



**Rebuild Florida Workforce Recovery  
Training Program  
Application User Guide**



September 1, 2020



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# Completing an Application for the Workforce Recovery Training Program

## Access to the Application

To apply to the Workforce Recovery Training Program (WRTP), interested Floridians must apply using the official WRTP application provided by the Department of Economic Opportunity (DEO). An individual may complete an application by:

- Going online to [www.RebuildFlorida.gov](http://www.RebuildFlorida.gov);
- Visiting a program partner's office location; or
- Contacting a program partner by phone or email.

This user guide contains information specific to completing an application online through [www.RebuildFlorida.gov](http://www.RebuildFlorida.gov).

## Starting an Application

Individuals should visit [www.RebuildFlorida.gov](http://www.RebuildFlorida.gov), the website for DEO's long-term recovery efforts from recent hurricanes. Select the appropriate storm you were impacted by. Then select the appropriate program.

NOTE: Currently, applications are only available for the Hurricane Irma WRTP.

The WRTP page can be accessed directly at: <http://floridajobs.org/rebuildflorida/irma/workforce-recovery-training/>

On this page, individuals can find information about WRTP benefits and services, contact information for program partners, Frequently Asked Questions, and application forms.

Click the 'Apply Now' button to start an application.

## Eligibility Questions

First, you will be presented with questions intended to screen for basic eligibility to apply to the WRTP. These questions are intended to assist individuals in determining certain eligibility criteria to proceed with an application only. These questions are not a final determination of eligibility for program benefits.

1. Click on the 'Click here to check Workforce Recovery Training Eligibility' link.  
If you are a returning user, click on the 'Log in' button in the top right corner to log in to your account.



2. You will then see two basic eligibility questions. You must answer both questions to continue. Once both questions have been answered, click the 'Next' button:



The image shows a screenshot of the 'Workforce Recovery Training Program Eligibility' form on the DEO website. The form is titled 'Workforce Recovery Training Program Eligibility' and contains two questions, each with a dropdown menu. The first question is 'Are you 18 or over?' and the second question is 'Are you authorized to work in the U.S.'. A red arrow points to the 'Next' button at the bottom right of the form.



3. Based on your answers, you will be directed to the appropriate screen. If you do not meet the basic eligibility criteria, you will be directed to a message indicating that you are not eligible for the program at this time:

According to the answers you submitted, you are not currently eligible for the Workforce Recovery Training Program. If your status under either of these criteria changes, you may return to this website and resubmit the questionnaire to try again.

[Previous](#)

[Finish](#)

Click 'Finish' to return to the home page or click 'Previous' to return to the eligibility questions screen.

4. If you meet the basic eligibility criteria, you will be directed to a message indicating that you are eligible to continue your registration for the WRTP. Click the 'Register' button to create an account.

According to the answers you submitted, you are currently eligible for the Workforce Recovery Training Program. Continue to complete your registration.

**Important note:** You may only submit one application under your username. To submit another application, please register with a new username.

[Register](#)



## Registration

1. Once you click the 'Register' button, you will be directed to a registration page. Enter your first name, last name, email address, desired username, and create a password. Passwords must be a minimum of 8 characters and must include at least one letter (A-Z) and one numeric (0-9). Once all the information is entered, click the 'Submit' button.

A screenshot of a registration form on a blue background. At the top center is the logo for the Florida Department of Economic Opportunity (DEO), which includes the letters "DEO" in a large, bold, blue font, a green globe icon with a white outline of Florida, and the text "FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY" below it. Below the logo is a white registration form with the following fields: "First Name", "Last Name", "Email", "Username", "Create Password", and "Confirm Password". Each field has a corresponding text input box. Below the "Create Password" field, there is a note: "Password must be a minimum of 8 characters and contain at least one letter and one number". At the bottom of the form is a green button with the text "Sign Up". Below the button, there is a link that says "Already have an account?".

DEO  
FLORIDA DEPARTMENT of  
ECONOMIC OPPORTUNITY

First Name

Last Name

Email

Username

Create Password

Password must be a minimum of 8 characters and contain at least one letter and one number

Confirm Password

Sign Up

[Already have an account?](#)



2. Once the registration information is submitted, click 'Next' to start a new Workforce Recovery Training Program application.



