanda Test

If you do not see your application in the list below; please start a new application.

[New Application](#)

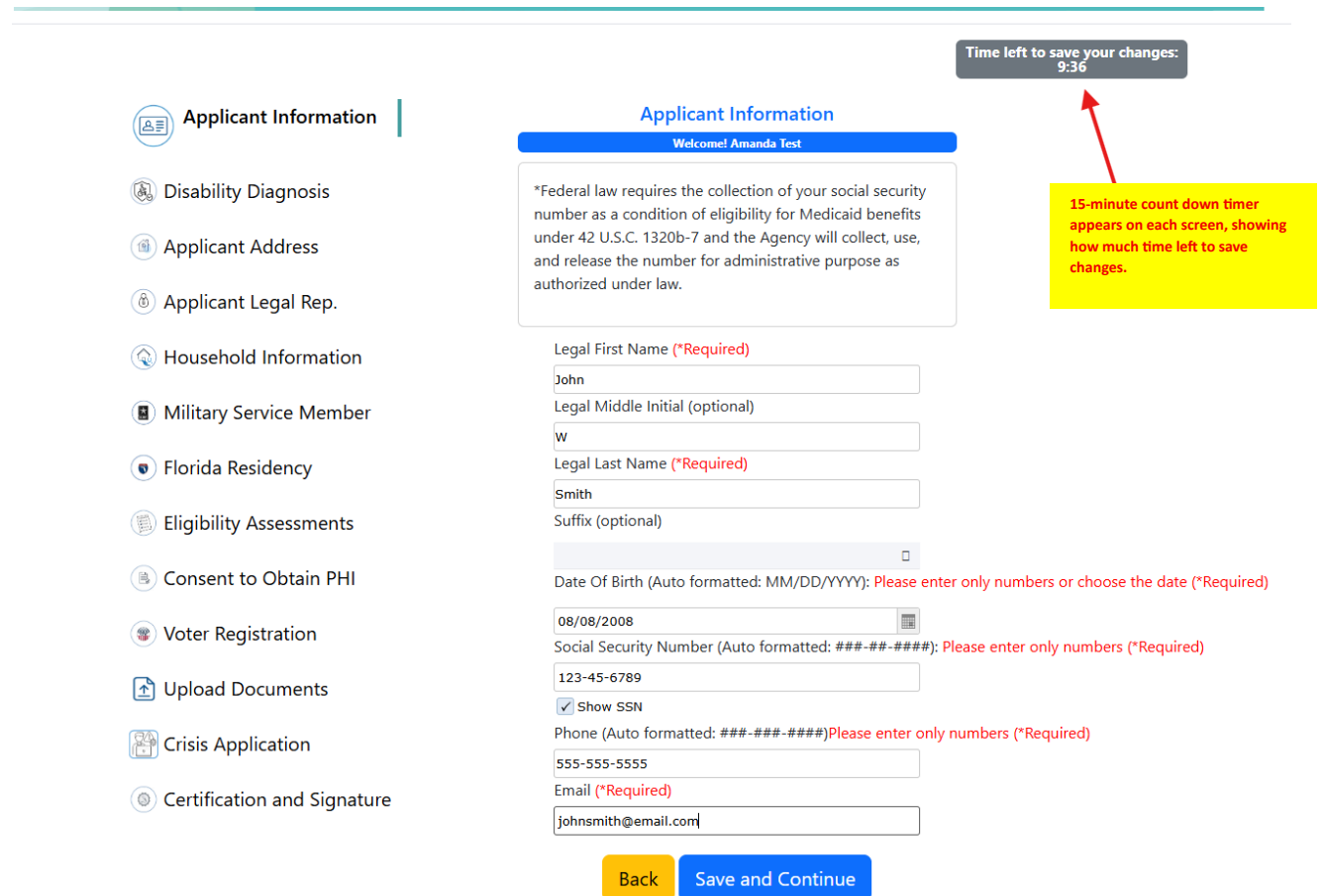
Reapply	User Applications
Check	No Name: Amanda Test Eligibility Application Status: Application Received Eligibility Application Status Date: 6/24/2025 Crisis Application Status: Crisis Application Status Date:
Check	No Name: Amanda Test Eligibility Application Status: Application Review Eligibility Application Status Date: 3/9/2026 Crisis Application Status: Crisis Review Crisis Application Status Date:
Check	No Name: Amanda Test Eligibility Application Status: Incomplete Application Eligibility Application Status Date: 12/17/2025 Crisis Application Status: Incomplete Crisis

[Back](#)
[Logout](#)

- Incomplete Application:** Applicant hasn't signed the application, sections of the application may have been left blank, and/or not enough documentation was submitted.
- Application Received (Complete Application):** Application has been submitted.
- Application Review:** A complete application has been received & is under review by APD.
- Application Pended:** Application has been received & APD has requested additional information from the applicant.
- Application Decision Notice Sent:** A written notification has been mailed to the applicant with the final determination of eligibility.
- Closed:** This online application will not result in an eligibility determination and is closed because: it is a duplicate application, the applicant is already a client of the agency, or the applicant is deceased.
- Crisis Received:** Crisis application has been submitted.
- Crisis Review:** A complete crisis application has been received and is under review by APD.
- Crisis Pended:** Crisis request has been

Navigational Tips

Additionally, once the application is started, applicants or their legal representatives will notice the application progress indicator on the left side of the page. This is a way of seeing where the account user is in the application and how many sections are remaining.



Applicant Information

Disability Diagnosis

Applicant Address

Applicant Legal Rep.

Household Information

Military Service Member

Florida Residency

Eligibility Assessments

Consent to Obtain PHI

Voter Registration

Upload Documents

Crisis Application

Certification and Signature

Applicant Information

Welcome! Amanda Test

*Federal law requires the collection of your social security number as a condition of eligibility for Medicaid benefits under 42 U.S.C. 1320b-7 and the Agency will collect, use, and release the number for administrative purpose as authorized under law.

