

GID ITILIZATÈ POU SISTÈM APLIKASYON ANLIY (OAS)

Gid Itilizatè pou Kandida a pou Pakouri QAS la

Yon Eksplikasyon sou Sistèm Aplikasyon Anliy lan (OAS)

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Entwodiksyon

Selon seksyon 393.065, Lwa Florid yo, Ajans pou Moun Andikape a (APD) gen obligasyon pou devlope ak aplike yon sistèm aplikasyon anliy pou pèmèt moun soumèt aplikasyon pou sèvis yo san papyè, pa mwayen elektwonik.

Yo te prepare Sistèm Aplikasyon Anliy la (OAS) pou pèmèt kandida yo:

- Aplike pou sèvis yo anliy
- Atache dokiman sipò avèk aplikasyon anliy lan
- Resevwa yon imèl konfimasyon pou konfime yo te resevwa aplikasyon ki soumèt la
- Tcheke estati aplikasyon yo te soumèt la

Yo te devlope Gid Itilizatè a pou ede kandida yo avèk pwosesis aplikasyon anliy lan.

Anrejistreman Kont Itilizatè a

Pou kòmanse pwosesis aplikasyon an, kandida yo oswa reprezantan yo a ap bezwen enskri pou yon kont sekirize. Seksyon sa a pral gide itilizatè a nan anrejistreman kont lan ak etap konfimasyon yo.

Nòt: Apre kont itilizatè a fin kreye, li ka jere l atravè lyen aplikasyon an "Jere Kont Itilizatè Mwen An".

APD te devlope yon Gid Rapid pou ede kandida yo ak fanmi yo atravè aplikasyon an ak jesyon sitiyoasyon kriz la. Tanpri itilize [Gid Rapid](#) la: [Fason pou Aplike pou Sèvis APD yo](#) aprann sou dokiman ki nesese pou soumèt yon aplikasyon. Tanpri itilize [Gid Rapid](#) la: [Ap Mande Evalyasyon Kriz](#) pou aprann sou kritè Enskripsyon nan pwogram pou Egzansyon nan Ka Kriz la ak egzijans pou dokimantasyon yo.

Kandida oswa reprezantan yo a ka jwenn aksè nan OAS la apati nenpòt aparèy elektwonik ki gen aksè nan entènèt ak yon navigatè. Sa gen ladan PC, aparèy Apple, laptop, tablèt, ak Telefòn Entelijan.

Pou kòmanse, jwenn aksè nan aplikasyon an nan <https://applynow.apd.myflorida.com/>.

Nan paj dakèy la, kandida a oswa reprezantan li a pral wè kritè preliminè yo pou ede yo detèmine si yo prè pou kòmanse pwosesis aplikasyon an.

1. Kandida a genyen 3 lane oswa plis.
2. Kandida a ap viv nan Florid.
 - a. Egzanp dokiman ki kapab itilize kòm prèv rezidans Florid la gen ladan:
 - i. Lisans Chofè oswa Kat Idantifikasyon Florid
 - ii. Kat Enskripsyon Elektè nan Florid
 - iii. Deklarasyon Domisil ki Depoze nan Tribinal Florid la
 - iv. Demann egzansyon pou rezidans prensipal
 - v. Kontra ipotèk oswa lwaye
 - vi. Dosye travay/lekòl
3. Kandida a genyen yon andikap nan devlopman ki te prezante anvan li te genyen 18 lane.
 - a. Yon andikap nan devlopman se omwen youn nan dyagnostik sa yo
 - i. Andikap entelektyèl (yon IQ total 70 oswa mwens)
 - ii. Fòm otis ki grav
 - iii. Spina bifida sistik oswa myelomenengosèl
 - iv. Paralizi serebral
 - v. Sendwòm Prader-Willi
 - vi. Sendwòm Down
 - vii. Sendwòm Phelan-McDermid
 - viii. Sendwòm Tatton-Brown-Rahman, oswa
 - ix. Moun ki genyen ant 3-5 lane yo genyen anpil risk pou gen yon andikap nan devlopman

Pou jwenn plis enfòmasyon sou dokiman ki nesesè lè w ap aplike pou sèvis yo, tanpri vizite: <https://apd.myflorida.com/services/guide.htm>.

Lè ou kòmanse pwosesis la, paj “Èske Mwen Prè?” a pral prezante enfòmasyon sou fason pwosesis aplikasyon an fonksyone. Lè ou klike sou lyen yo sa ap bay plis enfòmasyon.

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](#)

Lè kandida a oswa reprezantan an prè, li ka klike sou bouton "Kontinye" a pou revize Dwa ak Responsablite kandida yo. Lè ou klike sou ti flèch desann nan, enfòmasyon konsènan dwa ak responsablite yo ap afiche.

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](#)

Aprè ou fin revize enfòmasyon sa yo klike sou "Mwen Aksepte" pou kontinye nan ekran "Prè pou aplike? Men Ki jan li fonksyone" a. Lè ou klike sou "Mwen Refize" sa pral mennen itilizatè a nan akeran "Èske Mwen Prè?" a.

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

Après ou fin revize tout enfòmasyon yo, klike sou bouton "Kontinye" a pou avanse nan paj "Ti Konsèy Itil" la.

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.

