

Accessibility Services

Student Handbook

Office of Accessibility Services (OAS)

www.fgc.edu

Florida Gateway College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate and associate degrees. Florida Gateway College also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of Florida Gateway College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).



**FLORIDA GATEWAY
COLLEGE**

Phone: (386) 754-4393

Fax: (386) 754-4893

Table of Contents

Introduction	2
Purpose	2
Mission Statement	2
Office Hours	2
Location.....	2
Contact Information	2
Objectives.....	2
Confidentiality/Release of Information.....	2-3
Nondiscrimination and Equal Opportunity	3
Requesting Services at FGC	3-4
Student Rights	4
Student Responsibilities	4
Requesting Accommodations.....	5
The Accommodation Process.....	5
Self-Identification.....	5
OAS Application/Registration Process	5
Documentation Guidelines	5-6
Consideration for Approval.....	6
Grievance Procedure	6
Appendix A: Intake Forms (Sample)	7-14
Appendix B: Agencies Providing Services for Students with Disabilities	15-16

This handbook can also be found on the OAS web page. Due to necessary revisions that may occur throughout the academic year, this issue may become outdated without notification. Therefore, the current web page version is considered the official OAS handbook – it is found at <https://www.fgc.edu/students/office-of-accessibility-services/>

*Alternate Formats upon Request

Introduction

Purpose

This handbook is intended as a supplement to the College Catalog and Student Policies and Procedures Manual. It is provided generally for students' personal knowledge and information, but should not be construed as a legal document or contract, nor does it supersede applicable federal or state laws or College policies.

Mission Statement

To provide an accessible and inclusive educational environment for students with documented disabilities; promote independence and self-advocacy as a means to reaching their full potential; and, ensure compliance with all state and federal ADA laws and guidelines.

Office Hours

Monday through Friday 8:00am – 4:30pm

Location

Building 007, office next door to Test Center

Contact Information

Email: accessibility.services@fgc.edu

Phone: (386) 754-4215

FAX: (386) 754-4219

Objectives

The OAS team is committed to assisting students with disabilities in receiving services and accommodations so as to provide equal access to the educational programs, services and activities of Florida Gateway College. This will be accomplished by:

1. providing a consistent, objective and professional method of assessing reasonable accommodations based on the current documentation (within the last 2 years) of the student's disability.
2. ensuring the student is given the opportunity to meet the academic standards of the institution.
3. practicing the highest level of competency and integrity with respect to supporting a student's academic endeavors, especially when addressing the confidential nature of a student's disability.
4. continually participating in professional activities and educational opportunities designed to strengthen the personal, educational and vocational quality of life for students with disabilities. This includes the on-going development of strategies, skills, research and knowledge related to the delivery of quality service for student with disabilities.

Confidentiality/Release of Information

All documentation provided to the OAS will be strictly confidential. No information, except as provided by law, will be released to anyone, including parents, without the student's written consent (6Hx12:9-34).

The OAS requests permission to inform instructors of the accommodations needed by students with disabilities. Students may also sign an authorization to disclose form, giving a third party (i.e., parent, spouse, doctor,

agency, etc.) permission to contact college personnel to discuss the student's disability, accommodations and educational progress. In the absence of a written and signed authorization, college personnel are not required and in fact cannot initiate contact with a third party. Students wanting a copy of their documentation on file in the OAS will be required to sign a release of information form. If a request for a copy of documentation is made via fax, the student will need to fax a written/signed request, along with a copy of a photo ID (i.e., driver license or passport) and the address or fax number where documentation is to be sent.

Nondiscrimination and Equal Opportunity

Florida Gateway College, reaffirms its commitment to provide equal access and equal opportunity for all programs, services and activities offered by the College, without discrimination.

Discrimination on the basis of race, color, ethnicity, national origin, gender, religion, disability, age, marital status, genetic information, sexual orientation, pregnancy or any other legally protected status against a student, employee or applicant is prohibited.

