

TIME AND DATE: 10:00 a.m., April 23, 2002
 PLACE: Department of Health, 4025 Esplanade Way, Room 125-N, Tallahassee, FL
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Bob Peck, Bin A-13 (HSFFM), 4052 Bald Cypress Way, Tallahassee, FL 32399-1723, telephone (850)245-4444, Ext. 2965

THE FULL TEXT OF THE PROPOSED RULES IS:

64F-6.007 Non-public Schools.

Specific Authority 402.32(8) FS. Law Implemented 402.32(5)(r),(6) FS. History—New 3-10-85, Formerly 10D-84.20, Amended 4-6-94, 4-25-96, Formerly 10D-84.020, Repealed.

64F-6.008 Supplemental School Health Services.

Specific Authority 402.321(7) FS. Law Implemented 402.321 FS. History—New 4-6-94, Amended 4-25-96, Formerly 10D-84.021, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Bob Peck, Bin A-13 (HSFFM), 4052 Bald Cypress Way, Tallahassee, FL 32399-1723, Telephone (850)245-4444, Ext. 2965

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Annette Phelps, Director, Family Health Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 1, 2002

Section III

Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF STATE

Division of Elections

RULE NOS.:	RULE TITLES:
1S-1.001	Numbering System
1S-1.002	Style and Form for Filing Rules; Certification Accompanying Materials
1S-1.003	Florida Administrative Weekly (FAW)

NOTICE OF CHANGE

Notice is hereby given that the hearing date for the above proposed rules published in the March 1, 2002, Vol. 28, No. 9, issue of the Florida Administrative Weekly has been rescheduled as follows:

TIME AND DATE: 10:00 a.m. – 12:00 Noon, April 16, 2002
 PLACE: The Ralph D. Turlington Florida Education Center, Room 1721/1725, 325 West Gaines Street, Tallahassee, FL 32301

DEPARTMENT OF STATE

Division of Elections

RULE NO.:	RULE TITLE:
1S-2.029	Eligibility for Late Registration by Overseas Voters

NOTICE OF CHANGE

Notice is hereby given that proposed Rule 1S-2.029, F.A.C., published in the Florida Administrative Weekly, Pages 735-737, Vol. 28, No. 7, on February 15, 2002, has been changed to reflect comments received from the Joint Administrative Procedures Committee. Changes were made to Rule 1S-2.029, F.A.C., so that it now reads:

1S-2.029 Eligibility for Late Registration by Overseas Voters.

(3) An individual who has been discharged or separated from the uniformed services must:

(a) Provide one of the following pieces of documentation:

1. Certificate of Release or discharge from Active Duty (DD form 214, eff. 2/00), which is hereby incorporated by reference and available from the Department of Defense; or

2. Military Permanent Change of Station Orders to home of record while awaiting a DD Form 214.

(b) In addition to the information provided in (a), an individual who has been discharged or separated from the uniformed services must complete the following form oath and this form must indicate that the individual was discharged or separated during the period the books were closed for the election:

~~Oath of Individual Separated or Discharged from the Uniformed Services~~

~~Under penalty of perjury, I _____, hereby swear or affirm that I was discharged or separated from the (branch of service) on (date).~~

Name of applicant: _____

Address of applicant: _____

Branch of Service: _____

Date of Discharge or Separation: _____

Pursuant to s. 837.06, F.S., any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree.

Signature of applicant voter: _____

Address of voter: _____

~~Sworn to and subscribed before me this _____ day of _____, 20__.~~

~~Signature of Supervisor of Elections or deputy supervisor:~~ _____

(4) An individual who has been employed in the Merchant Marine must provide documentation showing evidence of being employed in the Merchant Marine and must complete the form oath as provided in (6).

(5) An individual who has left employment outside the territorial limits of the United States must provide a valid passport showing the date of re-entry into the United States, which date must be during the period the books were closed for the election, and must complete the form oath as provided in (6).

(6) ~~Oath of Individual Employed Outside the United States or in the Merchant Marine.~~

~~Under penalty of perjury, I _____, hereby swear or affirm that I was employed outside the territorial limits of the United States or in the Merchant Marine and that my last day of employment was _____. The following is the information regarding my previous employer:~~

~~Name of applicant: _____~~

~~Address of applicant: _____~~

~~Name of employer: _____~~

~~Address of employer: _____~~

~~Telephone Number of employer: _____~~

~~Last date of employment: _____~~

~~Pursuant to s. 837.06, F.S., any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree.~~

~~Signature of applicant voter: _____~~

~~Address of voter: _____~~

~~Sworn to and subscribed before me this _____ day of _____, 20____.~~

~~Signature of Supervisor of Elections or deputy supervisor: _____~~

(7) A family member accompanying an individual who was discharged or separated from the uniformed services must provide a copy of the information required of the individual pursuant to (3)(a) and complete the following form oath:

