



**Department of Public Safety
Division of Consumer Affairs**
50 South Military Trail, Suite 201
West Palm Beach, FL 33415
Main Office: (561) 712-6600

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

www.pbcgov.com/consumer

ALL FEES ARE NON-REFUNDABLE

Home Caregiver ID Badge Initial Application Information

When to apply:	Applications are accepted at the Consumer Affairs Division Monday through Friday between the hours of 8:00 a.m. and 3:00 p.m. Application MUST BE COMPLETE.
What to bring:	<ol style="list-style-type: none">1. Completed Home Caregiver ID Badge Application2. Affidavit - a completed affidavit must be provided and received from a Home Caregiver Agency before submittal of the application if fingerprinting is not required.3. Valid Florida Driver's License, Passport, or Government issued Photo ID.
Application Fees:	<ol style="list-style-type: none">4. Application fee - \$100 Application fee - \$30 with completed affidavit Replacement fee - \$15 Administrative Appeal filing fee - \$100
Payment Type:	<ol style="list-style-type: none">5. Payments can be made by check, money order, Visa/MasterCard or Discover Card. Make checks/money orders payable to Board of County Commissioners – CASH NOT ACCEPTED.
What you will receive:	When you submit your application, you will receive a receipt for proof of payment of fees. The receipt is <u>not</u> a temporary permit/ID badge to work as a Home Caregiver Palm Beach County. You cannot legally operate as Home Caregiver until your photo identification badge has been issued to you.
Renewal Information:	<ul style="list-style-type: none">• Your Home Caregiver ID Badge expires 5 years from date of application.• You should submit your renewal application at least 30 days prior to the expiration date.• Working with an expired Home Caregiver ID badge may subject you to fines.• You may renew your ID badge up to ninety (90) days before it expires.• Please bring previously issued Home Caregiver's ID badge with you (if it is expired).



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

2019

CG#

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

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

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Home Caregiver's ID Badge Application

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

Today's Date: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Mailing Address if different: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: (____) _____ Work Phone: (____) _____

Phone: (____) _____ Fax No.: (____) _____

E-Mail Address: _____

Florida Driver's License No.: _____ Exp. Date: _____

Date of Birth: Month: _____ Day: _____ Year: _____

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

CG# _____

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

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

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

I certify that all statements contained in my application are complete and true. I acknowledge that omissions or false statements will be grounds for revocation, suspension or non-issuance of my Home Caregiver’s ID Badge.

(Signature) **Date:** _____

(Print name)