Legal First Name (*Required)

John

Legal Middle Initial (optional)

W

Legal Last Name (*Required)

Smith

Suffix (optional)

Date Of Birth (Auto formatted: MM/DD/YYYY): Please enter only numbers or choose the date (*Required)

08/08/2008

Social Security Number (Auto formatted: ###-##-####): Please enter only numbers (*Required)

123-45-6789

☒ Show SSN

Phone (Auto formatted: ###-###-####): Please enter only numbers (*Required)

555-555-5555

Email (*Required)

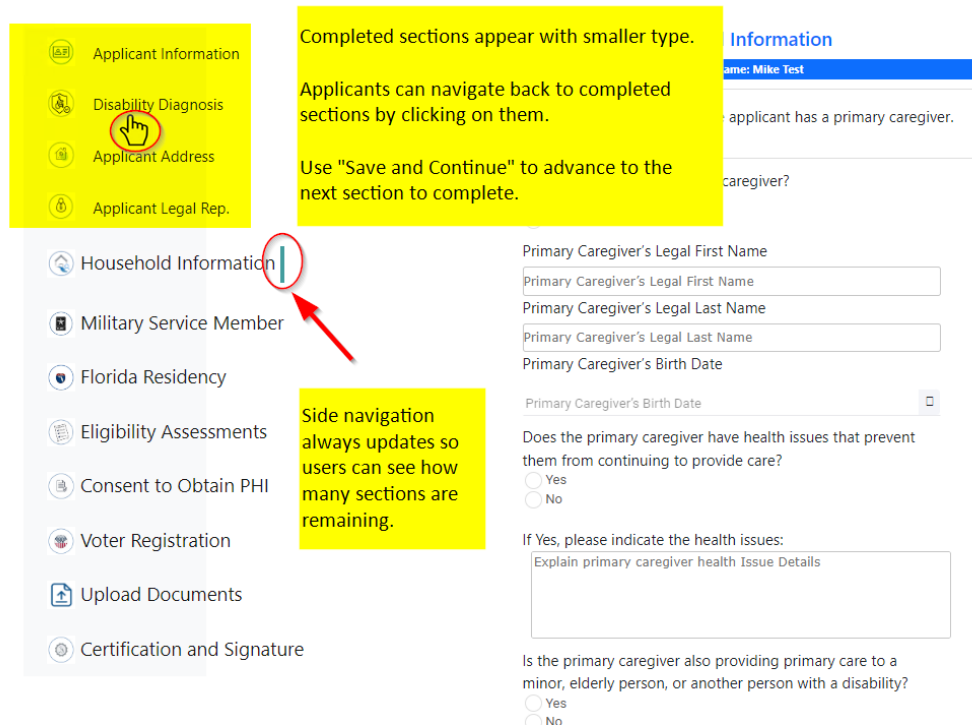
johnsmith@email.com

Time left to save your changes: 9:36

15-minute count down timer appears on each screen, showing how much time left to save changes.

Back Save and Continue

To navigate through the application, use the “Save and Continue” and “Back” buttons.



Completed sections appear with smaller type.

Applicants can navigate back to completed sections by clicking on them.

Use "Save and Continue" to advance to the next section to complete.

Side navigation always updates so users can see how many sections are remaining.

Household Information | Military Service Member | Florida Residency | Eligibility Assessments | Consent to Obtain PHI | Voter Registration | Upload Documents | Certification and Signature

Primary Caregiver's Legal First Name
Primary Caregiver's Legal Last Name
Primary Caregiver's Birth Date

Does the primary caregiver have health issues that prevent them from continuing to provide care?
☐ Yes
☐ No

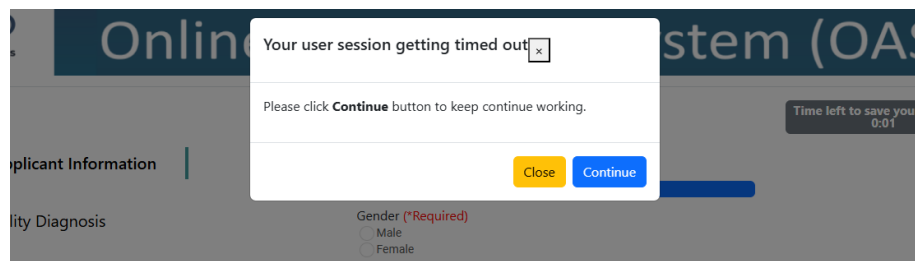
If Yes, please indicate the health issues:
Explain primary caregiver health Issue Details

Is the primary caregiver also providing primary care to a minor, elderly person, or another person with a disability?
☐ Yes
☐ No

While completing the application, if the session has been inactive for 15 minutes, a prompt will appear on the screen. Click on the "Continue" button to continue working. The user will be returned to the page they were on to continue, and the timer will reset to 15 minutes.

However, if it has been more than 15 minutes since the last save, the next time the user clicks the "Save and Continue" button, they will be redirected back to the user portal to login again.

The information is saved each time a "Save and Continue" button is clicked. Thus, if any data is lost, it will only be the screen that was in progress at the time of the inactive period.



Online Application System (OAS)

Your user session getting timed out.

Please click **Continue** button to keep continue working.

Close Continue

Gender (*Required)
☐ Male
☐ Female

Time left to save your session: 0:01

If the session is timed out, the Incomplete Application can be continued on the next login. See the “Returning to Complete an Application In-Progress” section below.

Returning to Complete an Application in Progress

If at any time, the account user needs to step away from the application before submitting it, or they get timed out due to inactivity, they can log back in and pick up the application where they left off.

After logging in, the screen will show the landing page. On the landing page if there are any applications in progress, they will appear here and show their status.

Welcome! Amanda Test

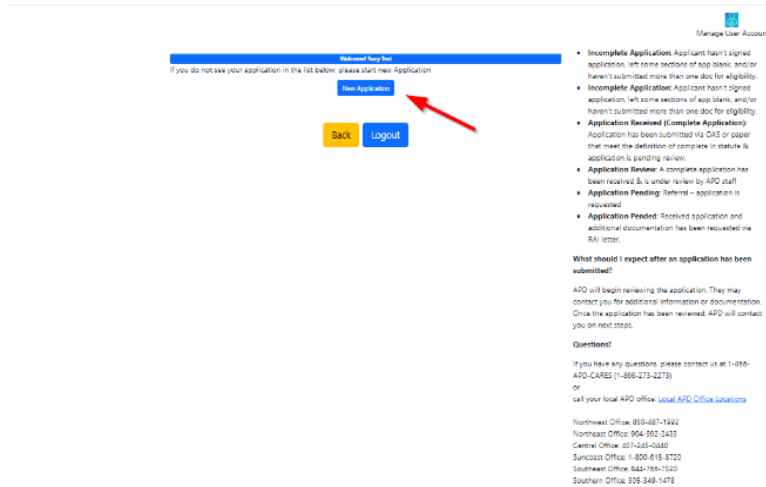
If you do not see your application in the list below; please start a new application.

