

## FLORIDA DEPARTMENT OF EDUCATION **FARMWORKER CAREER DEVELOPMENT PROGRAM**

600W. College Dr. Avon Park, FL 33825 863-784-7166

## REPORTABLE INDIVIDUAL REQUEST FORM

1. TO:	2. FROM (PROJECT):
FCDP Reportable Individual – Agricultural Labor Program Inc.	
3. CUSTOMER NAME & STATE ID NO.:	4. DATE:
5. REASON FOR REFERRAL:	
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6. I am aware of and request the above services. I authorize the release of the information from item #7 to the FCDP. Estoy consciente de estar solicitando los servicios indicados arriba. Yo autorizo en proveer a FCDP la información indicada en el #7.  Participant's Signature & date / Firma del participante y Fecha	7. Documentation verified in Employ Florida  ~Reportable Individual Request Form  ~Employ Florida Application signed  ~Work History (all back-up documentation)  ~Family Size Log (all back-up documentation)  ~Complaint Procedures signed  ~ Release of Information Form signed by all family members 18 or older  ~ Public Assistance if applicable  ~ Landlord Verification Form (service in rent)
Participant's Signature & date / Firma dei participante y Fecha	~W-9 (service in rent)
8. STAFF SIGNATURE:	9. Date received by ALPI
THIS SECTION TO BE COMPLETED BY ALPI- EA	
ACTION TAKEN:  10. □ ACCEPTED (completed) □ NOT ACCEPTED (Incomplete information in EF)	
AGENCY / SIGNATURE:	
DATE SENT TO THE SITE:	
11. COMMENTS: (WHY)	
12. This form will be emailed back to the site by EA in 4 working days after the date of receipt.	
IMPORTANT: FCDPs' staff will enter the activity codes and case notes into Employ Florida for each service received.	

Rev 1/2023