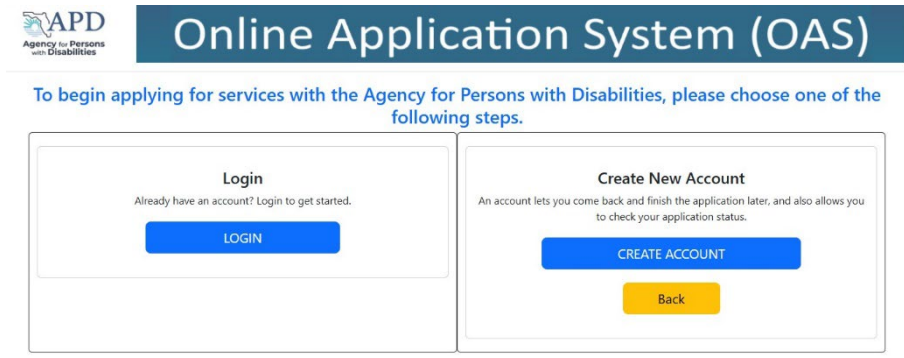
Back

Continue

Aprè ou fin refize paj "Ti Konsèy Itil" la, klike sou bouton "Kontinye" a pou konekte si ou te deja kreye yon kont, oswa klike sou "Kreye Yon Kont" si ou poko genyen youn.

Kreye yon Nouvo Kont

Nan paj Koneksyon/Kreye Yon Nouvo Kont lan, klike sou bouton "Kreyon Yon Kont" lan.



The screenshot shows the 'Online Application System (OAS)' interface. At the top left is the APD logo. The title 'Online Application System (OAS)' is in a dark blue box. Below it, a blue instruction text says: '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.

Kont Itilizatè a ka kreye avèk swa non kandida a oswa non reprezantan legal li a. Li enpòtan pou moun ki itilize kont lan gen aksè nan adrès imèl ke kont lan te kreye avèk li a paske yo pral voye yon kòd validasyon nan adrès imèl sa a. Moun nan bezwen antre kòd validasyon an anvan li kapab kontinye avèk kont lan.

Nan paj Enskripsyon Kont Itilizatè a, itilizatè kont lan pral ranpli tout espas yo.

Lè li fin ranpli paj sa a, li dwe asire li anrejistreman modpas la pou li ka jwenn aksè lè l ap konekte ankò.

Itilizatè kont lan ap bezwen seleksyon yon PIN l ap kapab sonje. Sa ap nesesè si yo seleksyone apèl nan telefòn kòm metòd otantifikasyon an, oswa si asistans nesesè pou reynisyalize modpas la.

User Account Registration

First Name (*Required)

Middle Name (optional)

Last Name (*Required)

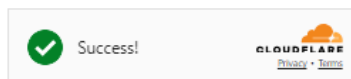
Email (*Required)

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

Itilizatè kont lan ap resevwa yon imèl ki gen kòd validasyon an.

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)

P3WRPF

Submit

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

twin_vistas0b@icloud.com

Resend Validation Code

Aprè li fin valide imèl la, yon ekran konfimasyon ap afiche. Sa ap fè yo konnen y ap resevwa yon imèl ki gen enfòmasyon sou idantifyan yo a.

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

Imèl la pral gen ladan non idantifyan an ak lye pou aktivite kont lan.

Swiv lyen an pou aktivite kont lan.

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.

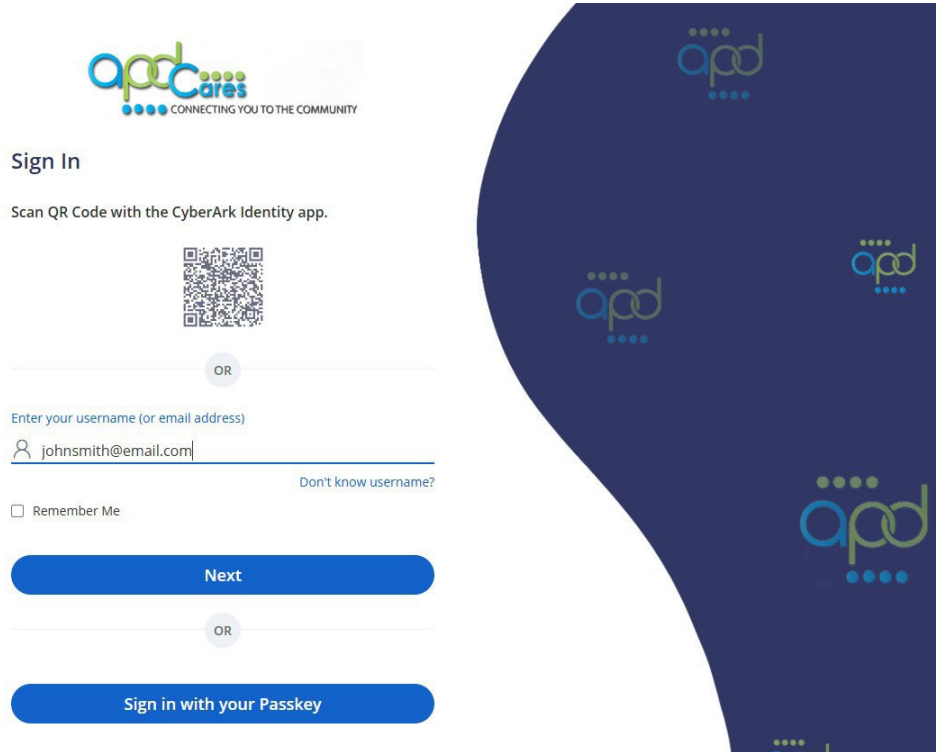
[Click here to activate your APD Online Application account](#)

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

Thank you.