3. A new application will be created and the user will be redirected to the main Application page.





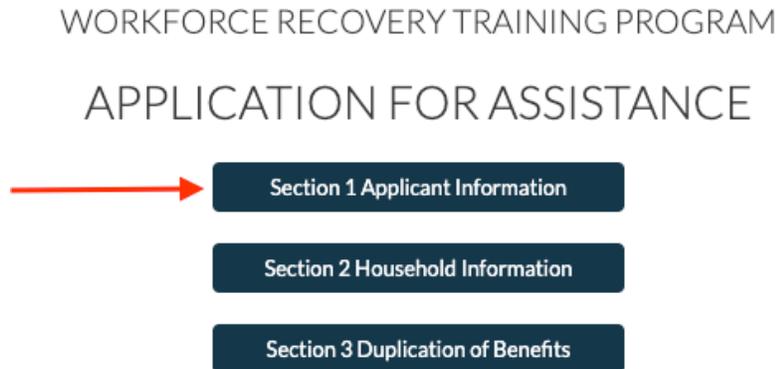
## Completing an Application

The WRTP application has five sections. All five sections must be completed to submit the application.

### Section 1: Applicant Information

Section 1 includes applicant contact information, personal information, and selection of program partner/course information.

1. To begin completing Section 1, click on 'Section 1 Applicant Information' and the section will display as a popup window.



2. Your first name, last name and email will carry over from the registration page. All fields marked with an asterisk are required. Complete the information in Section 1, scrolling to display more if necessary.

Section 1 Applicant Information

**NOTE:** Only one application should be submitted per person. Duplicative applications will be closed or placed on hold so that only one application per person remains active.

* First Name	* Last Name
<input type="text" value="Baby"/>	<input type="text" value="Ruth"/>
Middle Initial	
<input type="text"/>	
* Current Address	
<input type="text"/>	
* Current City	* Current State
<input type="text"/>	<input type="text"/>
* Current Zip Code	
<input type="text"/>	
* Phone	Email
<input type="text"/>	<input type="text" value="baby@test.test"/>
Preferred Method of Contact	
<input type="text" value="--None--"/>	
* Date of Birth	
<input type="text"/>	
English is my primary language	
<input type="text" value="--None--"/>	
If no, what is your primary language	If Other, Primary Language
<input type="text" value="--None--"/>	<input type="text"/>
I am a Veteran or active duty spouse or dependent:	
<input type="checkbox"/> <input checked="" type="radio"/>	
* I am authorized to work in the United States:	
<input type="text"/>	



3. In Section 1, select the Partner(s) that you are interested in receiving training from by checking the box next to the Partner name. You may select more than one Partner, if applicable.

\*Please check the partner(s) from whom you are interested in receiving training:

<input type="checkbox"/> Name	
<input type="checkbox"/> CareerSource Brevard	
<input type="checkbox"/> Florida International University	
<input type="checkbox"/> Florida State College at Jacksonville	
<input type="checkbox"/> Hendry County School District	
<input type="checkbox"/> Indian River State College	
<input type="checkbox"/> The College of the Florida Keys	
<input type="checkbox"/> Valencia College	

4. Once you select one or more partners, the available courses from each partner will be displayed below.

\*Please check the partner(s) from whom you are interested in receiving training:

<input type="checkbox"/> Name	
<input checked="" type="checkbox"/> CareerSource Brevard	
<input checked="" type="checkbox"/> Florida International University	
<input type="checkbox"/> Florida State College at Jacksonville	
<input type="checkbox"/> Hendry County School District	
<input type="checkbox"/> Indian River State College	
<input type="checkbox"/> The College of the Florida Keys	
<input type="checkbox"/> Valencia College	

\*Please check the construction trade(s) in which you are interested in receiving training:

<input type="checkbox"/> Course Name	<input type="checkbox"/> Partner Name
<input type="checkbox"/> Alternative Energy Certification	CareerSource Brevard
<input type="checkbox"/> Carpentry	CareerSource Brevard
<input type="checkbox"/> Carpentry	Florida International University
<input type="checkbox"/> Carpet Laying	CareerSource Brevard
<input type="checkbox"/> Concrete Finishing	CareerSource Brevard
<input type="checkbox"/> Construction Administration Management & Supervision	CareerSource Brevard
<input type="checkbox"/> Construction Craft Laborer	Florida International University
<input type="checkbox"/> Electricity	CareerSource Brevard



5. Select the course(s) you are interested in, then click 'Add Selected Courses'.

\*Please check the construction trade(s) in which you are interested in receiving training:

