



REEMPLOYMENT ASSISTANCE PROGRAM
PO BOX 5250
TALLAHASSEE, FL 32314-5250

Ron DeSantis
Governor

Ken Lawson
Executive Director



*107880417 *

Carrassi, Donato A.
7027 Chatum Light Run
Bradenton, FL 34212

Claimant ID: 7414541
Claim ID: 202001
Claim Submit Date: 6/5/2020A

The following is a summary of your entries during this Reemployment Benefit Application process:

Initial Questions

Did you or will you work full time from 5/31/2020 to 6/6/2020?	N
Did you or will you work and earn at least \$275.00 from 5/31/2020 to 6/6/2020?	N
Are you Employed in Florida (excluding military and federal civilian employment)?	Y
Are you Employed in State other than Florida (excluding military and federal civilian employment)?	N
Are you Employed by the Military in Active Duty?	N
Are you Employed as a Federal Civilian Employee?	N
Have you not been employed since ?	N
Since 5/24/2019, have you applied for unemployment benefits from a state other than Florida?	N
Are you filing from Florida?	Y
If you are not filing from Florida, select the state from which you are filing?	
Please select the location from where you are filing this application.	Home
If you selected 'Other', please type your location.	

National Emergency

Are you filing because your employment was impacted by COVID-19?	Y
The county in which you worked, were scheduled to work, or the county you were prevented from traveling through in order to reach your place of employment:	Hillsborough

Claimant Authentication Information

Social Security Number:	***-*2-2708
Birth Date:	8/19/1990

First Name (as it appears on your Social Security card):	Donato
Middle Name:	A
Last Name (as it appears on your Social Security card):	Carrassi
Suffix:	
Since did you work by another name?	N
Other First Name, if any (Name under which you worked):	PEGA Import Date:
Other Middle Name:	
Other Last Name (Name under which you worked):	5/18/2020 1:57:59 AM
Do you have a valid Driver's License?	Y
Issuing State:	FL
Driver's License Number:	c620160902990
If you do not have a valid Driver's License, do you have a state identification card?	N
Issuing State:	
Identification Card Number:	

Contact Information**Residential Address**

Address Line 1	7027 Chatum Light Run
Address Line 2	
City, State Zip	Bradenton, FL 342127011

Mailing Address

Address Line 1	7027 Chatum Light Run
Address Line 2	
City, State Zip	Bradenton, FL 342127011

Telephone Numbers

Do you have a telephone number?	Y
Home Number:	
Cell Number:	9414483017
Other:	
International:	

Correspondence Preference

How would you like to receive your correspondence?	Email
Email address:	dcarrassi@outlook.com

Language Preference:

English

Proactive Notifications

You have selected to receive Proactive Notifications in the form of "SMS/Text Messages" using SMS/TXT Number:(941)-448-3017

Activate Text Alerts Regarding Your Florida Reemployment Assistance (RA) Claim.

RA Text Alerts includes notice of events, status changes, and other available actions* I understand that by participating, I consent to receive SMS and MMS text messages sent by an automatic telephone dialing system regarding my RA Claim. These include but are not limited to: reminders such as when to request benefits, notice of payments and alerts on actions needed or determinations made on your claim, up to 10 messages per month.

☒ Yes

☐ No

MESSAGE AND DATA RATES MAY APPLY. CHECK WITH YOUR SERVICE PROVIDER.

I understand that I am responsible for all charges associated with sending or receiving text messages from connect the RA program, according to my cellular plan, the RA program is not liable for any increases in my cell phone bill that may result from text messages I receive. I also understand that my email will not be shared with third parties and that I can opt-out at any time by replying STOP to any text I receive.

☒ Yes

☐ No

I confirm that the cell phone number I provided is registered to me and I explicitly give permission to use my cell phone number to receive SMS and MMS text messages from the RA program.

☒ Yes

☐ No

Personal Information

Ethnic Heritage:	Hispanic or Latino
Race:	White
Highest level of education completed:	3 years of College
Do you have a disability?	No
Are you a U.S. citizen?	N

Work Authorization Information

Which work authorization cards or documents do you have?	551P
Alien Registration Number:	097942486
Expiration date (as shown on your card or document):	6/26/2026
Country of origin:	VE
Passport number:	147761648
Country that issued your passport:	VE
I-94 Number:	
I-551 Receipt Number:	IOE0603066629
SEVIS ID number:	

Occupational Information

Job title:

Solar Energy Installation
Mana

Tax Withholding Information

Reemployment Assistance benefits are fully taxable if you are required to file a tax return.