Koneksyon

Yon fwa kont lan fin aktive, yo pral redirije itilizatè a nan Pòtay Itilizatè a. Antre non itilizatè ki nan imèl la (si li pa te ranpli alavans otomatikman) epi klike sou "Apre."



The screenshot shows the APD Sign In page. At the top is the APD Cares logo with the tagline "CONNECTING YOU TO THE COMMUNITY". Below the logo is the "Sign In" heading. 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 "OR" in the center. Underneath is a text input field labeled "Enter your username (or email address)" containing the 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 "OR" in the center. 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 logos arranged in a curved pattern.

Antre modpas ki te kreye pandan Enskripsyon Itilizatè a epi klike sou "Apre."

Lè ou fin konekte sa ap lanse Paj Dakèy WAS la.

Welcome! Amanda Test

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

[New Application](#)

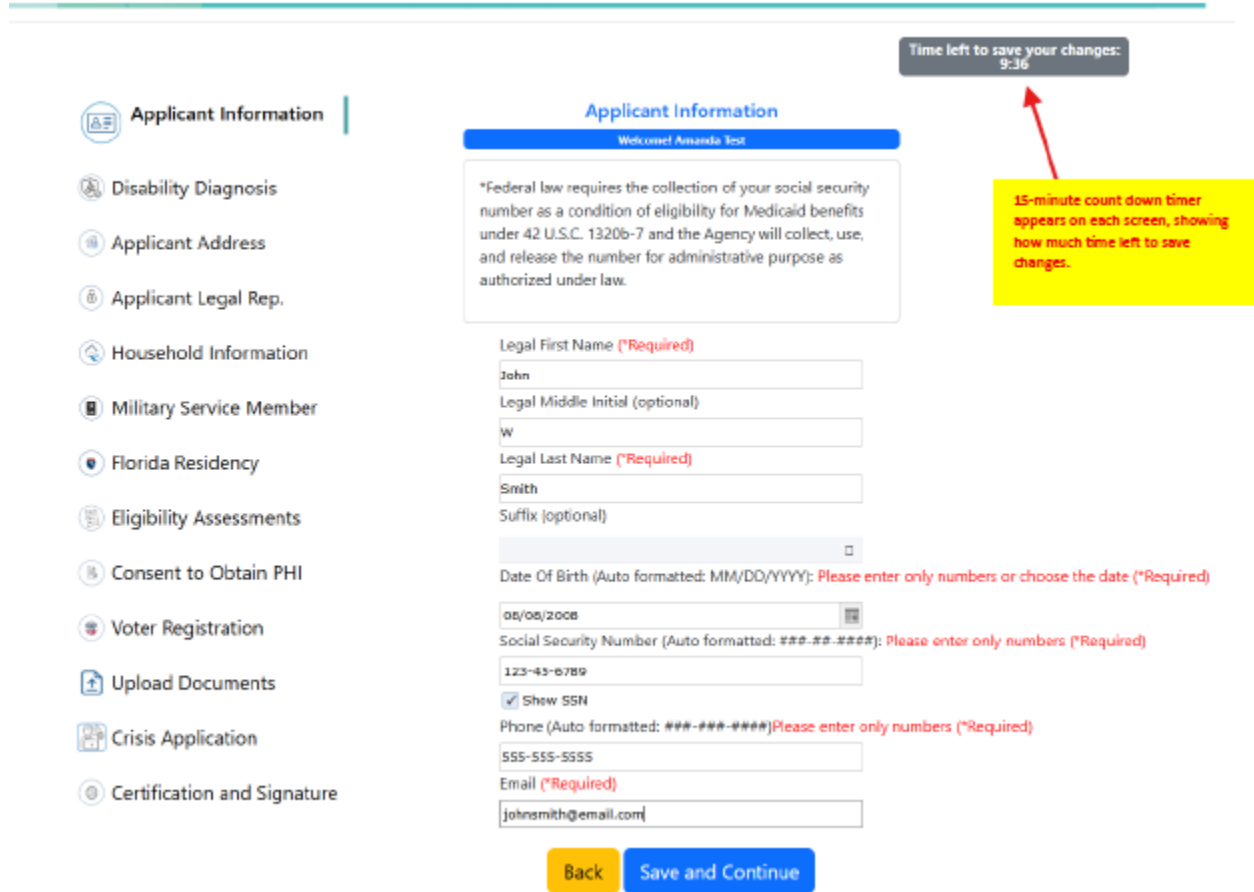
Reapply	User Applications
Check	Name: Amanda Test Eligibility Application Status: Application Received Eligibility Application Status Date: 6/24/2025 Crisis Application Status: Crisis Application Status Date:
Check	Name: Amanda Test Eligibility Application Status: Application Review Eligibility Application Status Date: 3/9/2026 Crisis Application Status: Crisis Review Crisis Application Status Date:
Check	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

Ti Konsèy pou Navigasyon

Anplis, yon fwa aplikasyon an kòmanse, kandida yo oswa reprezantan legal yo pral wè endikatè sou pwogrès aplikasyon an sou kote goch paj la. Sa se yon fason pou wè kote itilizatè kont lan ye nan aplikasyon an epi konbyen seksyon ki rete.