[New Application](#)

	Reapply	User Applications
Check	No	Name: Amanda Test Eligibility Application Status: Application Received Eligibility Application Status Date: 5/24/2025 Crisis Application Status: Crisis Application Status Date:

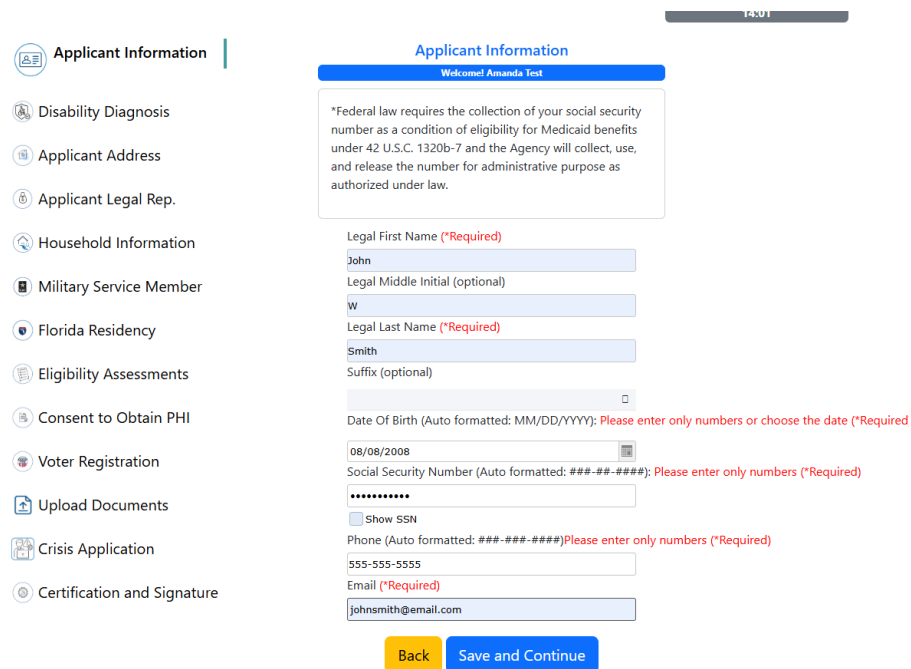
Completing the Application

On the first login to the OAS, users will see a “New Application” button. Click this to start the application. Additional information such as the definitions of the various statuses of an application and APD Regional contact information is listed on the right side of the page.



While completing the application, it is important to pay attention to the information being requested. If it is information about the applicant, it is important that the response pertains to the applicant only, not the legal representative who may be completing the application on behalf of someone else.

As each section is completed, click on the “Save and Continue” button.



Applicant Information

Welcome! Amanda Test

*Federal law requires the collection of your social security number as a condition of eligibility for Medicaid benefits under 42 U.S.C. 1320b-7 and the Agency will collect, use, and release the number for administrative purpose as authorized under law.

Legal First Name (*Required)
John

Legal Middle Initial (optional)
W

Legal Last Name (*Required)
Smith

Suffix (optional)

Date Of Birth (Auto formatted: MM/DD/YYYY): Please enter only numbers or choose the date (*Required)
08/08/2008

Social Security Number (Auto formatted: ###-##-####): Please enter only numbers (*Required)

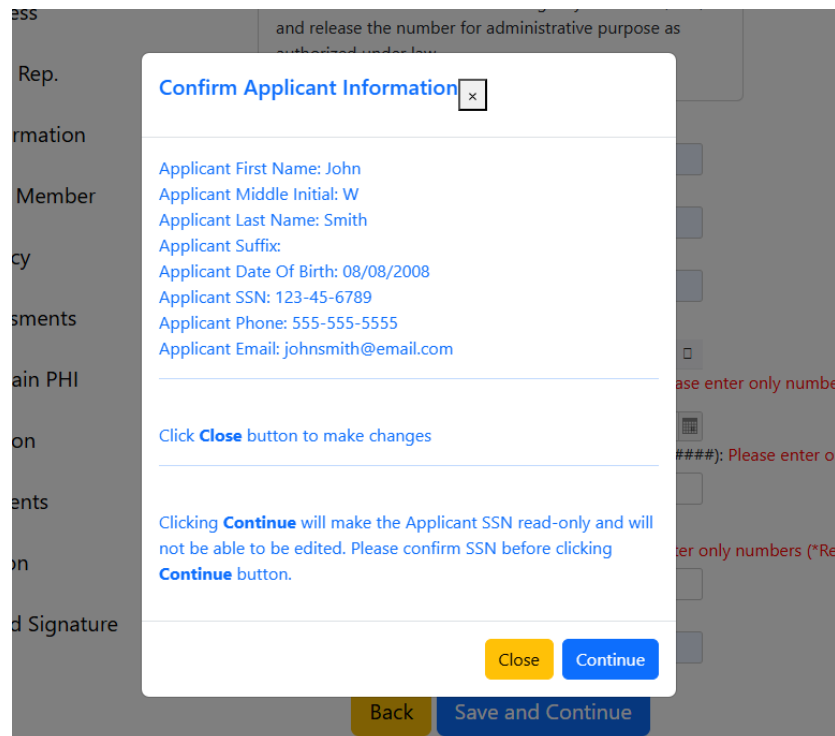
☐ Show SSN

Phone (Auto formatted: ###-###-####): Please enter only numbers (*Required)
555-555-5555

Email (*Required)
johnsmith@email.com

[Back](#) [Save and Continue](#)

Once the “Save and Continue” button is clicked, the Applicant demographics information is displayed in a pop-up window to review and confirm.



Confirm Applicant Information

Applicant First Name: John
Applicant Middle Initial: W
Applicant Last Name: Smith
Applicant Suffix:
Applicant Date Of Birth: 08/08/2008
Applicant SSN: 123-45-6789
Applicant Phone: 555-555-5555
Applicant Email: johnsmith@email.com

Click **Close** button to make changes

Clicking **Continue** will make the Applicant SSN read-only and will not be able to be edited. Please confirm SSN before clicking **Continue** button.

[Close](#) [Continue](#)

On the next screen, additional information about the applicant will be entered.