Course Name	Partner Name
<input checked="" type="checkbox"/> Alternative Energy Certification	CareerSource Brevard
<input type="checkbox"/> Carpentry	CareerSource Brevard
<input checked="" type="checkbox"/> Carpentry	Florida International University
<input type="checkbox"/> Carpet Laying	CareerSource Brevard
<input type="checkbox"/> Concrete Finishing	CareerSource Brevard
<input type="checkbox"/> Construction Administration Management & Supervision	CareerSource Brevard
<input type="checkbox"/> Construction Craft Laborer	Florida International University
<input type="checkbox"/> Electricity	CareerSource Brevard

**Add Selected Courses** ←

6. When the courses are added to the application, the user will see them displayed in the 'My Selected Courses' list.

My Selected Courses

Partner	Course Name
1 <input type="checkbox"/> CareerSource Brevard	Alternative Energy Certification
2 <input type="checkbox"/> Florida International University	Carpentry

7. Once you have completed Section 1, click the 'Save' button to save the information you entered and continue.

Mailing Street

Mailing Street

Mailing City

Mailing City

Mailing State/Province

Mailing State/Province

Mailing Zip/Postal Code

Mailing Zip/Postal Code

Mailing Country

Mailing Country

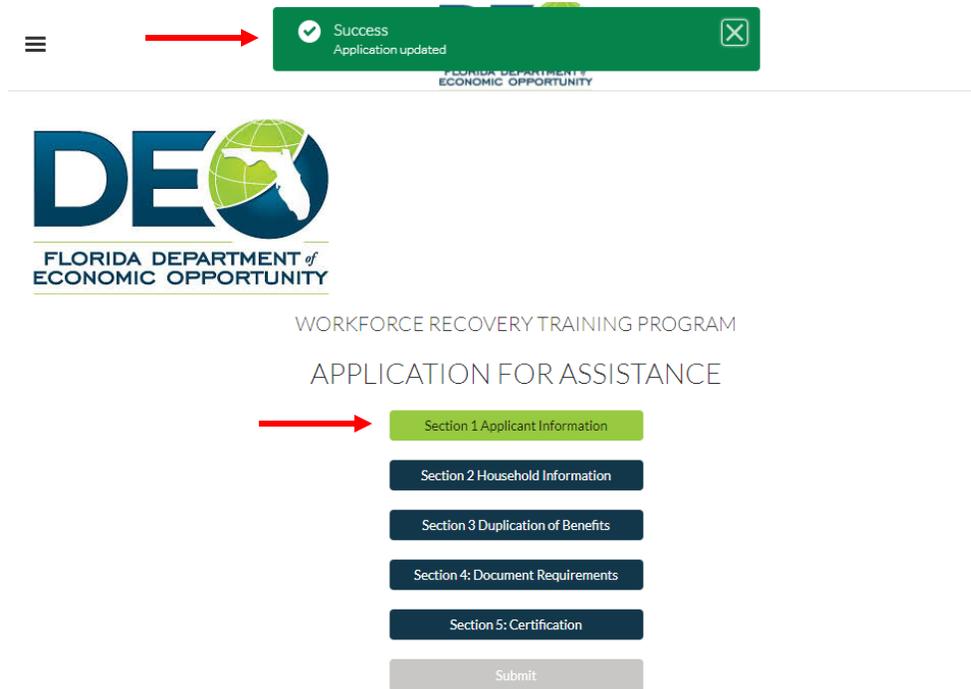
\* Phone

Email

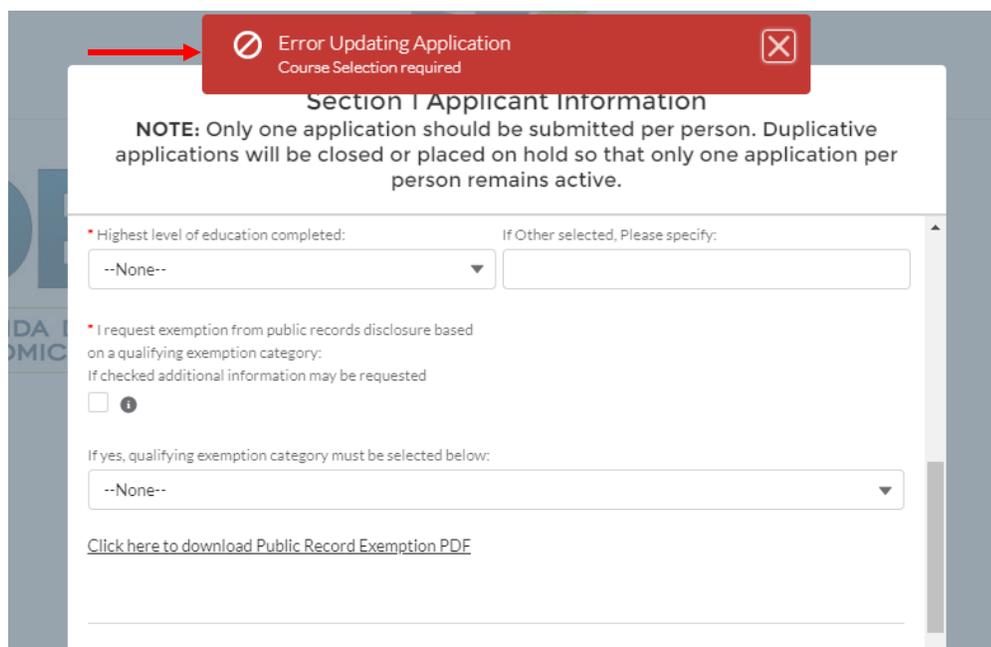
Cancel Save



8. If you save successfully, you will see a success notification at the top of the screen and the Section 1 box will turn green. This will repeat for all sections of the application.



9. If you have failed to complete any required fields, you will see a red error notification at the top of the screen indicating the incomplete field. You must complete all required fields in the section before you can save and continue.





## Section 2: Household Information

Section 2 captures Household information, including information on the demographics and income of the members of the applicant's household.

1. Click on the Section 2 Household Information button and the section will display as a popup screen. You must enter the required information for each household member residing at your current address, regardless of age. Complete the required fields with information pertaining to one member of the household, then click the 'Create Household Member' button. A success notification will appear at the top of the screen.

**Section 2 Household Information**

**NOTE:** Information provided in this section of the application must include all members of the household residing at the applicant's current address, regardless of age.

**Create Household Member**

Fill out the chart below listing all members of the household residing at the applicant's current address starting with the name of the Head of Household (add additional lines as necessary).