Florida Gateway College affirms its Equal Access/Equal Opportunity Policy (6Hx12:6-07) in accordance with all applicable state and federal laws, regulations and rules.

The Equity Officer for the College is Cassandra Buckles, Executive Director of Human Resources, Building 001, Room 116, 149 SE College Place, Lake City, FL 32025. If you have any questions or desire further information, call (386) 754-4313.

Requesting Services at FGC

In order to provide reasonable accommodations to students with disabilities, Florida Gateway College requires voluntary self-identification of students with a documented disability. This information is kept confidential and is used to aid students in achieving their fullest potential while attending FGC. To ensure that services are available on the first day of classes, the student needs to make early contact with the OAS and provide all medical or psychological documentation supporting the request for accommodations.

Eligibility for Reasonable Accommodations

Florida Gateway College provides services to all qualified students with disabilities as defined by law.

No otherwise qualified individual with a disability shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. (Section 504 of the Rehabilitation Act of 1973 as amended, 29 U.S.C.§794).

A qualified* individual with a disability means:

...an individual who, with or without reasonable accommodations to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity. . . (Americans with Disabilities Act of 1990, 42 U.S.C.§12131 [Sec. 201.]

The definition of a disability includes a person who:

- has a physical or mental impairment which substantially limits one or more of such a person’s major life activities,
- has a record of such impairment, or
- is regarded as having such impairment (Section 504 of the Rehabilitation Act of 1973, 34 C.F.R. [Part 104])

*A “qualified” person with a disability is defined as “one with a disability . . .” who meets the academic and technical standards requisite to admission or participation in the... educational program or activity.” Section 504 of the Rehabilitation Act of 1973, 34 C.F.R. [Part 104])

Rights and Responsibilities Related to Students with Disabilities

Students have the right to:

- An equal opportunity to participate in and benefit from courses, programs, services, and activities offered through the College.
- An equal opportunity to learn, and to receive reasonable accommodations, academic adjustments, and/or auxiliary aids and services.
- Receive reasonable and appropriate accommodations and auxiliary aids and services determined on an individual basis through an interactive process and review of appropriate documentation.
- Confidentiality of all disability related information and to choose to whom, if anyone, outside of the college disability related information will be disclosed, except as disclosures are required/permitted by law.
- Information, reasonably available in accessible formats.
- Be free from discrimination, harassment or retaliation because of his or her disability.

Students have the responsibility to:

- Understand his or her own disability.
- Meet qualifications and maintain essential institutional standards of courses, services, and activities.
- Self-identify as an individual with a disability when an accommodation is needed, and to seek information, counsel, and assistance as necessary.
- Follow published procedures for obtaining information, services and reasonable accommodations.
- Participate in the interactive process, including assisting in identifying appropriate and effective auxiliary aids or other specific accommodations;
- Provide full and complete documentation from a qualified profession which meets the documentation requirements set forth below;
- Request necessary accommodations in advance of the need, or as soon as the need arises;
- Notify the OAS promptly of any concerns or difficulties in the receipt of accommodations;
- Notify the Accessibility Services Director promptly when there is a change in status as a student in the school or a change in the need for accommodations

Requesting Accommodations

The accommodation process includes three (3) steps:

1. The student confidentially self-identifies to the OAS as a student with a disability;
2. The student submits the required paperwork, including documentation supporting the disability and the need for accommodation; and
3. The student and Office of Disability Services engage in an interactive process where the student discusses their disability-related needs, including identifying auxiliary aids that may be effective, and making a specific request for accommodation.

Self-Identification

Students attending FGC must self-identify as an individual with a disability and must self-advocate for accommodations before the semester begins or as early as possible in the semester. Accommodations are not retroactive. Therefore, it is in the student's best interest to request any needed accommodations as soon as possible in order to have the maximum opportunity for equal access.

OAS Application/Registration Process

For non-dual enrollment students seeking accommodations, the student must have been granted admission to the college and have a student identification number.

Dual enrollment students seeking accommodations must be referred by the Director of Student Engagement.