Note, gender, race, and the applicant's mother's maiden first and last names are required.

Applicant Information

Applicant Name: Mike Test

Gender (*Required)

- ☒ Male
☐ Female

Race (*Required)

- ☐ Asian
☐ Black
☐ Native American or Alaskan Native
☒ White
☐ Other

Race Other Details

RaceOtherDetails

Medicaid ID # (optional)

medicaidId

Mother's Maiden First Name (*Required)

Elaine

Mother's Maiden Last Name (*Required)

Test

Save and Continue

Back

In the Disability Diagnosis section, select the diagnosis under which the applicant is applying. More than one diagnosis can be selected, if applicable.

eligibility consideration

Applicant Name: Friday Fun

[Quick Guide: Applying for APD Services](#)

Autism

☐

Cerebral Palsy

☐

Intellectual Disability

☐

Prader-Willi Syndrome

☐

Spina Bifida

☐

Down Syndrome

☐

Phelan McDermid Syndrome

☐

Tatton-Brown-Rahman Syndrome

☐

Only click the High Risk box if you are between the ages of 3 and 5 and do not have a confirmed diagnosis of a developmental disability.

☐

Please explain high risk of developing a developmental disability:

Please explain high risk of developing a developmental disability:

Other Diagnosis (if applicable):

Save and Continue

Back

When completing the “Applicant’s Contact Information” page, it is critical to list the address and county where the applicant physically resides.

Applicant’s Contact Information

Applicant Name: Mike Test

Address 1 (*Required)

123 Home Way

Address 2 (optional)

City (*Required)

Brandon

State (*Required)

Florida ☐

Zip Code (*Required)

33511

County (*Required)

Hillsborough ☐

Preferred Method of Communication (*Required)

Select Preferred Method of Communication

Email ☐

Preferred Language(*Required)

Select Preferred Language

English

French

German

Haitian Creole

Spanish

Other



Click to show
the list of
languages.

The “Legal Representative” page is optional, as applicants may be their own representative. If the applicant does not have a legal representative, click the “Save and Continue” button and proceed to the Household Information Section.

If there is a legal representative, then the first name, last name, representative type, phone, email, and preferred method of communication for the representative is required.

Time left to save you
13:49

Applicant's Legal Representative

Applicant Name: John Smith

For applicants under 18, this includes the parent, health care surrogate, or anyone designated by the parent(s) of the child to act on the parent(s)' behalf. For applicants 18 and over, this could include the applicant, anyone designated by the applicant through a Power of Attorney or Durable Power of Attorney, a medical proxy under Chapter 765, F.S., or anyone appointed by a Florida court as a guardian or guardian advocate under Chapter 393 or 744, F.S.

If the applicant has a Legal Representative, you must complete the following. If no to the first question, move to the next section.

Does the applicant have a Legal Representative?

☒ Yes
☐ No

Legal Rep. First Name (*Required)

johnny

Legal Rep. Last Name (*Required)

smithy

Legal Rep. Middle Name (optional)

Legal Rep. Suffix (optional)

Type of Legal Representative (*Required)

lawyer

Legal Rep. Phone (Auto formatted: ###-###-####) Please enter only numbers

555-555-5555

Legal Rep. Email

legalrep@email.com

Legal Rep. Preferred Method of Communication

Email



Save and Continue

Back

The “Household Information” section requires a response to the first question regarding whether the applicant has a primary caregiver. If the response is “No,” select “No” and then click the “Save and Continue” button to advance to the “Active-Duty Military Service Member” section.

If the response is “Yes,” enter the first and last name of the primary caregiver along with background information about the primary caregiver. Proceed with completing this section, and then click the “Save and Continue” button to advance to the “Active-Duty Military Service Member” section.

Household Information

Applicant Name: Rosilee Green

If the applicant has a primary caregiver, you must complete the following.

If the applicant has a primary caregiver?

- ☒ Yes
☐ No

Primary Caregiver's Legal First Name (*Required)

Elaine

Primary Caregiver's Legal Last Name (*Required)

Test

Primary Caregiver's Birth Date (*Required)

11/21/1947

Does the primary caregiver have health issues that prevent them from continuing to provide care?

- ☒ Yes
☐ No

If Yes, please indicate the health issues:

223 characters remaining

Parent has severe arthritis

Is the primary caregiver also providing primary care to a minor, elderly person, or another person with a disability?

- ☒ Yes
☐ No

If Yes, please explain:

195 characters remaining

Parent is also providing care to a sibling with autism.

Are the current caregiver responsibilities preventing them from being employed?

- ☐ Yes
☒ No

Does the applicant have a sibling with a developmental disability?

- ☒ Yes
☐ No

Save and Continue

The “Active-Duty Military Service Member” section is only to be completed if the response to the first question is “Yes.” Otherwise, click “No” and the “Save and Continue” button to proceed to the “Florida Residency” section.

Active Duty Military Service Member

Applicant Name: Rosilee Green

If no to the first question, move to the next section.

Is the applicant’s parent or legal guardian an active-duty military service member?

- ☒ Yes
☐ No

Please select active-duty military service member.

If Yes, please identify by name (*Required)

John Test

Was the family transferred to Florida as part of military assignment? (*Required)

- ☒ Yes
☐ No

If Yes, did the applicant receive home and community-based waiver services in another state? (*Required)

- ☒ Yes
☐ No

Save and Continue

The “Florida Residency” and “Eligibility Assessments” sections have a couple of questions. Complete each section and click the “Save and Continue” button.

Florida Residency

Applicant Name: John Doe

Is the applicant a permanent resident of the State of Florida?

- ☒ Yes
☐ No

If the applicant is a minor, is the parent or legal guardian domiciled in Florida?

- ☐ Yes
☒ No

In many instances, APD can verify Florida residency or citizenship for applicants through information provided on this application form. If necessary, APD may request additional information or documentation to verify residency in order to complete your application.

Save and Continue

Back

Eligibility Assessments

Applicant Name: Rosilee Green

Clinical assessments may be necessary to complete the eligibility determination. Clinical assessments are specific to diagnosis, but some examples may include diagnostic or adaptive testing.

If necessary, do you agree to participate in clinical assessments that may be needed to determine eligibility for APD?