Applicant Information

Welcome! Assisted 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

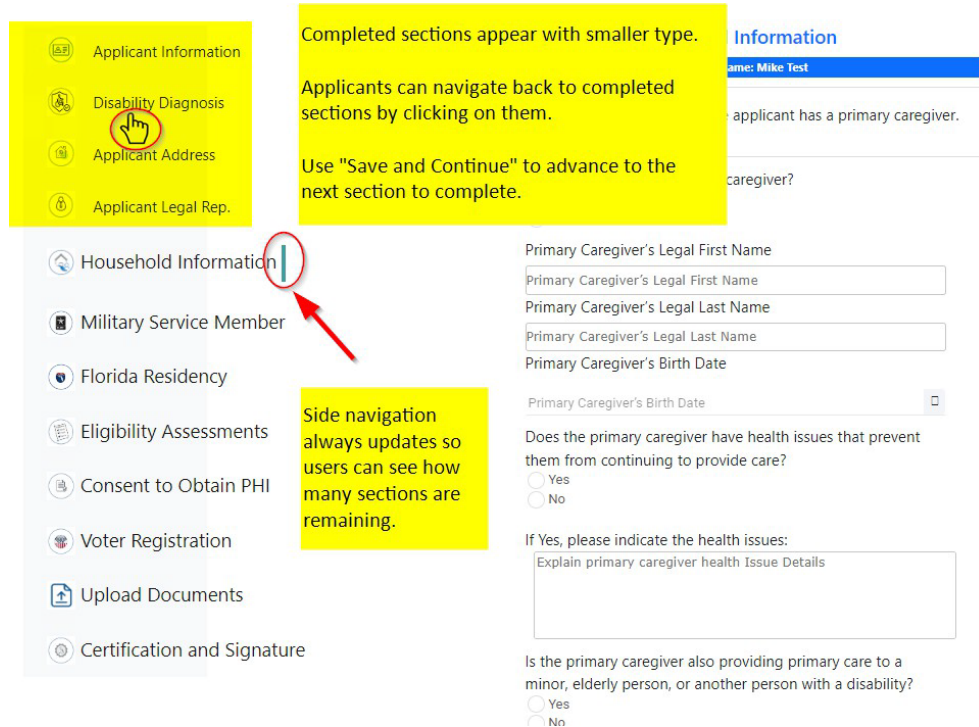
Email (*Required)
johnsmith@email.com

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

Pou pakouri aplikasyon an, itilize bouton "Anrejistre epi Kontinye" ak bouton "Retou" yo.



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

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

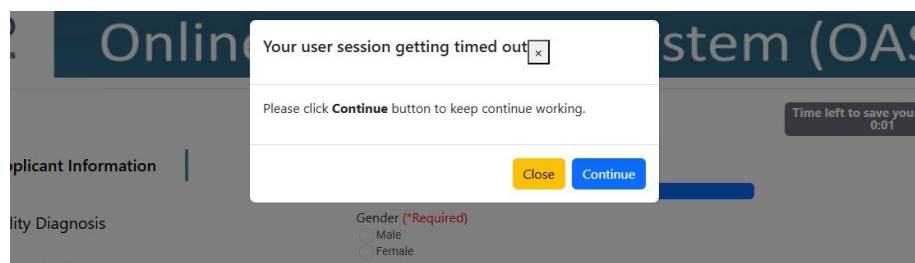
If Yes, please indicate the health issues:
Explain primary caregiver health Issue Details

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

Pandan w ap ranpli aplikasyon an, si sesyon an vin inaktif pandan 15 minit, yon ti ekran ki gen enfòmasyon pral parèt sou ekran an. Klike sou bouton "Kontinye" a pou kontinye travay. Y ap retounen itilizatè a nan paj yo te sou li a pou li kapab kontinye, epi kontè a ap reynisyalize jiska 15 minit.

Sepandan, si plis pase 15 minit pase depi dènye fwa itilizatè a te anrejistre paj la, pwochèn fwa li klike sou bouton "Anrejistre epi Kontinye" a, y ap redirije l sou pòtay itilizatè a pou konekte ankò.

Enfòmasyon yo anrejistre chak fwa li klike sou yon bouton "Anrejistre epi Kontinye". Kidonk, si nenpòt nan done yo pèdi, se ap sèlman ekran ki te ankou nan moman peryòd li te inaktif la.



Online System (OAS)

Your user session getting timed out

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

Close Continue

Time left to save your work: 0:01

Applicant Information

Disability Diagnosis

Gender (*Required)
☐ Male
☐ Female

Si sesyon an ekspire, Aplikasyon ki pa Fin Ranpi a ka kontinye nan pwochen fwa moun nan konekte a. Gade seksyon "Retounen pou Fini yon Aplikasyon ki Ankou" anba a.