Once these prerequisites have been met, to be eligible for reasonable accommodations, the student must provide the OAS with the following*:

- A completed Application for Services
- A completed Intake Packet
- Documentation verifying a disability (within the last 2 years) from a licensed or certified physician, psychiatrist, psychologist, school psychologist, audiologist or speech-language pathologist that demonstrates the student has physical, emotional or mental impairment(s) which limit(s) one or more major life activities.
- Meet with OAS coordinator to complete intake and your personal assessment review (PAR) listing your services, auxiliary aids and academic accommodations.

*See Appendix A

Documentation Guidelines

Documentation of a disability is needed to determine the impact of the disability and the type of services that can be provided. Documentation provided to support a request for services should be current and relevant to the accommodation request. Specifically, documentation provided to support a request for accommodations should include:

- Credentials of the diagnosing professional;
- A statement of diagnosis provided by an impartial qualified professional;
- A description of the diagnostic criteria, including procedures, assessments and/or diagnostic tests used to diagnose or identify the condition(s);

- A description of the extent and degree to which the condition interferes with one or more major life activities;
- A description of how the condition affects the student's ability to function in the academic environment;
- Identification of the accommodations the diagnosing professional believes the student will need to be successful, with supporting rationale for each recommended accommodation.

Students who are seeking accommodations for more than one disability must provide the necessary documentation for each impairment and the accommodation(s) requested related to that impairment.

Consideration and Approval of Accommodations

All accommodations that are reasonable and supported by appropriate documentation will be considered; requests for accommodations that fundamentally alter the nature of a course or program, that pose a direct threat to health or safety (of the student or others) that cannot be eliminated through the provision of reasonable accommodation or that impose an undue hardship on FGC will be declined.

Accommodations are either approved or declined after careful consideration and evaluation of the documentation and the ability to provide the requested accommodation within program requirements. There may be circumstances where alternative accommodations may be offered as part of the interactive process.

If an accommodation is granted, the student will receive a letter stating the accommodations that have been approved to give to the student's instructors.

If an accommodation is declined, the student will be provided with a written rationale for the denial, which will be placed in the student's file. The student will have the opportunity to seek review of this decision, if desired.

Grievance Procedure

FGC believes in the prompt and equitable resolution of complaints by students with disabilities concerning any issue of fair treatment, equal access, or the provision of reasonable accommodation. Any student who believes FGC has violated the ADA or Section 504, including complaints alleging retaliation for having complained of or opposed a violation of the ADA or Section 504, may use this Grievance Procedure.

Whenever possible, the student should attempt to resolve the complaint with the person(s) involved. However, a formal grievance can be made at any time, using the Grievance policy outlined in the Student Handbook. A formal grievance will be investigated promptly and a final determination issued for the resolution of the grievance.

At any time, though preferably after the student has attempted to resolve his or her complaint directly with FGC using the grievance process outlined above, a student may file a complaint with the Office of Civil Rights (OCR) of the United States Department of Education. A student seeking to file a complaint with OCR can find additional information at <https://www2.ed.gov/about/offices/list/ocr/docs/howto.html>

Appendix A – Required Forms for Intake



149 S.E. College Place Lake
City, FL 32025-2007

Accessibility Services Office

386.754.4393

Fax 386.754.4893

accessibility.services@fgc.edu

Instruction Sheet for Intake

The following are instructions for completing the enclosed documents. Please complete only the highlighted items on each form.

Reminder: These forms are required at your intake appointment.

1. Memorandum of Understanding
 - a. Please read the information and write down any questions you have.
 - b. Print, sign and date if you understand and agree to the items listed above.

2. Application for Services
 - a. Please fill out the student information.
 - b. When providing documentation for each disability requiring accommodations, please send us a recent doctor's note (dated within the last 3 years) or use the provided forms for your disability. If you need a new medical form or have the wrong one please notify the Accessibility Services Office.
 - c. Please list your disability(ies) and what accommodations you are requesting (requesting accommodations does not guarantee them).