- ☒ Yes
☐ No

Save and Continue

The “HIPAA Notice & Consent to Release Protected Health Information” section includes links to APD’s HIPAA Notice of Privacy Practices and the Consent to Obtain or Release Protected Health Information. These links are highlighted in the screenshot below.

Click on these links and the documents will open in the browser and should be saved to the applicant’s device. Additionally, the Consent to Obtain or Release Protected Health Information form should be completed and uploaded with other documents at the end of the application.

Respond to each question and click the “Save and Continue” button to proceed.

HIPAA Notice & Consent to Release Protected Health Information

Applicant Name: Rosilee Green

HIPAA Notice of Privacy Practices

I have received a copy of HIPAA Notice of Privacy Practices

☒ Yes
☐ No

Consent to Obtain or Release Protected Health Information

I have received a copy of Consent to Obtain or Release Protected Health Information

☒ Yes
☐ No

Save and Continue

The “Voter Registration” page includes a link to the Voter Registration form. This link is highlighted in the screenshot below.

Applicant Name: Rosilee Green

Voter Registration: YOU CAN APPLY TO REGISTER TO VOTE **HERE**

“National Voter Registration Act Preference Form/Application”
(Department of State form DS77) (eff. 01/2012), incorporated by
reference in Rule 15-2.048, Florida Administrative Code.

Save and Continue

Uploading Documents

There are two to three sections to upload documents to support the application. The first one is the “Identity & Domicile Verification” document section. This is where the applicant or their representative can upload documents that will help APD confirm the identity of the applicant and that they meet the requirements for domicile in the State of Florida.

All uploaded documents must be formatted as PDFs. If the applicant’s device does not have Adobe Acrobat Reader, there is a link on the “Upload Documents” page to download the [Adobe Acrobat Reader](#) to their device.

Time left to save your changes
14:36

Upload Identity & Domicile Verification Documents

Applicant Name: John Smith

- Birth certificate
- Social security card
- Copy of driver's license
- U.S. passport
- Government issued ID
- Immigration documentation

- All uploaded documents must be formatted as PDFs.
- When attaching a named file please make sure you do not use special characters (*, \, &, \$, or punctuation, etc.)
- Individual file size cannot exceed 18MB. However, applicant can submit multiple documents.

[Download Adobe Acrobat Reader](#)

If there are no documents to be submitted, click the “Save and Continue” button to advance to upload “Medical Evaluation” documents.

Choose Files
No file chosen

Upload

	File Name	File Group	File Type
No data to display			

Save and Continue

Back

If there are files to upload, click on the “Choose Files” button to access the file manager on the user’s device.

Upload Identity & Domicile Verification Documents

Applicant Name: Mike Test

- Diagnostic testing and evaluation
- Medical records
- Reports and records from schools
- Assessments and evaluations from various kinds of doctors
- Genetic testing

All uploaded documents must be formatted as PDFs.

[Download Adobe Acrobat Reader](#)

Click the "Choose Files" button to access files on the user's device.

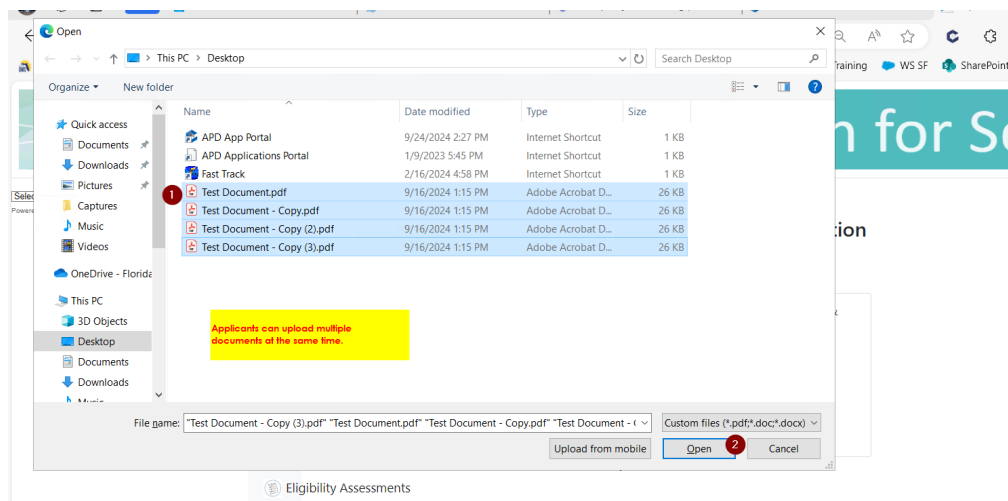
Choose Files

No file chose

Upload

	File Name	File Group	File Type
No data to display			

From there, select the files to add to the application. Users can upload multiple files at one time.



The total number of files will be listed. Then click the “Upload” button.

Choose Files

2 files

Upload

←

	File Name	File Group	File Type
No data to display			

The screen will refresh, and uploaded documents will be listed in the table below the “Upload” button.

Upload Identity & Domicile Verification Documents

Applicant Name: Rosilee Green

- Birth certificate
- Social security card
- Copy of driver's license
- U.S. passport
- Government issued ID
- Immigration documentation

All uploaded documents must be formatted as PDFs.

[Download Adobe Acrobat Reader](#)
 Identity & Domicile verification documents

Choose Files

No file chosen

Upload

	File Name	File Group	File Type
Delete	Birth-SSA.pdf	Identity	.pdf
Delete	Guardianship.pdf	Identity	.pdf

Save and Continue

Click the “Save and Continue” button and complete the same process for medical and/or evaluation documents.

Medical documents are required. If the account user needs to obtain them, they can come back and upload them once they are obtained. This is necessary before the application can be submitted.

Upload Medical Evaluation Documents

Applicant Name: Rosilee Green

- Diagnostic testing and evaluation
- Medical records
- Reports and records from schools
- Assessments and evaluations from various kinds of doctors
- Genetic testing

All uploaded documents must be formatted as PDFs.

[Download Adobe Acrobat Reader](#)

Choose Files No file chosen

Upload

	File Name	File Group	File Type
Delete	Evals.pdf	Medical Evaluation	.pdf
Delete	IQ (1).pdf	Medical Evaluation	.pdf

Save and Continue

Crisis Application (optional)

The online Crisis Application is optional and available through the agency's Online Application System (OAS) here: <https://applynow.apd.myflorida.com/>.