\* Household Member Name

\* Age  \* Gender

\* Estimated Total Monthly Income

\* Relationship to Head of Household  Head of Household

**RACE AND ETHNICITY**  
This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations. This information is not to be used for screening purposes. Providing this information is optional. Should you wish not to provide this information, please mark "Decline to Report."

\* Race  \* Ethnicity

**Create Household Member**

2. Once the household member has been created, you will see the person displayed in the list at the bottom of the screen.

<input type="checkbox"/>	Name	Age	Gender	Race	Ethnicity	Relationship to H...	Estimated Total ...
<input type="checkbox"/>	Annie Applicant	27	Female	Asian	Non-Hispanic	Wife	\$2,000.00
<input type="checkbox"/>	Andy Applicant	29	Male	Asian & White	Non-Hispanic	Head of Household	\$2,000.00

Estimated Total Annual Household Income \$48,000.00



3. If a mistake has been made, you can select the checkbox next to the name of the household member, click the 'Delete Selected Household Members' button, and then re-enter the correct information.

<input type="checkbox"/>	Name	Age	Gender	Race	Ethnicity	Relationship to H...	Estimated Total ...
<input type="checkbox"/>	Annie Applicant	27	Female	Asian	Non-Hispanic	Wife	\$2,000.00
<input checked="" type="checkbox"/>	Andy Applicant	29	Male	Asian & White	Non-Hispanic	Head of Household	\$2,000.00

Estimated Total Annual Household Income: \$48,000.00

4. When all household members have been added, click the 'Save' button to save the information you entered and continue.



## Section 3: Duplication of Benefits

In Section 3, the applicant will complete information on assistance received that may create a duplication of benefits. This includes information on assistance provided for damage or recovery resulting from Hurricane Irma and information on educational assistance.

1. Answer the first question: “Has assistance ever been provided to the applicant related to Hurricane Irma? Assistance includes money, loans, grants, scholarships, volunteer labor, materials, or other assistance provided related to damage or disaster recovery, including economic recovery.”
2. If you answer ‘No’, there is no further information to complete in this section. Click the ‘Save’ button to save the information you entered and continue.
3. If you answer “Yes’, you must complete at least one type of assistance below.