Retounen pou Ranpli yon Aplikasyon ki Ankou

Si nenpòt lè, itilizatè a bezwen kite aplikasyon an anvan li soumèt li, oswa sesyon an ekspire sou li akòz inaktivite, li ka konekte ankò epi retounen nan aplikasyon an kote li te kanpe a.

Aprè li fin konekte, ekran an ap montre paj dakèy la. Si genyen nenpòt aplikasyon ki ankou nan paj dakèy la, l ap parèt isit la epi montre estati aplikasyon an.

Welcome! Amanda Test

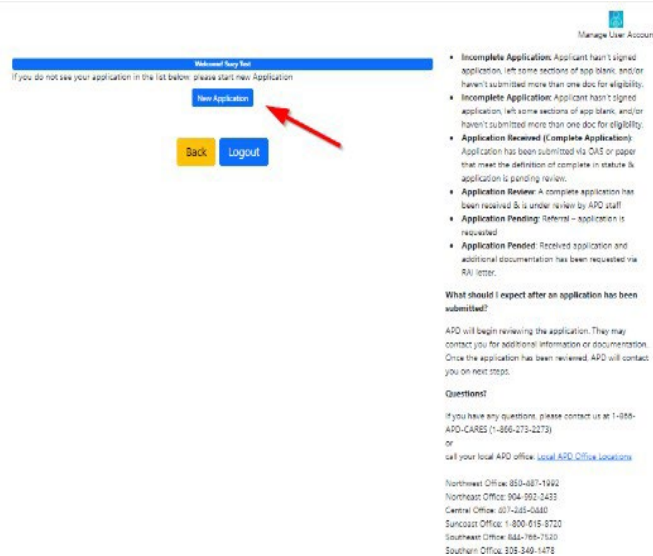
If you do not see your application in the list below; please start a new application.

[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: Name: Amanda Test

Fason pou Ranpli Aplikasyon an

Nan premye koneksyon nan OAS la, itilizatè yo ap wè yon bouton "Nouvo Aplikasyon". Klike sou li pou kòmanse aplikasyon an. Genyen lòt enfòmasyon tankou definisyon divès estati yon aplikasyon ak enfòmasyon kontak Rejyonal APD a ki endike sou kote dwat paj la.



Pandan w ap ranpli aplikasyon am, li enpòtan pou fè atansyon ak enfòmasyon yo mande yo. Si se enfòmasyon sou kandida a, li enpòtan pou repons lan lye ak kandida a sèlman, yo pa dwe lye ak reprezantan legal la ki kapab ap ranpli aplikasyon an nan non yon lòt moun.

Aprè chak seksyon ki fin ranpli, klike sou bouton "Anrejistre epi Kontinye" a.

- 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)

☐ Show SSN

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

Email (*Required)
johnsmith@email.com

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

Yon fwa kandida a klike sou bouton "Anrejistre epi Kontinye" a, enfòmasyon jeneral li ap parèt nan yon ti fenèt afichaj pou verifye epi konfime yo.

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](#)

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

Nan ekran ki vini apre a, yo pral mande lòt enfòmasyon sou kandida a.

Sonje, sèks, ras, ak prenon ak non jèn fi manman kandida a se enfòmasyon ki obligatwa.

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

Nan seksyon Dyagnostik Andikap la, chwazi dyagnostik kandida a ap itilize pou fè aplikasyon an. Li ka seleksyone plis pase yon dyagnostik, si sa aplikab.

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

Lè paj "Enfòmasyon Kontak Kandida" a fin ranpli, li enpòtan anpil pou bay adrès ak konte kote kandida a fizikman ap viv la.

Applicant's Contact Information

Applicant Name: Mike Test

Address 1 (*Required)

Address 2 (optional)

City (*Required)

State (*Required)

Zip Code (*Required)

County (*Required)

Preferred Method of Communication (*Required)
 Select Preferred Method of Communication

Preferred Language(*Required)
 Select Preferred Language

English
 French
 German
 Haitian Creole
 Spanish
 Other

Click to show the list of languages.

Paj "Reprezantan Legal" la pa obligatwa, paske kandida yo ka sèvi kòm pwòp reprezantan yo. Si kandida a pa genyen yon reprezantan legal, klike sou bouton "Anrejistre epi Kontinye" a epi kontinye nan seksyon Enfòmasyon sou Kay la.

Si genyen yon reprezantan legal, nan ka sa yo dwe bay prenon, non fanmi, tip reprezantan an, telefòn, imèl ak mwayen komunikasyon prefere pou reprezantan an.

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

Seksyon "Enfòmasyon sou Kay" la egzije yon repons pou premye kesyon an sou si kandida a genyen yon swanyan prensipal. Si repons lan se "Non," seleksyon "Non" epi klike sou bouton "Anrejistre epi Kontinye" a pou ale nan seksyon "Manm Sèvis Militè Aktif" la.

Si repons lan se "Wi," antre prenon ak non fanmi swanyan prensipal la ansanm ak enfòmasyon jeneral sou swanyan prensipal la. Kontinye ranpli seksyon sa a, epi klike sou bouton "Anrejistre epi Kontinye" a pou ale nan seksyon "Manm Sèvis Militè Aktif" la.

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

Seksyon "Manm Sèvis Militè Aktif" la dwe sèlman ranpli si repons premye kesyon an se "Wi." Sinon, klike sou "Non" ak bouton "Anrejistre epi Kontinye" a pou kontinye nan seksyon "Rezidans nan Florid" la.