To apply for Crisis Waiver Enrollment (CWE) an individual must:

- Be an applicant submitting a new application for APD services, or
- Be an existing APD client in pre-enrollment, and
- Have documentation of being homeless, danger to self and others, or their caregiver is unable to provide care

For more information about the Crisis Waiver Enrollment criteria, please use the [Quick Guide: Requesting Crisis Review](#).

If the applicant meets one or more crisis criteria, then click, "Proceed with Crisis Application."

Time left to save your changes:
12:25

Crisis Application

Optional

- To request Crisis Enrollment the applicant must have documentation of being homeless, danger to self and others, or their caregiver is unable to provide care.
- If you are requesting Crisis Waiver Enrollment with your APD Eligibility Application, please make sure to gather all necessary documentation to submit with this Crisis Application.
- For more information, Click here to access our [Quick Guide: Requesting Crisis Review](#)

Proceed with Crisis Application



Skip Crisis Application and Continue Eligibility Application

Back

If the applicant does not meet the crisis criteria, then click, “Skip Crisis Application and Continue Eligibility Application.” This will move them onto the Certification and Signature portion of the application discussed on page 39.

Time left to save your changes:
12:25

Crisis Application

Optional

- To request Crisis Enrollment the applicant must have documentation of being homeless, danger to self and others, or their caregiver is unable to provide care.
- If you are requesting Crisis Waiver Enrollment with your APD Eligibility Application, please make sure to gather all necessary documentation to submit with this Crisis Application.
- For more information, Click here to access our [Quick Guide: Requesting Crisis Review](#)

Proceed with Crisis Application

Skip Crisis Application and Continue Eligibility Application

Back

Once an applicant has determined they may meet the crisis criteria and selected “Proceed with Crisis Application” then they will move on to answer the questions about their crisis situation. Check all options that apply.

Crisis Application

Applicant Name: John Smith

Homeless

Is the applicant currently homeless, living in a homeless shelter, living in an unsafe environment, or your housing is insecure?
(check all that apply)

violence or illegal activities are taking place

☒

the applicant is at risk of abuse, neglect, or exploitation

☒

there is insufficient, inappropriate, or no room to shelter the applicant

☐

the residence is not expected to last more than several weeks

☐

Danger to Self or Others

Does the applicant exhibit behaviors that may create a life-threatening situation for themselves or others? **(check all that apply)**

without immediate waiver services, the health and safety of the applicant or others in the household is at risk
☐

frequent or intense injury to self or others
☒

risk for serious injury or permanent damage to self or others
☐

documented medical treatment for injury to self or others
☐

Caregiver Unable to Provide Care

Is the applicant living with a caregiver who is in extreme duress and no longer able to provide for the applicant's health and safety because of illness, injury, or advanced age, and the applicant requires a caregiver? **(check all that apply)**

without immediate provision of waiver services, the applicant's health and safety are at imminent risk
☒

without immediate provision of waiver services, the applicant cannot remain living with the caregiver
☐

other potential caregivers, such as another parent, stepparent, brother, sister or other relative or person, are unavailable or are unable to provide care
☒

the caregiver's physical or mental condition prevents the provision of adequate care
☐

other circumstances prevent the caregiver from providing sufficient care
☐

If you selected one or more of the conditions above, please provide a brief explanation below:

187 characters remaining

Experiencing homelessness and is in an unsafe living situation.

Save and Continue

When completed with the Crisis Application, click "Save and Continue."

Next, upload documents related to the Crisis Application. For more information about the documentation needed for a crisis review, please visit:

<https://apd.myflorida.com/services/crisisguide.htm>.



Upload Crisis Documents

Applicant Name: John Smith

Click here to access our [Quick Guide: Requesting Crisis Review](#)

- All uploaded documents must be formatted as PDFs.
- When attaching a named file please make sure you do not use special characters (*, \, &, \$, or punctuation, etc.)
- Individual file size cannot exceed 18MB. However, applicant can submit multiple documents.

[Download Adobe Acrobat Reader](#)

Choose Files
No file chosen

Upload

Delete	File Name	File Group	File Type
No data to display			

Back

Crisis documents are required to determine if the client meets the agency's criteria for Crisis Waiver Enrollment (CWE). If the user needs to obtain the documents necessary for review, then they can come back and upload them once obtained. This is necessary before the Crisis Application can be submitted.

Submitting the Application

Once all documents have been uploaded, the application is ready to be submitted. On the “Certification and Signature” page, click on the arrow at the right of the blue box to review the acknowledgements.

Certification and Signature

Applicant Name: John Doe

By signing this application, I understand, acknowledge, and certify, under the penalties of perjury, the following: 

- That all information provided is complete and accurate.
- That it is my responsibility to keep the Agency informed of any changes in address, email, or phone number and failure to do so may result in my application not being processed or case closure.
- That knowingly providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the denial of my application.
- That additional information and/or documentation related to my application may be requested at any time.



At the “Submitter Role” question, click on the drop-down arrow to display the options.

Signature of Applicant (full name) (*Required)

Mike Test

Applicant Signature Date (*Required)

11/04/2024 

Submitter Role (*Required)

Select Submitter Role

Applicant 

Applicant

Parent

Legal Representative

Person Assisting Applicant

Mike Test



Complete the remainder of this page, verify all information is correct, and then click the “Submit your Online Application” button.

Certification and Signature

Applicant Name: Mike Test

By signing this application, I understand, acknowledge, and certify, under the penalties of perjury, the following: ✓

It looks like you're at a critical point in your application process. Make sure to double-check all your details, including personal information, documents, and any responses to questions. If everything looks good, you can confidently submit your application.

Signature of Applicant (full name) (*Required)

Mike Test

Applicant Signature Date (*Required)

11/04/2024

Submitter Role (*Required)

Select Submitter Role

Applicant

Relationship to Applicant (optional):

Person Assisting Phone (Auto formatted: ###-###-####) Please enter only numbers (optional)

Signature of person (full name) submitting the application (*Required)

Mike Test

Submitter Signature Date (*Required)

11/04/2024

Submit your Online Application

A submission confirmation message will appear. This message will also include information about what to expect after an application has been submitted and contact information for regional APD offices.

Online Application Submission Confirmation



Applicant Name: John Smith

Your application for services has been successfully submitted to the Agency for Persons with Disabilities – State of Florida.

You may check the status of your application at any time by clicking the Home button.

What should I expect after an application has been submitted?