3. Self-Disclosure Information Form
 - a. Print name and provide your student ID number (SID)
 - b. For "other health impairments", please include such things as seizures, diabetes, severe allergies, narcolepsy, special medical care, etc.
 - c. For "any aids", please indicate if there are any items that you may require, such as, wheelchair, hearing aids, medical pump, pacemaker, etc.
 - d. For impact, please provide any additional provide any additional information about yourself, your disability and how it affects you especially with regard to your academic needs.

4. National Voter Registration Act - Preference Form/Application
 - a. Respond to question #1: If you would like to apply to register to vote, check "Yes" or if you are already registered or do not wish to apply at this time, check "No".
 - b. Respond to question #2 only if you are already registered to vote. If you wish to update your information, check "Yes" or if you do not wish to update your information, check "No".
 - c. Sign and date in the Client space provided.

If you elected to register to vote or update your current information - complete the information requested on the back of the form.



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Memorandum of Understanding

As a student seeking services through the Accessibility Services Office (ASO) at Florida Gateway College,

- 1) I will consider the following information when requesting my accommodation and/or test letters to ensure timely delivery to my instructors **EACH TERM I AM TAKING CLASSES:**

For Fall, Spring, Summer A12*	
Request by:	Sent to student by:
▪ 20 days** prior to first day of classes	▪ First day of classes
▪ 19 - 1 day(s)** prior to first day of classes	▪ Fifth day of classes
▪ After first day of classes	▪ After fifth day of classes

*Contact ASO for mini-mester dates

**Calendar days

NOTE: Accommodations are not retroactive.

- 2) I will report any academic difficulties to the director as they occur in order to discuss whether additional assistance is needed. Always check with your instructor first as he/she may be able to offer additional suggestions and/or help.
- 3) I will take care of all equipment or resources loaned to me and return it in working order after my last final exam for the term. Failure to do so will result in being charged for the item(s) and grade reports will be withheld until payment is received.
- 4) I will contact the Accessibility Services Office by phone, email or in person by midterms of each semester with a status update on grades and how provided services are being used.
- 5) I will check with my academic advisor before dropping or withdrawing from a class.
- 6) Information regarding a student's disability provided to the Accessibility Services Office (ASO) is considered confidential and cannot be released to individuals or agencies outside the college without a student's signed consent. Disability records are covered under the Family Educational Rights and Privacy Act (FERPA). Under FERPA, information regarding a student's disability can be legally subpoenaed. It can also be released to Florida Gateway College administration if there is a threat to self or others or if there is a legitimate educational need to know.

I understand and agree to the items listed above.

Signature

Date

Print Name



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Lake City, FL 32025-2007

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Fax 386.754.4893
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Application for Services / Self Identification

Students requesting accommodations at Florida Gateway College must self-identify, submit qualifying documentation, and complete this application prior to meeting with the director of Testing & Accessibility Services. Completion of this form does not guarantee services. You will be contacted for an intake interview.

Student ID #: _____ Date: _____

Name: _____ Cell #: _____

Home / FGC email: _____

Emergency Contact Name: _____

Relationship: _____ Cell #: _____

Please provide documentation for each disability requiring accommodations.

Did you submit documentation of your disability including a diagnosis? Yes No

What is (are) your disability(ies)? _____

Based on your disability, which academic accommodations are you requesting, and why?

Classroom Accommodations: _____

Testing Accommodations: _____

What is your major/career pathway? _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Documentation complete	<input type="checkbox"/> Approved
<input type="checkbox"/> Documentation incomplete:	<input type="checkbox"/> Disapproved
<input type="checkbox"/> Intake interview (Date / time):	_____



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Self-Disclosure Information Form (1 of 2)

Student Information

Name: _____ **SID:** _____

Which semester are you requesting accommodations to start? Fall Spring Summer

Please indicate if you are a:

- | | |
|--------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Veteran / Active Duty Military / Reserves | <input type="checkbox"/> Vocational Rehabilitation student |
| <input type="checkbox"/> Dual Enrollment | <input type="checkbox"/> None of these |

Disability Information

What is your disability? _____

Other Health Impairment (i.e., diabetes, seizures, narcolepsy, severe allergic reactions): _____

Indicate any aid you may be using (i.e., wheelchair, hearing aid, medicine pump, pacemaker) _____

Impact:

Check all that are impacted as a result of your disability.