Public Law 103-465 requires the Department of Economic Opportunity to deduct and withhold federal income tax from Reemployment Assistance if an individual receiving those benefits voluntarily requests such deduction and withholding. You may request a withholding deduction equal to 10% of your weekly assistance for federal income taxes.

A statement, Form 1099-G, will be furnished to you at the end of January stating the amount of benefits paid and withheld during the prior year. The same information will be transmitted to the Internal Revenue Service (IRS).

The income taxes deducted are held in trust for the U.S. Government. All refunds must be obtained from the IRS on any overpayment of income taxes.

The department is not responsible for refunding withheld taxes.

It may be necessary for you to make estimated tax payments. For more information on when these payments should be made, refer to the IRS publication titled "Tax Withholding and Estimated Tax" or contact the Internal Revenue Service. PLEASE DIRECT ALL QUESTIONS CONCERNING YOUR INCOME TAX LIABILITY TO THE INTERNAL REVENUE SERVICE.

Do you want federal taxes withheld from any reemployment assistance payable to you?

- ☐ I hereby authorize the Department of Economic Opportunity NOT to deduct and withhold federal income tax from my reemployment assistance.
- ☒ I hereby authorize the Department of Economic Opportunity to deduct and withhold federal income tax from my reemployment assistance benefits.

Verify your identity by entering your

* Social Security Number: ***-*2-2708

☒ I certify that I am making the above choice regarding my federal income tax withholding status

Payment Options

How would you like your benefits paid?

Direct Deposit

Florida Employment Information

Employer Legal Name:

KAJO VENTURES
INC.

Employer Doing Business As (DBA) Name:

CPR SARASOTA

Employer Legal Address:

2831 UNIVERSITY
PKWY
SARASOTA, FL
342434201

Employer Physical Address:

,

Employer Phone Number:

9419142069

Employment Start Date:

Employment End Date:

Have you had multiple periods of new employment with this employer since ?

Were your total gross wages at least \$4,675.00 during this period of employment?

Total gross wages for the total period of your employment.

Are you considering working on-call for this employer?

Did you work full time for this employer?

Are you an officer of a corporation?

Are you a sole proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole proprietorship and/or partnership at this company?

Are you a school employee?

Did you work for a private company and as part of your work did you provide services to a school or other educational institution? For example, you drove a school bus, but you were not a school board employee.

Reason For Separation from this Employer:

Return to Work Information

Are you scheduled to return to work for this employer?

The date you will return to work:

Have you received or will you receive vacation or holiday pay for any of the period you are unemployed?

Florida Employment Information

Employer Legal Name:

FRANKCRUM 12 INC

Employer Doing Business As (DBA) Name:

Employer Legal Address:

100 S MISSOURI AVE
CLEARWATER, FL
337565763

Employer Physical Address:

,

Employer Phone Number:

7277991229

Employment Start Date:

Employment End Date:

Have you had multiple periods of new employment with this employer since ?

Were your total gross wages at least \$4,675.00 during this period of employment?

Total gross wages for the total period of your employment.

Are you considering working on-call for this employer?

Did you work full time for this employer?

Are you an officer of a corporation?

Are you a sole proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole proprietorship and/or partnership at this company?

Are you a school employee?

Did you work for a private company and as part of your work did you provide services to a school or other educational institution? For example, you drove a school bus, but you were not a school board employee.

Reason For Separation from this Employer:

Return to Work Information

Are you scheduled to return to work for this employer?

The date you will return to work:

Have you received or will you receive vacation or holiday pay for any of the period you are unemployed?

Florida Employment Information

Employer Legal Name:	US SOLAR SQUARED, LLC
Employer Doing Business As (DBA) Name:	US SOLAR
Employer Legal Address:	2732 BROADWAY CENTER BLVD BRANDON, FL 335102583
Employer Physical Address:	,
Employer Phone Number:	8135460007
Did you work for this employer?	Y
Employment Start Date:	11/01/2018
Employment End Date:	02/01/2020
Have you had multiple periods of new employment with this employer since ?	N
Were your total gross wages at least \$4,675.00 during this period of employment?	Y
Total gross wages for the total period of your employment.	\$50200
Are you considering working on-call for this employer?	N
Did you work full time for this employer?	Y
Are you an officer of a corporation?	N
Are you a sole proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole proprietorship and/or partnership at this company?	N
Are you a school employee?	N

Did you work for a private company and as part of your work did you provide services to a school or other educational institution? For example, you drove a school bus, but you were not a school board employee. N

Reason For Separation from this Employer: Layoff

Return to Work Information

Are you scheduled to return to work for this employer? N

The date you will return to work:

Have you received or will you receive vacation or holiday pay for any of the period you are unemployed? N

Fact-Finding Questionnaires

Completed fact-findings can be accessed through your inbox. To go to your inbox, login to your account after submitting the claim and select the Inbox link.