APD will begin reviewing the application. They may contact you for additional information or documentation. Once the application has been reviewed, APD will contact you on next steps.

Questions?

If you have any questions, please contact us at 1-866-APD-CARES (1-866-273-2273) or call your local APD office: [Local APD Office](#)

Home
Download application copy

Upload Additional Documents

If the applicant received a notice from the agency requesting additional information or documentation, please upload here. If the applicant or person assisting the applicant with their application has additional information or documentation that was not previously provided to the agency, please upload here.

- All uploaded documents must be formatted as PDFs.
- When attaching a named file please make sure you do not use special characters (*, \, &, \$, or punctuation, etc.)
- Individual file size cannot exceed 18MB. However, applicant can submit multiple documents.

[Download Adobe Acrobat Reader](#)

Choose Files No file chosen

Upload


File Name	File Group	File Type
No data to display		

If additional documents are requested by APD, they can be uploaded in OAS here by clicking the “Upload” button.

If the application status is:

- “Application Received” then the applicant has 10 days to upload additional information.
- “Application Pended” then the applicant has 10 days to upload additional information.
- “Application Review” then the applicant cannot upload additional information.
- “Decision Notice Sent” then the applicant cannot upload additional information.
- “Closed” then the applicant cannot upload additional information.

Downloading a Copy of the Submitted Application

From the “Online Application Submission Confirmation” page, a copy of the completed application can be downloaded.

Online Application Submission Confirmation



Applicant Name: John Smith

Your application for services has been successfully submitted to the Agency for Persons with Disabilities – State of Florida.

You may check the status of your application at any time by clicking the Home button.

What should I expect after an application has been submitted?

APD will begin reviewing the application. They may contact you for additional information or documentation. Once the application has been reviewed, APD will contact you on next steps.

Questions?

If you have any questions, please contact us at 1-866-APD-CARES (1-866-273-2273) or call your local APD office: [Local APD Office Locations](#)

[Home](#)
[Download application copy](#)

[Upload Additional Documents](#)

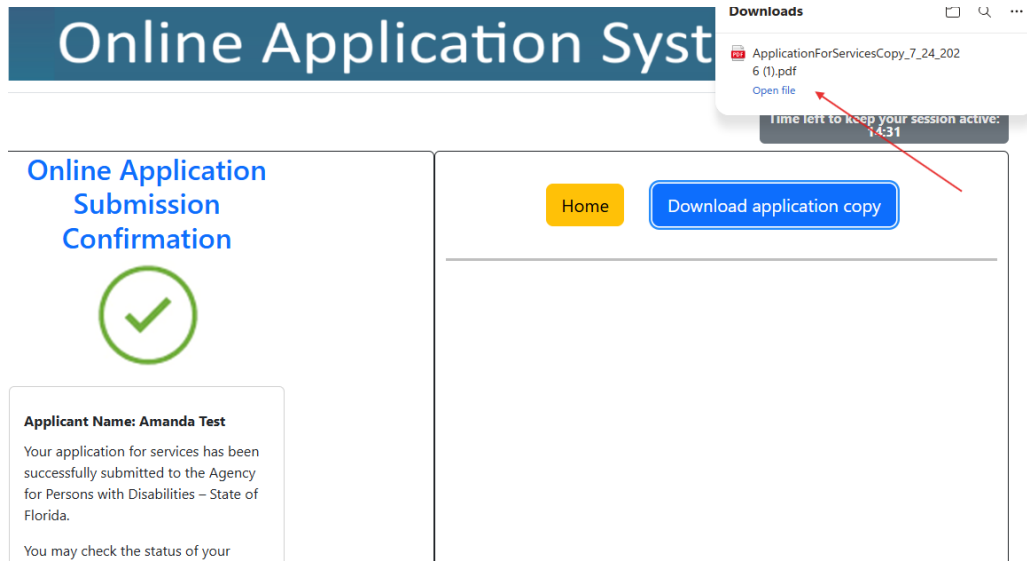
If the applicant received a notice from the agency requesting additional information or documentation, please upload here. If the applicant or person assisting the applicant with their application has additional information or documentation that was not previously provided to the agency, please upload here.

- All uploaded documents must be formatted as PDFs.
- When attaching a named file please make sure you do not use special characters (*, \, &, \$, or punctuation, etc.)
- Individual file size cannot exceed 18MB. However, applicant can submit multiple documents.

[Download Adobe Acrobat Reader](#)

File Name	File Group	File Type
No data to display		

By clicking on the “Download application copy” button, the OAS will automatically download a PDF file to the default download folder on the user’s device. It is recommended to move the file to a permanent folder.



Open the PDF document to review it.

1. Applicant Information

Legal First Name: **Mike** Legal Last Name: **Test**

Legal Middle Initial: Suffix: Date Of Birth: **1/1/2001** Sex: ☒ **Male** ☐ **Female**

Social Security Number*: **(###)###-##21** Medicaid ID # (if known):

Race (for data purposes only): **White**

Other:

Mother's Maiden Last Name: **Test**

Mother's Maiden First Name: **Elaine**

*Federal law requires the collection of your social security number as a condition of eligibility for Medicaid benefits under 42 U.S.C. 1320b-7 and the agency will collect, use, and release the number for administrative purpose as authorized under law.

Select at least one Developmental Disability Diagnosis for eligibility consideration:

- ☒ Autism
 - ☐ Cerebral Palsy
 - ☐ Intellectual Disability
 - ☐ Prader-Willi Syndrome
 - ☐ Spina Bifida
 - ☐ Down Syndrome
 - ☐ Phelan McDermid Syndrome
 - ☐ Between the ages of 3 and 5 and at High Risk of Developing a Developmental Disability :
- (if selecting this box, please explain):

(Please see Quick Guide: Applying for APD Services to utilize as a reference for proof of diagnosis documentation.)

The user can click on the “Home” button to return to the OAS landing page and logout.

Time left to keep your session active: 12:13

Online Application Submission Confirmation



Applicant Name: John Smith

Your application for services has been successfully submitted to the Agency for Persons with Disabilities – State of Florida.

You may check the status of your application at any time by clicking the Home button.

What should I expect after an

Home
Download application copy

Upload Additional Documents

If the applicant received a notice from the agency requesting additional information or documentation, please upload here. If the applicant or person assisting the applicant with their application has additional information or documentation that was not previously provided to the agency, please upload here.