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Listening | <input type="checkbox"/> Meeting deadlines/due dates |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Making and keeping appointments |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Attending class regularly/on time |
| <input type="checkbox"/> Note-taking | <input type="checkbox"/> Organizational skills |
| <input type="checkbox"/> Computer use | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Sitting/Standing | <input type="checkbox"/> Social interactions |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Manipulating objects | <input type="checkbox"/> Processing information |
| <input type="checkbox"/> Managing internal distractions | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Managing external distractions | <input type="checkbox"/> Self-care |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Sleeping |



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Self-Disclosure Information Form (2 of 2)



Requested Accommodations:

Check accommodations you are requesting.

- Extended time on assignments/tests
 - Step-by-step instructions (oral / written)
 - Structured lists and schedules
 - Oral review of dates/assignments
 - Additional visual examples (PPT accessibility)
 - Relate new knowledge to previous knowledge
 - Minimize unnecessary classroom noise
 - Allow breaks
 - Alternate textbook format
 - Grammar/Spellchecker
 - Use of 4 function calculator
 - Formula sheets
 - Allow alternate methods of solving problems
 - Break down larger problems into smaller problems
 - Master one component of a problem before adding the next component
 - Other (explain): _____
- Alternate test format
 - Minimal/No distractions on testing
 - Use of highlighter / overlay
 - Use of scratch paper
 - Paper & pencil tests
 - Alternate test format
 - Captioning
 - Preferential seating
 - ASL interpreter
 - FM system
 - Service animal
 - Excused medical absences



FOR OFFICE USE ONLY

Autism Spectrum Disorder

Traumatic Brain Injury

Hearing Impairment

Learning Disability

Behavioral/Emotional/Psychological
Disability

Physical or Other Health
Disability

Speech Impairment

Visual Impairment

NATIONAL VOTER REGISTRATION ACT

Client's preference (check the box only in 1. or 2.)

If you do not check any box, it will be considered that you chose not to register or update your voter registration at this time.

1. If you are not registered to vote where you live now, would you like to apply to register to vote today?

Yes No, I decline

2. If you are registered to vote where you live now, would you like to update your voter registration record?

Yes No, I decline

CLIENT:

Name or identification number Data

OFFICIAL USE ONLY (check all that apply)

[Note: Only a client who is eligible can decline or accept an opportunity to register or update a record on his or her behalf]

1. Client applied for: New services/assistance
Renewal of services/assistance Address change

2. How client applied: In person By phone
At home Online/web service

3. Client: Submitted registration application.

Was sent form/application on ___/___/___ (date). Did not complete application/book form/initialiation

Preference form must be retained by agency for two years from dated form (DS-DE 77-ENG; rev. 11-2011)

=====Notice of Rights=====

Help: If you would like help in filling out your voter registration application, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

Benefits: If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

Privacy: Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.

Formal Complaint: If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Florida Secretary of State, Division of Elections, NVRA Administrator, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250. Forms for filing a complaint are available at <http://election.dos.state.fl.us/nvra/index.shtml> or call 1-850-245-6200

To Register to Vote in Florida, You Must:

- Be a U.S. citizen (a lawful permanent resident cannot register or vote)
- Be at least 18 years old (you may pre-register if you are at least 16 years old although you cannot vote until you are 18 years old)
- Be a Florida resident
- Have had your right to vote restored if you have ever been convicted of a felony
- Have had your right to vote restored if a court has ever declared you to be mentally incapacitated as to your right to vote.

If you do not meet these requirements, you are not eligible to register.