Military Service Information

Branch of Military Service:

Military Service Start Date (Line 12a on DD214):

Military Service End Date (Line 12b on DD214):

Have you applied for or are you receiving from the Veteran's Administration a subsistence allowance for the vocational rehabilitation training?

Have you applied for or are you receiving from the Veteran's Administration a war orphan's or widow's educational assistance allowance?

Self-Employment Information

Business Name: Donato Carassi

Business Address: 7027 Chatum Light Run
Bradenton, FL
342127011

Physical Address:

,

Employment Start Date: 02/15/2020

Employment End Date: 04/03/2020

Have you had multiple periods of self-employment since ? N

Were your total gross wages at least \$4,675.00 during this period of employment? Y

Total gross wages for the total period of your employment: \$9,000.00

Do you own this business?	N
If no, did you or will you receive a 1099 for this work?	Y
Are you still working in this self-employment?	N
If no, why are you no longer working?	

Eligibility Information

Are you enrolled in or attending school?	N
Have you refused or turned down any specific job offer since you became unemployed?	N
Since you became unemployed, were you referred to a job by a WORK Source One-Stop Career Center and refused/failed to accept the referral?	N
Did you perform services as a professional athlete for any employer since ?	N
Have you applied for or are you receiving payments from a pension fund, annuity fund, or retirement account other than Social Security?	N
Have you applied for or are you receiving Workers' Compensation that is classified as Temporary Total?	N
Have you applied for or are you receiving Workers' Compensation that is classified as Permanent Total?	N
Have you received or will you receive severance pay, wages in lieu of notice, or any other separation payments in connection with a separation from employment that occurred after ?	N
Are you seeking only part-time work?	N
Are you a member in good standing of a labor union which requires that you seek work through their hiring hall?	N
Union Name:	
Hiring Hall Number:	
Phone Number:	

Have you accepted a job offer with a new employer?	N
The date that you will begin working:	N/A
Have you worked and earned \$0.00 since ?	

Fact-Finding Questionnaires

Completed fact-findings can be accessed through your inbox. To go to your inbox, login to your account after submitting the claim and select the Inbox link.

Certifications

- ☒ I understand that Florida law requires me to register with Workforce Services via Employ Florida Marketplace to continue my eligibility for benefit payments. A link will be provided to me after I have submitted my application and will also be available on my account home page should I wish to complete it later. I understand that payment of my claim will be delayed or denied if I do not complete my registration with Workforce Services prior to requesting my benefit payments for the first time.
- ☒ I understand that I will be notified if I am required to attend a One-Stop Career Center Seminar. Failure to attend by the given date may result in a delay or loss of my unemployment benefits. If a One-Stop Career Center gives me a job referral, I understand that failure to pursue this referral may result in a loss of unemployment benefits.
- ☒ I understand that if I am eligible for benefits in another state that I will not be able to receive Pandemic Unemployment Assistance (PUA) benefits in Florida, unless it has been determined that I do not qualify for Unemployment Insurance benefits in any other state(s).
- ☒ I understand the following:
 - o I am required to request benefit payments for each week I wish to receive benefits.
 - o The first week of a new benefit year for which I would be eligible to receive unemployment benefits will be an unpaid waiting week.
 - o If there is a pending issue or appeal on my claim, I must continue requesting benefit payments in order to be paid for those weeks if I am later determined to be eligible.
- ☒ I understand that if I do any work, including military reserve drill pay or self-employment, I must report the total wages earned (before taxes), whether or not I have been paid when I request benefit payment for that week.
- ☒ I understand I will be required to submit a minimum of five (5) work search contacts or the details of a One-Stop Career Center visit when I request benefit payments. Each week I will be required to submit the:
 - o Date of contact
 - o Method of contact
 - o Business name, telephone number, website name/URL or email address
 - o Result of each contact
 - o Type of work sought
- ☒ I have answered all questions fully and truthfully. I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility requirements

By submitting this application, I acknowledge that I am filing this application for reemployment assistance for myself and that all information provided is complete and accurate to the best of my ability; I further understand that knowingly making a false statement or representation or knowingly failing to disclose a material fact can be prosecuted as a third degree felony pursuant to section 443.071, Fla. Stat.

