



**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](http://www.pbcgov.com/consumer)

**ALL FEES ARE NON-REFUNDABLE**

## Home Caregiver ID Badge Initial Application Information

<b>When to apply:</b>	Applications are accepted at the Consumer Affairs Division Monday through Friday between the hours of 8:00 a.m. and 3:00 p.m. <b>Application MUST BE COMPLETE.</b>
<b>What to bring:</b>	<ol style="list-style-type: none"><li>1. Completed Home Caregiver ID Badge Application</li><li>2. Valid Florida Driver's License, Passport, or Government issued Photo ID.</li></ol>
<b>Application Fees:</b>	<ol style="list-style-type: none"><li>3. <b>Application fee - \$100 (For private caregivers requiring fingerprints)</b> <b>Application fee - \$30 (For agency affiliated caregivers w/AHCA clearance)</b> <b>Replacement fee - \$15Administrative</b> <b>Appeal filing fee - \$100</b></li></ol>
<b>Payment Type:</b>	<ol style="list-style-type: none"><li>4. Payments can be made by check, money order, Visa/MasterCard or Discover Card. Make checks/money orders payable to Board of County Commissioners – <b>CASH NOT ACCEPTED.</b></li></ol>
<b>What you will receive:</b>	When you submit your application, you will receive a <b>receipt</b> for proof of payment of fees. <b>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.</b>
<b>Renewal Information:</b>	<ul style="list-style-type: none"><li>• <b>Your Home Caregiver ID Badge expires 5 years from date of application.</b></li><li>• You should submit your renewal application at least 30 days prior to the expiration date.</li><li>• If you renew your Home Caregiver ID Badge after the expiration date, a <b>\$20</b> late fee will be due.</li><li>• You may renew your ID badge up to ninety (90) days before it expires.</li><li>• Please bring previously issued Home Caregiver's ID badge with you (if it is expired).</li></ul>



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

<b>2020</b>
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 Drivers 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.**

**Under penalty of perjury, I swear or affirm that the information provided above is true. I acknowledge that omissions or false statements will be grounds for revocation, suspension or non-issuance of my Home Caregiver’s ID Badge or criminal prosecution.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_