You Can Register to Vote at:

- Any Supervisor of Elections' office
- Any driver's license office or tax collector's office that issues driver's licenses
- Any voter registration agency (that is, any public assistance office, any office that provides services for persons with disabilities, any center for independent living, any armed forces recruitment office or any public library)
- The Division of Elections (Florida Department of State)

You Can Hand-in or Mail a Completed Application to Any of the Locations Listed Above

If mailing, mail with sufficient postage to:

Division of Elections
R.A. Gray Building
500 S. Bronough Street
Tallahassee, Florida 32399-0250

(contact information: 850-245-6200; <http://election.dos.state.fl.us>)

Your Supervisor of Elections will contact you if your application is incomplete, denied, or a duplicate. Once you are registered, you will receive a voter information card.

*****Turn Page Over for Registration Application*****

Application to Register in Florida		Part 1 - Instructions
<p>To Register in Florida, you must: Be a U.S. citizen, be a Florida resident and at least 18 years old (y ou may also pre-register if you are 16 or 17 years old but you cannot vote until you are 18).</p> <p>If you have ever been convicted of a felony or if a court has ever found you to be mentally incapacitated as to your right to vote, your right to vote has to be restored before you can register.</p> <p>If you do not meet any one of these requirements, you are not eligible to register.</p> <p>Where to Register: You can register to vote in-person or by mailing or hand-delivering your application to any supervisor of elections' office, any office that issues driver's licenses, a ou voter registration agency (for example, any public assistance office, assisted living facility, office serving persons with disabilities, public ou library, or armed forces recruitment office) or the Division of Elections. If mailing application, be sure to add sufficient postage.</p> <p>Deadline to Register: The deadline to register to vote is 29 days before an upcoming election. You can update your registration record at any time, but to change your political party for a primary election, you must make the change by the registration deadline. For a new application, you will be contacted if your application is incomplete, denied or a duplicate of an existing registration. If you receive a voter information card, that means you are registered to vote.</p>	<p>Identification (ID) Requirements: If you are a new applicant, state and federal law require you to provide a current and valid Florida driver's license number (FL DL#) or Florida Identification card number (FL ID#). If you have not been issued a FL DL# or FL ID#, you must then provide the last four digits of your Social Security Number (SSN). If y ou have not been issued any of these ID numbers, check "None" on the application. I f you do not provide any number or do not c heck "None," your registration may be denied. See s.303, HAVA and section 97.053(6), Fla. Stat.</p> <p>Special ID requirements: If you are registering by mail, have never voted in Florida, and have never been issued one of the ID numbers above, you must include with your application, or at a later time before you vote, one of the following:</p> <ul style="list-style-type: none"> • A copy of an ID that shows your name and photo (acceptable IDs)—U.S. Passport, debit or credit card, military ID, state of ID, retirement center ID, neighborhood association ID, or public assistance ID; or • A copy of an ID that shows your name and current residence address (acceptable documents)—utility bill, bank statement, government check, paycheck, or oth er government document. <p>You do n ot have to provide the special ID to register if you are 65 or older, have a temporary or permanent physical disability, are a member of the active uniformed services or merchant marine who is absent from the county for active duty, or a family member t hereof, or are currently living outside the U.S. but eligible to vote in Florida.</p>	<p>Political Party Affiliation: Florida is a closed primary election state. That means voters registered with a po litical party can only vote for that party's candidates in a partisan race on a primary election ballot. However, regardless of the political party with which you registered, you can still vote in the primary election on any issue, any nonpartisan race or any race where the candidate will face no opposition in the general election.</p> <p>Indicate the political party with which you wish to be registered. If you leave the political party affiliation box blank or w rite "None," you will be registered without any party affiliation. For a list of political parties registered in Florida, go to the Division of Elections' website under the heading For the Voters at: http://election.dos.state.fl.us/</p> <p>Race/Ethnicity: You are not required to list your race or ethnicity. However, if you choose to do so, please choose only one of the following: American Indian/Alaskan Native, Asian/Pacific Islander, Black (Not Hispanic) Hispanic, Multi-racial, White (Not Hispanic), or Other.</p> <p>Public Record Notice: This application becomes a public record when filed. However, the following information is not available to the public and is used only for v oter registration purposes: your FL DL#, FL ID# and SSN, where y ou registered to vote, and whether you declined to r egister or update your voter registration record when asked by a voter registration agency. Your signature can be viewed but not c opied. (Section 97.0565, Fla. Stat.)</p> <p>Criminal Offense: It is a 3rd d egree felony to submit f alse information. Penalties include fines up to \$5,000 and/or up to 5 years of prison.</p> <p>Questions: For more information, contact your local supervisor of elections, or refer to the Division of Elections' website at: http://election.dos.state.fl.us/.</p> <p>Información en español: Si desea votar a la oficina del supervisor de elecciones de su condado o le interesa obtener esta información en español.</p>
Application To Register in Florida		Part 2 - Form (national mail-in application)