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

Seksyon "Rezidans nan Florid" la ak "Evalyasyon Kalifikasyon" yo genyen kèk kesyon. Ranpli chak kesyon epi klike sou bouton "Anrejistre epi Kontinye" a.

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

Seksyon "Avi ak Konsantman HIPAA a pou Divilge Enfòmasyon Pwoteje sou Sante" yo gen ladan lyen ki mennen nan Avi sou Pratik Vi Prive APD a ak Konsantman pou Jwenn oswa Divilge Enfòmasyon Pwoteje sou Sante yo. Lyen sa yo make nan ekran ki anba a.

Klike sou lyen sa yo epi dokiman yo ap louvri nan navigatè a epi yo ta dwe anrejistre sou aparèy kandida a. Anplis, fòmilè Konsantman pou Jwenn oswa Divilge Enfòmasyon Pwoteje sou Sante a ta dwe ranpli epi òplod avèk lòt dokiman yo nan fen aplikasyon an.

Reponn chak kesyon epi klike sou bouton "Anrejistre epi Kontinye" a pou kontinye.

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

Paj "Enskripsyon Elektè" a gen ladan yon lyen ki mennen nan fòmilè Enskripsyon Elektè a. Lyen sa a make nan foto ekran ki anba a.

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 1S-2.048, Florida Administrative Code.

Save and Continue

Fason pou Òplod Dokiman

Genyen de jiska twa seksyon pou òplod dokiman pou soutni aplikasyon an. Premye a se seksyon dokiman "Verifikasyon Idantite ak Domisil" la. Sa se kote kandida a oswa reprezantan li a ka òplod dokiman ki pral ede APD konfime idantite kandida a epi si li satisfè egzijans pou domisil nan Eta Florid la.

Tout dokiman ki òplod yo dwe nan fòm PDF. Si aparèy kandida a pa genyen Adobe Acrobat Reader, genyen yon lyen nan paj "Òplod Dokiman" an pou techaje [Adobe Acrobat Reader](#) sou aparèy li a.

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

Si pa genyen okenn dokiman pou soumèt, klike sou bouton "Anrejistre epi Kontinye" a pou kontinye epi òplod dokiman "Evalyasyon Medikal" yo.

Choose Files

No file chosen

Upload

	File Name	File Group	File Type
No data to display			

Save and Continue

Back

Si genyen fichye pou òplod, klike sou bouton "Chwazi Fichye" a pou jwenn aksè nan jesyonè fichye ki sou aparèy itilizatè a.

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](#)

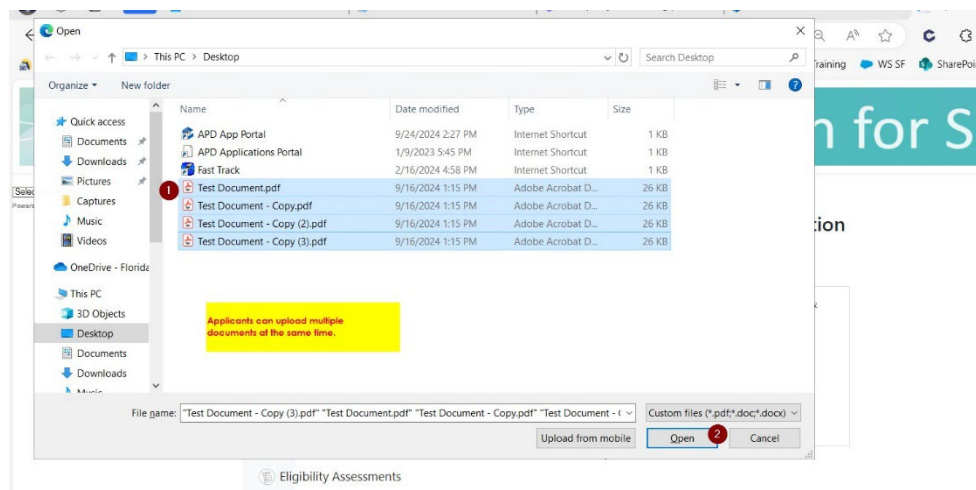
Click the "Choose Files" button to access files on the user's device.

Choose Files No file chosen

Upload

File Name	File Group	File Type
No data to display		

Apati moman sa a, seleksyone fichye pou ajoute nan aplikasyon an. Itilizatè yo ka òplod plizyè fichye alafwa.



Yo pral endike kantite total fichye yo. Apre sa klike sou bouton "Òplod" la.

Choose Files
2 files

Upload

File Name	File Group	File Type
No data to display		

Ekran an pral aktyalize, epi dokiman ki òplod yo pral endike nan tablo ki anba bouton "Òplod" la.

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

Klike sou bouton "Anrejistre epi Kontinye" a epi fè menm pwosesis la pou dokiman medikal ak/oswa dokiman evalyasyon yo.

Dokiman medikal yo obligatwa. Si itilizatè kont la bezwen jwenn yo, li ka tounen epi òplod yo yon fwa li jwenn yo. Sa nesesè anvan li ka rive soumèt aplikasyon an.