Florida Reemployment Assistance Way2Go Debit Card Fee Schedule

Below are the Debit Card Fee schedules you have reviewed and acknowledged. Depending on the Florida Reemployment Assistance Way2Go Debit Card services you utilize, you may be responsible for these fees.

Florida Reemployment Assistance Prepaid Card issued by Comerica

You have several options to receive your payments: direct deposit to your bank account; direct deposit to your own prepaid account; or this prepaid card.
You do not have to accept this prepaid card.
Ask about other ways to receive your funds.

Monthly fee \$0	Per purchase \$0	ATM withdrawal \$0 (in-network) \$1.90 (out-of-network)	Cash reload N/A
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ATM balance inquiry (in-network or out-of-network)	\$0 or \$0.75
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Customer service (automated or live agent)	\$0.50*
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Inactivity	\$0
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We charge 2 other types of fees. Here they are.

Card replacement (regular or expedited delivery)	\$4* or \$18.50*
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Over the counter teller cash withdrawal	\$3.00*
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* This fee can be lower depending on how and where this card is used. See separate disclosure for ways to access your funds and balance information for no fee. You are allowed one regular card replacement for no fee per benefit period.

No overdraft/credit feature

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid.

Find details and conditions for all fees and services in the cardholder agreement.



I have reviewed the Florida Reemployment Assistance Way2Go Debit Card Fee Schedule and understand that if I choose Florida Reemployment Assistance Way2Go Debit Card as my payment method and use the above services that I will be responsible for any fees charged for those services.

List of all fees for Florida Reemployment Assistance Way2Go Card Prepaid Card

All Fees	Amount	Details
Get Started		
Card purchase	\$0	There is no fee to obtain a Card account.
Spend money		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or PIN number.
Get Cash		
ATM Withdrawal (in-network)	\$0	There is no fee for in-network ATM withdrawals conducted at Comerica and MoneyPass ATM locations. In-network refers to Comerica and MoneyPass ATM locations. In-network locations can be found at https://locations.comerica.com/ and moneypass.com/atm-locator.html . When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
ATM Withdrawal (out-of-network)	\$1.90	This is our fee. "Out-of-network" refers to all ATMs outside of the MoneyPass or Comerica Bank ATM Network. You will be assessed a fee for each ATM withdrawal conducted at an out-of-network ATM. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
Teller-assisted cash withdrawals (OTC)*	\$3.00	This is our fee. You are allowed one (1) withdrawal per deposit for no fee at Mastercard Member Bank or Credit Union teller windows. Each additional withdrawal will be assessed the fee.
Information		
Customer service (automated or live agent)*	\$0.50*	You are allowed five (5) calls to Customer Service Interactive Voice Response (IVR) or live agent for no fee each month to check your balance or hear your transaction history. Each additional call will be assessed the fee.
ATM balance inquiry (in-network)	\$0	There is no fee for ATM balance inquiries conducted at MoneyPass and Comerica Bank ATM networks.
ATM balance inquiry (out-of-network)	\$0.75	This is our fee. Each ATM balance inquiry conducted at an out-of-network ATM will be assessed a fee.
Using your card outside the U.S.		
International transaction fee	3%	Conversion rate is a Mastercard fee for each transaction amount conducted outside of the U.S.
Other		
Card replacement	\$4	You are allowed one (1) card replacement for no fee per benefit period. Each additional card replacement request will be assessed a fee. Cards are sent via regular mail. Standard delivery is 7 to 10 calendar days.
Expedited card delivery	\$14.50	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee, in addition to any applicable card replacement fee. Expedited card delivery can be expected within 3 to 5 calendar days.
Funds transfer via Interactive Voice Response (IVR-phone) or web portal	\$0.00	There is no fee for you to transfer funds from your card account to a U.S. bank account owned by you.
<p>* "No Fee" transactions expire at the end of each calendar month if not used.</p> <p>Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details.</p> <p>No overdraft/credit feature.</p> <p>Contact Go Program Customer Service by calling 1-833-888-2780, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.com.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid.</p> <p>If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.</p>		