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.										
1	Last Name	First Name	Middle Name(s)									
2	Home Address	Apt. or Lot #	City/Town State Zip Code									
3	Address Where You Get Your Mail If Different From Above		City/Town State Zip Code									
4	Date of Birth Month Day Year	5 Telephone Number (optional)	6 ID Number - (See item 6 in the instructions for your state)									
7	Choice of Party <small>(see item 7 in the instructions for your State)</small>	8 Race or Ethnic Group <small>(see item 8 in the instructions for your State)</small>										
9	I have reviewed my state's instructions and I swear/affirm that: <ul style="list-style-type: none"> ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States. <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div> Please sign full name (or put mark) ▲ Date: <input style="width: 100px;" type="text"/>											
If this application is for a change of name , what was your name before you changed it?												
A	Last Name	First Name	Middle Name(s)									
If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?												
B	Street (or route and box number)	Apt. or Lot #	City/Town/County State Zip Code									
If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.												
C	<ul style="list-style-type: none"> ■ Write in the names of the crossroads (or streets) nearest to where you live. ■ Draw an X to show where you live. ■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 2px;">Example</td> <td style="width: 10%; border: 1px solid black; text-align: center; vertical-align: middle;">Route</td> <td style="width: 60%; border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Public School ●</td> <td style="width: 50%; border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Grocery Store ●</td> <td style="width: 50%; border: 1px solid black; padding: 2px;">Woodchuck Road</td> </tr> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;"></td> <td style="width: 50%; border: 1px solid black; padding: 2px; text-align: center;">X</td> </tr> </table> </td> </tr> </table> </td> </tr> </table> </div> <div style="text-align: right; margin-top: 10px;"> NORTH ↑ </div>			Example	Route	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Public School ●</td> <td style="width: 50%; border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Grocery Store ●</td> <td style="width: 50%; border: 1px solid black; padding: 2px;">Woodchuck Road</td> </tr> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;"></td> <td style="width: 50%; border: 1px solid black; padding: 2px; text-align: center;">X</td> </tr> </table> </td> </tr> </table>	Public School ●	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Grocery Store ●</td> <td style="width: 50%; border: 1px solid black; padding: 2px;">Woodchuck Road</td> </tr> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;"></td> <td style="width: 50%; border: 1px solid black; padding: 2px; text-align: center;">X</td> </tr> </table>	Grocery Store ●	Woodchuck Road		X
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Grocery Store ●	Woodchuck Road											
	X											
If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).												
D												

SAW

Appendix B

Agencies Providing Services for Students with Disabilities

Camp Challenge

Offers: Camping activities for children and adults with disabilities.

Location: 31600 Camp Challenge Road, Sorrento, FL 32776 Contact: (352) 383-4711,

<https://www.easterseals.com/florida/> or <https://www.easterseals.com/florida/our-programs/camping-recreation/camp-challenge.html>

CARC-Advocates for Citizens with Disabilities, Inc.