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

Aplikasyon pou Kriz (pa obligatwa)

Aplikasyon anliy pou Kriz la pa obligatwa epi li disponib atravè Sistèm Aplikasyon Anliy ajans lan (OAS) isit la: <https://applynow.apd.myflorida.com/>.

Pou aplike pou Enskripsyon nan Pwogram Egzansyon nan Ka Kriz la (CWE), yon moun dwe:

- Dwe yon kandida k ap soumèt yon nouvo aplikasyon pou sèvis APD yo, oswa
- Dwe yon kliyan APD kounye a nan pre-enskrripsyon, epi
- Gen dokiman ki konfime li nan sitiyasyon sanzabri, li se yon danje pou tèt li ak pou lòt moun, oswa swanyan li a pa kapab pran swen l

Pou jwenn plis enfòmasyon sou kritè Enskripsyon nan Pwogram pou Egzansyon nan Ka Kriz la, tanpri itilize [Gid Rapid la: Ap Mande Revizyon nan Ka Kriz](#).

Si kandida a satisfè youn oswa plis nan kritè kriz yo, nan ka sa klike sou, "Kontinye ak Aplikasyon pou Kriz" la.

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

Si kandida a pa satisfè kritè kriz la, nan ka sa klike sou Sote Aplikasyon pou Kriz la epi Kontinye Aplikasyon pou Kalifikasyon" an. Sa pral voye yo nan pati Sètifikasyon ak Siyati a nan aplikasyon yo te diskite sou li nan paj 39 la.

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

Yon fwa yon kandida detèmine li kapab satisfè kritè pou kriz la epi te seleksyone "Kontinye ak Aplikasyon pou Kriz" la, nan ka sa y ap voye l nan pati kote pou li reponn kesyon sou sitiyasyon kriz li a. Tcheke tout opsyon ki aplike yo.

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

Lè ou fin ranpli Aplikasyon pou Kriz la, klike sou "Anrejistre epi Kontinye."

Aprè sa, òplod dokiman ki lye ak Aplikasyon Kriz la. Pou jwenn plis enfòmasyon sou dokiman ki nesèsè pou yon evalyasyon kriz, tanpri vizite:

<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

Dokiman nan ka kriz la obligatwa pou detèmine si kliyan an satisfè kritè ajans lan pou Enskripsyon nan Pwogram pou Egzansyon nan Ka Kriz la (CWE). Si itilizatè a bezwen jwenn dokiman ki nesèsè pou evalyasyon an, nan ka sa li ka tounen epi òplod yo yon fwa li jwenn yo. Sa nesèsè anvan li ka rive soumèt yon Aplikasyon pou Kriz.

Fason pou Soumèt yon Aplikasyon

Yon fwa tout dokiman yo fin òplod, aplikasyon prè pou soumèt. Nan paj “Sètifikasyon ak Siyati” a, klike sou ti flèch ki sou bò dwat bwat ble a pou revize deklarasyon rekonesans yo.

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.

Nan kesyon “Wòl Moun K ap Soumèt” la, klike sou ti flèch meni dewoulan an pou afiche opsyon yo.

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

Ranpli rès paj la, verifye tout enfòmasyon yo kòrèk, epi apre sa klike sou bouton "Soumèt Aplikasyon Anliy ou an".

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

Yo konfimasyon ap parèt pou di ou te soumèt li. Mesaj sa a pral gen ladan tou enfòmasyon sou sa pou espere apre yon aplikasyon fin soumèt ak enfòmasyon kontak pou biwo APD rejyonal yo.

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 Information](#)

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.

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- 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		

Si APD mande lòt enfòmasyon, ou ka òplod yo isit la nan OAS lè ou klike sou bouton “Òplod” la.

Si sitiyaasyon aplikasyon an se:

- “Yo Resevwa Aplikasyon An” nan ka sa kandida a genyen 10 jou pou òplod lòt enfòmasyon anplis.
- “Aplikasyon An Annatant” nan ka sa kandida a genyen 10 jou pou òplod lòt enfòmasyon yo.
- “Evalyasyon Aplikasyon An” nan ka sa kandida a pa ka òplod lòt enfòmasyon.
- “Yo Voye Avi Sou Desizyon An” nan ka sa kandida a pa ka òplod lòt enfòmasyon.
- “Fèmen” nan ka sa kandida a pa ka òplod lòt enfòmasyon.

Fason pou Telechaje yon Kopi Aplikasyon ki Te Soumèt la

Apati paj "Konfimasyon Soumisyon Anliy Aplikasyon" an, ou ka telechaje yon kopi aplikasyon ki ranpli a.

Online Application Submission Confirmation



Applicant Name: John Smith

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- 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		

Lè ou klike sou bouton "Telechaje kopi aplikasyon" an, OAS pral otomatikman telechaje yon fichye PDF nan fichye telechajman pa defo a sou aparèy itilizatè a. Yo rekòmande pou deplase fichye yo nan yon dosye pèmanan.

Online Application Syst

Online Application Submission Confirmation



Applicant Name: Amanda Test

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

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

Downloads

ApplicationForServicesCopy_7_24_2026 (1).pdf

Open file

Time left to keep your session active: 14:31

Louvri dokiman PDF la pou evalye l.

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.)

Itilizatè a ka klike sou bouton "Akèy" la pou retounen nan paj dakèy OAS la epi dekonekte.