Section 3 DUPLICATION OF BENEFITS (DOB)

**NOTE:** Use this section to disclose all forms of assistance provided for damage or recovery resulting from Hurricane Irma (September 10, 2017). Information must be complete and as accurate as possible. The Rebuild Florida program will verify all information. It is important that the names and addresses of all providers are accurate in order to complete the application process. Your application may not be processed if the information provided cannot be verified.  
**Warning:** Any person who knowingly makes a false claim or statement to the State of Florida may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

\* Has assistance ever been provided to the applicant related to Hurricane Irma? Assistance includes money, loans, grants, scholarships, volunteer labor, materials, or other assistance provided related to damage or disaster recovery, including economic recovery.

Yes

**FEMA**  
Did you register for Federal Emergency Management Agency - Individual Assistance (FEMA-IA) assistance?

**HUD**  
Did you register for U.S. Department of Housing and Urban Development (HUD) Assistance?

**SBA**  
Did you apply for a Small Business Administration (SBA) Disaster Assistance Loan?

**USDA**  
Did you register for U.S. Department of Agriculture (USDA) Assistance?

**EDUCATION ASSISTANCE RECEIVED**  
Have you received any assistance relating to workforce training or educational tuition/fees/supplies from an educational institution, technical center, federal- or state-funded program, non-profit, or other entity?

**OTHER ASSISTANCE RECEIVED**  
Have you received any additional assistance from a Voluntary Organization Active in Disaster (VOAD), non-profit or other type of local organization?

Upload Required Documents Below



4. For each form of assistance, you are asked to select the checkbox if you registered, applied for, or received that type of assistance. When you select the checkbox to indicate that you registered, applied for, or received that type of assistance, additional questions for that type of assistance will be displayed. Complete the information for each type of assistance that applies to you. Once all information is complete in Section 3, click the 'Save' button to save the information you entered and continue.

FEMA

Did you register for Federal Emergency Management Agency - Individual Assistance (FEMA-IA) assistance?

\* If yes, list FEMA-IA Registration ID Number:

\* If yes, was FEMA IA assistance approved for the damaged property?

If yes, please attached a copy of your FEMA-IA registration and/or benefits letter.

\* Amount of FEMA-IA approved

\* Amount of FEMA-IA provided to-date

\* List any outstanding balance

\* If yes, was FEMA IA assistance used for costs relating to workforce training or educational tuition/fees/supplies?

If yes, what year(s) was this assistance received?

If yes, describe the purpose of assistance received (repairs, housing stipends, business assistance, etc.):



## Section 4: Document Requirements

Section 4 is where you will upload the required documents relating to your application. Documentation is not required to be provided in a specific format for upload.

Please be aware that once a file is uploaded into the application, it cannot be deleted. Applicants should verify the correct file before uploading.

1. Once you click the 'Section 4 Documentation Requirements' button, you will see a list of the required documentation that must be submitted to complete your application. The Application Documentation Checklist, a detailed list of document types that satisfy each criteria, is available to assist applicants in completing this section. The list of required documentation also includes certain forms specific to the WRTP. The Application Documentation Checklist and associated forms can be accessed on the WRTP webpage at [www.RebuildFlorida.gov](http://www.RebuildFlorida.gov).

### Section 4: Document Requirements

**NOTE:** *In order for the WRTP application to be complete, the following documents must be submitted to the Program.*

#### REQUIRED DOCUMENTATION

1. Applicant Identification
2. Proof of Current Address
3. Proof of Work Authorization
4. Documentation of all other forms of assistance (e.g. FEMA, SBA, workforce training, educational, VOAD, etc.)
5. Proof of Income for all adult (18 and over) household members
6. Consent and Release of Personal Information Form
7. Fraud Acknowledgement Regarding False or Misleading Statements Certification
8. If applicable, Verification of Disability Form
9. If applicable, Proof of status as a Veteran or active duty spouse or dependent

Forms listed above are available at [rebuildflorida.gov](http://rebuildflorida.gov). Please download and complete all applicable forms.

Completed forms and other required documentation should be uploaded below before the WRTP application is submitted. A program partner may contact you if any required documentation is incomplete or further documentation is required.

2. At the bottom of the page, click on the 'Upload Files' button and select the files you wish to upload from your device.