- All uploaded documents must be formatted as PDFs.
- When attaching a named file please make sure you do not use special characters (*, \, &, \$, or punctuation, etc.)
- Individual file size cannot exceed 18MB. However, applicant can submit multiple documents.

[Download Adobe Acrobat Reader](#)

Choose Files
No file chosen

The submitted application will appear in the “User Applications” grid. The user can then proceed to the “Logout” button to log out of their account.

 Manage User Account

Welcome! Amanda Test

If you do not see your application in the list below, please start a new application.

New Application

Reapply	No	User Applications
Check	No	Name: Amanda Test Eligibility Application Status: Application Received Eligibility Application Status Date: 6/24/2025 Crisis Application Status: Crisis Application Status Date:
Check	No	Name: Amanda Test Eligibility Application Status: Application Review Eligibility Application Status Date: 3/9/2026 Crisis Application Status: Crisis Review Crisis Application Status Date:
Check	No	Name: Amanda Test Eligibility Application Status: Incomplete Application Eligibility Application Status Date: 12/17/2025 Crisis Application Status: Incomplete Crisis

Back
Logout

- Incomplete Application:** Applicant hasn't signed the application, sections of the application may have been left blank, and/or not enough documentation was submitted.
- Application Received (Complete Application):** Application has been submitted.
- Application Review:** A complete application has been received & is under review by APD.
- Application Pending:** Application has been received & APD has requested additional information from the applicant.
- Application Decision Notice Sent:** A written notification has been mailed to the applicant with the final determination of eligibility.
- Closed:** This online application will not result in an eligibility determination and is closed because: it is a duplicate application, the applicant is already a client of the agency, or the applicant is deceased.
- Crisis Received:** Crisis application has been submitted.
- Crisis Review:** A complete crisis application has been received and is under review by APD.
- Crisis Pending:** Crisis request has been received and APD has requested additional information from the applicant.
- Crisis Decision Notice Sent:** A written notification has been mailed to the applicant with the final

Next Steps

Email Confirmation Acknowledging Submission

Once the application is submitted and in addition to the confirmation message in the OAS, an email will be sent to the account owner. This email will contain a link to go back to the OAS and check the status of the application and will list the documents that were uploaded with the application.

Dear **Calypsa Test**,

Your application for Applicant **Regression Testing** and supporting documents have been submitted.

APD will begin reviewing the application. APD may contact you for additional information or documentation.

List of Uploaded Documents for this Application:

Identity - Doc1.docx

Identity - Doc1.docx

Medical Evaluation - Doc1.docx

Crisis - Doc1.docx

[Click here to check your Application status by login into the portal](#)

Please use your login name: **tiring.listens0p.icloud.com@apdtest.fl.local.7**

Thank you.

Checking the Application Status

The applicant can check on the status of their application by clicking on the link in the email. They will be taken to the OAS landing page. Click on the “Check” button to check the status of the application.

Application Status Definitions

The definitions below are also listed on the “Welcome” page of OAS:

- **Incomplete Application:** Applicant hasn’t signed application, sections of the application may have been left blank, and/or not enough documentation was submitted.
- **Application Received (Complete Application):** Application has been submitted.
- **Application Review:** A complete application has been received & is under review by APD.
- **Application Pended:** Application has been received & APD has requested additional information from the applicant.
- **Application Decision Notice Sent:** A written notification has been mailed to the applicant with the final determination of eligibility.
- **Closed:** This online application will not result in an eligibility determination and is closed because: it is a duplicate application, the applicant is already a client of the agency, or the applicant is deceased.

 Manage User Account

Welcome! Amanda Test

If you do not see your application in the list below, please start a new application.

[New Application](#)

Reapply	User Applications
Check	Name: Amanda Test Eligibility Application Status: Application Received Eligibility Application Status Date: 6/24/2025 Crisis Application Status: Crisis Application Status Date:
Check	Name: Amanda Test Eligibility Application Status: Application Review Eligibility Application Status Date: 3/9/2025 Crisis Application Status: Crisis Application Status Date:
Check	Name: Amanda Test Eligibility Application Status: Incomplete Application Eligibility Application Status Date: 12/17/2025 Crisis Application Status: Crisis Application Status Date:

[Back](#)
[Logout](#)

- Incomplete Application:** Applicant hasn't signed the application, sections of the application may have been left blank, and/or not enough documentation was submitted.
- Application Received (Complete Application):** Application has been submitted.
- Application Review:** A complete application has been received & is under review by APD.
- Application Pended:** Application has been received & APD has requested additional information from the applicant.
- Application Decision Notice Sent:** A written notification has been mailed to the applicant with the final determination of eligibility.
- Closed:** This online application will not result in an eligibility determination and is closed because: it is a duplicate application, the applicant is already a client of the agency, or the applicant is deceased.
- Crisis Received:** Crisis application has been submitted.
- Crisis Review:** A complete crisis application has been received and is under review by APD.
- Crisis Pended:** Crisis request has been received and APD has requested additional information from the applicant.
- Crisis Decision Notice Sent:** A written notification has been mailed to the applicant with the final determination of crisis.

Crisis Application Status Definitions

The definitions below are also listed on the “Welcome” page of OAS:

- **Incomplete Crisis:** Crisis request has some sections of it left blank, and/or haven't submitted more than one document for crisis review.
- **Crisis Received:** Crisis application has been submitted.
- **Crisis Review:** A complete crisis application has been received and is under review by APD.
- **Crisis Pending:** Crisis request has been received and APD has requested additional information from the applicant.
- **Crisis Decision Notice Sent:** A written notification has been mailed to the applicant with the final determination of crisis.
- **Crisis Closed:** This online crisis application is closed because: it is a duplicate application, the crisis application has been withdrawn, or the client is deceased.

Questions?

If you have any questions, please contact us at 1-866-APD-CARES (1-866-273-2273) or contact your local APD office by visiting [Local APD Office Locations](#) or calling:

NORTHWEST REGION (850) 487-1992

Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington counties

NORTHEAST REGION (904) 992-2440

Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia counties

CENTRAL REGION (407) 245-0440

Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter counties

SUNCOAST REGION 1-800-615-8720

Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota counties

SOUTHEAST REGION (561) 837-5567

Broward, Martin, Okeechobee, Indian River, St. Lucie, and Palm Beach counties

SOUTHERN REGION (305) 349-1478

Dade and Monroe counties