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
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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

Aplikasyon ki soumèt la pral parèt nan griy "Aplikasyon Itilizatè" a. Apre sa itilizatè a ka kontinye nan bouton "Dekoneksyon" an pou dekonekte nan kont li a.

 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: 3/9/2026 Crisis Application Status: Crisis Review Crisis Application Status Date:
Check	Name: Amanda Test Eligibility Application Status: Incomplete Application Eligibility Application Status Date: 12/17/2025 Crisis Application Status: Incomplete Crisis 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

Pwochen Etap yo

Konfimasyon Imèl ki Konfime yo Resevwa Soumisyon an

Yon fwa aplikasyon an soumèt epi anplis de mesaj konfimasyon an, y ap voye yon imèl bay mèt kont lan. Imèl sa a ap genyen yon lyen pou tounen nan OAS la epi tcheke estati aplikasyon an epi pral endike dokiman yo te òplod avèk aplikasyon an.

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.

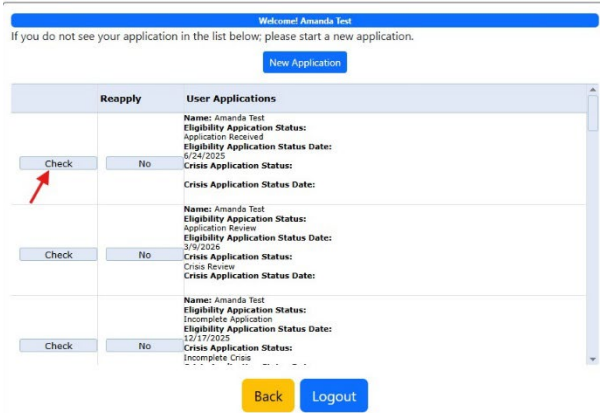
Fason pou Verifye Estatus Aplikasyon an

Kandida a ka verifye estati aplikasyon li a lè li klike sou lyen ki nan imèl la. Y ap mennen yo sou paj dakèy OAS la. Klike sou bouton "Verifye" a pou verifye estati aplikasyon an.

Definisyon Estatus Aplikasyon yo

Definisyon anba yo endike tou nan paj "Dakèy" OAS la:

- **Aplikasyon An Pa Fin Ranpli:** Kandida a pa te siyen aplikasyon an, kèk seksyon nan aplikasyon an kapab te rete vid, epi/oswa pa gen ase enfòmasyon ki te soumèt.
- **Yo Resevwa Aplikasyon An (Aplikasyon an Konplè):** Aplikasyon an te soumèt.
- **Evalyasyon Aplikasyon An:** Yo te resevwa yon aplikasyon ki konplè epi APD ap evalye l kounye a.
- **Aplikasyon An Annatant:** Yo te resevwa aplikasyon an epi APD te mande kandida a lòt enfòmasyon.
- **Te Voye Avi sou Desizyon Aplikasyon An:** Yo te voye yon notifikasyon alekri pa lapòs bay kandida a ki gen detèminasyon final sou kalifikasyon an.
- **Fèmen:** Aplikasyon anliy sa a p ap mennen nan yon detèminasyon elijiblite epi li fèmen paske: se yon aplikasyon doub, kandida a deja yon kliyan ajans lan, oswa kandida a mouri.



Manage User Account

- **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 determination of crisis.

Definisyon Eitati Aplikasyon Pou Kriz

Definisyon anba yo endike tou nan paj "Dakèy" OAS la:

- **Kriz Ki Pa Konplè:** Demann nan ka kriz la pa konplè paske gen kèk seksyon ki pa ranpli, epi/oswa yo pa soumèt plis pase yon dokiman pou evalyasyon kriz la.
- **Te Resevwa Ka Kriz La:** Aplikasyon pou kriz la te soumèt.
- **Evalyasyon Kriz:** Yo te resevwa yon aplikasyon ki konplè pou kriz epi APD ap evalye l kounye a.
- **Aplikasyon pou Kriz la Annatant:** Yo te resevwa demann pou priz la epi APD te mande kandida a lòt enfòmasyon.
- **Te Voye Avi sou Desizyon pou Kriz la:** Yo te voye yon notifikasyon alekri pa lapòs bay kandida a ki gen detèminasyon final sou kriz la.
- **Kriz Fèmen:** Aplikasyon kriz anliy lan fèmen paske: li se yon aplikasyon an doub, yo te retire aplikasyon kriz la, oswa kliyan an mouri.

Kesyon?

Si ou gen nenpòt kesyon, tanpri kontakte nou nan 1-866-APD-CARES (1-866-273-2273) oswa kontakte biwo APD lokal ou an lè ou vizite [Biwo APD Lokal Yo](#) oswa lè ou rele:

REJYON NÒDWÈS (850) 487-1992

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

REJYON NÒDÈS (904) 992-2440

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

REJYON SANTRAL (407) 245-0440

Konte Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole ak Sumter

REJYON SUNCOAST 1-800-615-8720

Konte Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas ak Sarasota

REJYON SIDÈS (561) 837-5567

Konte Broward, Martin, Okeechobee, Indian River, St. Lucie ak Palm Beach

REJYON SID (305) 349-1478

Konte Dade ak Monroe