Offers: CARC's services include advocacy for citizens with disabilities, adult day training, residential habilitation, respite care, supported employment services, transportation, in-home support, and personal care assistance and transition services via Columbia County School System. Serves: Columbia County

Location: 512 SW Sisters Welcome Road, Lake City, FL 32025 Contact: (386)752-1880 or

<http://www.lakecity-carc.com/>

Center for Independent Living of North Central Florida

Offers: Services offered include advocacy, information and referral, independent living skills, peer support, and transition.

Location: 222 SW 36th Terrace, Gainesville, FL 32607 Contact: (800) 265-5724; (352) 378-7474

or <http://www.cilncf.org/>

Children's Medical Services (CMS)

Offers: CMS is a collection of programs for eligible children with special needs. Each program is family-centered and designed to help children with a variety of conditions and needs. (Division of Children's Medical Services, FL Dept. of Health)

Location: FL Dept. of Health, Children's Medical Services Managed Care Plan Gainesville Headquarters, 1329 SW 16th St., Rm 4160, Gainesville, FL Contact: (800) 334-1447 or <http://www.cms-kids.com/> for more info.

Comprehensive Community Services

Offers: Home care and companion services for seniors

Serves: Suwannee County Location: 511 Goldkist Blvd. Southwest, Live Oak, FL 32064 Contact: (386) 362-7143

Disability Rights of Florida

Offers: Free and confidential services to Floridians with disabilities. Disabilities Rights Florida is a nonprofit organization that provides legal advocacy and rights protection for adults and children with a wide range of disabilities. Staff, attorneys, advocates, and investigators address civil rights violations, abuse and neglect, and discrimination.

Location: Disability Rights Florida, 2473 Care Dr., Ste. 200, Tallahassee, FL 32308 Contact: (800) 342-0823 or

<https://disabilityrightsflorida.org/>

Florida Division of Blind Services

Offers: Diagnostic, instructional and technology support services to district exceptional education programs and families of student with disabilities. The Florida Division of Blind Services helps blind and visually impaired individuals achieve their goals and their lives with as much independence and self-direction as possible.

Location: Div. of Blind Services, 3620 NW 43rd St., Ste. C, Gainesville, FL 32606-8100 Contact: (352) 955-2075, (800) 443-0908 or <http://dbs.myflorida.com/Information/contactgainesville.html>

Florida Diagnostic and Learning Resources System (FDLRS)

Offers: Diagnostic, instructional and technology support services to district exceptional education programs and families of student with disabilities.

Location: FDLRS/ CROWN-JAX, 1531 Winthrop Street, Jacksonville, FL 32206 FDLRS - MICCOSUKEE, 725 S Calhoun St., Tallahassee, FL 32301 Contact: (850) 561-6545 or <https://www.fdlrs.org/>

Henry and Rilla White Youth Foundation, Inc.

Offers: Speech and language therapy services, mental health counseling, substance abuse intervention for troubled youth and families

Location: 2833 Remington Green Cir, Tallahassee, FL 32308 Contact: (850) 922-8375 or <http://www.hrwhite.org/>

SEDNET (Students with Emotional / Behavioral Disabilities Network)

Offers: SEDNET works with education, mental health, child welfare, and juvenile justice professionals along with other agencies and families to ensure that children with mental, emotional and behavioral problems, and their families, have access to the services and supports they need to succeed.

Location: 372 W. Duval, Lake City, FL 32055 Contact: Dana Huggins, (386) 755-8191, hugginsd@columbiak12.com or <http://sednetfl.info/>

The Arc of North Florida

Offers: This is a membership organization-providing advocacy, employment training and living services for people with disabilities. Serves: Columbia, Hamilton, Lafayette, and Suwannee counties.

Location: 511 Goldkist Blvd. SW, Live Oak, FL 32064 Contact: (386) 362-7143 or <http://www.arcnfl.com/>

Vocational Rehabilitation

Offers: VocRehab offers career assistance for people who have physical or mental disabilities throughout Florida; to help people with disabilities find and maintain employment and enhance their independence.

Location: FL DOE, Division of Vocational Rehabilitation, Tallahassee, FL 32399-0400 Contact: (800) 451-4327 or <http://rehabworks.org/>