Upload Required Documents Below

Upload Files

Previously Uploaded



- Once a file is uploaded, it will be displayed in the 'Previously Uploaded' list.

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Upload Required Documents Below

Previously Uploaded

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Subrecipient Staff Certification.pdf

- After you have uploaded all the required documentation to support your application, check the 'Acknowledgement of Required Files' checkbox to confirm that you have provided the appropriate documentation, then click 'Save' to continue the application.

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Section 4: Document Requirements

**NOTE:** *In order for the WRTP application to be complete, the following documents must be submitted to the Program.*

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**REQUIRED DOCUMENTATION**

1. Applicant Identification
2. Proof of Current Address
3. Proof of Work Authorization
4. Documentation of all other forms of assistance (e.g. FEMA, SBA, workforce training, educational, VOAD, etc.)
5. Proof of Income for all adult (18 and over) household members
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9. If applicable, Proof of status as a Veteran or active duty spouse or dependent

Forms listed above are available at [rebuildflorida.gov](http://rebuildflorida.gov). Please download and complete all applicable forms.

Completed forms and other required documentation should be uploaded below before the WRTP application is submitted. A program partner may contact you if any required documentation is incomplete or further documentation is required.

\*Acknowledgement of Required Files





## Section 5: Certification

Section 5 requires the applicant, or the applicant's authorized representative, to sign the application.

1. Read and review the notices and certification statement. Once you understand the information, complete the 'Applicant Signature' by typing in your name. This signature field must be completed by the applicant or the applicant's authorized representative. The 'Date Certified' field will be automatically populated when Section 5 is saved. After the signature field is complete, click 'Save' to save the information you entered and continue.

Section 5 Applicant or Authorized Representative Certification

**NOTE:** *The applicant or authorized representative must read and sign the following certification.*

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**NOTICES**

**WARNING:** Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

**Notice of Electronic Capture and Storage of Data:** Electronic records will be collected and maintained by the REBUILD FLORIDA program and its subrecipients related to you and your household in order to process your application. This data will be maintained electronically in secured databases. Verifications of portions of the information you provide, or we obtain about you or your household may be conducted via automated systems.

**Release of Information:** Your signature and the signature of each of your household members who is 18 years of age or older is required on the Consent and Release of Personal Information Form. The release authorizes the REBUILD FLORIDA program and its subrecipients to obtain information from a third party related to your continued participation in the program.

**CERTIFICATION**

By submitting this application, I certify that to the best of my knowledge and belief, all information on or attached to this application is true, correct, and complete as of the date the application is submitted. I acknowledge that I am submitting this application in good faith. I acknowledge that any intentional or negligent misrepresentation contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation made on this application. Additional penalties may include criminal penalties, including, but not limited to, fine, imprisonment or both. Any false or fraudulent information provided on this application or in support of the application may be grounds for the program to terminate my application, deny eligibility, or require repayment of all or a portion of funds to the REBUILD FLORIDA program. I understand that any information I provide may be investigated.

\*Applicant Signature Date Certified

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Upload Required Documents Below



## Submitting the Application

1. When all sections of the application are successfully completed (displayed in green), the application can be submitted. The 'Submit' button on the application home page will be displayed as blue:

WORKFORCE RECOVERY TRAINING PROGRAM

### APPLICATION FOR ASSISTANCE

A screenshot of the application submission interface. It shows five green buttons stacked vertically, each representing a section of the application: "Section 1 Applicant Information", "Section 2 Household Information", "Section 3 Duplication of Benefits", "Section 4: Document Requirements", and "Section 5: Certification". Below these buttons is a blue "Submit" button, which is highlighted with a red rectangular border.

2. Click the 'Submit' button to submit the application. After clicking on the 'Submit' button, a success message will display at the top of the screen. You will also receive a confirmation email verifying submission of your application to the email address provided.



3. The application will now be locked to prevent any further changes. The application cannot be edited after submission. If you determine that any information you provided was inaccurate, contact the program partner you selected in your application for further assistance. Program partner contact information is provided at: [www.RebuildFlorida.gov](http://www.RebuildFlorida.gov).

- To view your submitted application, log in to your account using the registration information you provided. You can view your application by clicking the application number on the account home page.



[Only one application should be submitted per person.](#)

**Important note:** You may only submit one application under your username. To submit another application, please register with a new username.

WRTP Application Name	Application Submitted Date	Application Status
<a href="#">WAN-00077</a>	8/7/2020	Submitted