~~Oath of Family Member (Uniformed Service)~~

~~Under penalty of perjury, I _____ swear or affirm that (name of individual discharged or separated from the uniformed services) was discharged or separated from (branch of service) on (date); that my relationship to this individual is _____; and that I was accompanying this individual immediately prior to his/her discharge or separation.~~

~~Name Signature of applicant family member: _____~~

~~Address of applicant family member: _____~~

~~Name of family member discharged or separated from the uniformed services: _____~~

~~Relationship to person discharged or separated: _____~~

~~Date of discharge or separation: _____~~

~~Pursuant to s. 837.06, F.S., any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree.~~

Signature of Applicant

~~Sworn to and subscribed before me this _____ day of _____, 20____.~~

~~Signature of Supervisor of Elections or deputy supervisor: _____~~

(8) A family member accompanying an individual who has left employment in the Merchant Marine must provide documentation showing that the individual was employed in the Merchant Marine and must complete the following oath:

~~Oath of Family Member (Merchant Marine)~~

~~Under penalty of perjury, I _____ swear or affirm that (name of individual who has left employment in the Merchant Marine) left employment in the Merchant Marine on (date); that my relationship to this individual is _____; and that I was accompanying this individual immediately prior to his/her leaving that employment. The following is the information regarding his/her previous employer:~~

~~Name of applicant: _____~~

~~Address of applicant: _____~~

~~Name of person employed in the Merchant Marine: _____~~

~~Last date of employment: _____~~

~~Relationship to person employed in Merchant Marine: _____~~

~~_____~~

~~Name of employer: _____~~

~~Address of employer: _____~~

~~Telephone number of employer: _____~~

~~Pursuant to s. 837.06, F.S., any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree.~~

~~Signature of applicant family member: _____~~

~~Address of family member: _____~~

~~Sworn to and subscribed before me this _____ day of _____, 20____.~~

~~Signature of Supervisor of Elections or deputy supervisor: _____~~

(9) A family member who was accompanying an individual who has left employment outside the territorial limits of the United States must provide a valid passport showing the date of re-entry into the United States, which date must be during the period of time the books were closed for the election, and complete the following form oath:

~~Oath of Family Member~~

~~(Employment Outside the United States)~~

~~Under penalty of perjury, I _____ swear or affirm that (name of individual who has left employment) left employment outside the United States on (date); that my relationship to this individual is _____; and that I was accompanying this individual immediately prior to his/her returning to the United States. The following is the information regarding his/her previous employer:~~

Name of applicant: _____
 Address of applicant: _____
 Name of person employed outside the territorial limits of the United States: _____
 Last _____ date _____ of _____ employment: _____
 Relationship to person employed: _____
 Name of employer: _____
 Address of employer: _____
 Telephone number of employer: _____
Pursuant to s. 837.06, F.S., any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree.
 Signature of applicant family member: _____
 Address of family member: _____
 Sworn to and subscribed before me this _____ day of _____, 20____.
 Signature of Supervisor of Elections or deputy supervisor: _____
 Specific Authority 97.0555 FS. Law Implemented 97.0555. History—New _____.

DEPARTMENT OF STATE

Division of Elections

RULE NO.: 1S-2.030
 RULE TITLE: Electronic Transmission of Absentee Ballots

NOTICE OF CHANGE

Notice is hereby given that propose Rule 1S-2.030, published in the F.A.W., Pages 737-738, Vol. 28, No. 7, on February 15, 2002, has been changed to reflect comments received from the Joint Administrative Procedures Committee. Changes were made to Section 1S-2.030, F.A.C., so that it now reads:

THE FULL TEXT OF THE PROPOSED RULE IS:

1S-2.030 Electronic Transmission of Absentee Ballots.

(10) The Voter's Certificate for ballots being sent to all overseas voters by mail, electronic means, or by fax shall be the same as the Voter's Certificate in s. 101.64, F.S., ~~with the addition of the following language before the voter's signature: "I understand that if I am faxing my voted ballot, I voluntarily waive my right to a secret ballot."~~

Specific Authority 101.697 FS. Law Implemented 101.697 FS. History—New _____.

DEPARTMENT OF BANKING AND FINANCE

Board of Funeral and Cemetery Services

RULE NO.: 3F-8.003
 RULE TITLE: Cancellation of Preneed Contracts; Reasonable Time Defined

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 28, No. 10, March 8, 2002, Florida Administrative Weekly has been withdrawn.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Care Cost Containment Board

RULE NO.: 59E-5.102
 RULE TITLE: Florida Hospital Uniform Reporting System

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed amendments to Rule:

As originally published in the Florida Administrative Weekly March 22, 2002, Vol. 28, No. 12. These changes are the Instructions and reporting forms added to and deleted from the Florida Hospital Uniform Reporting System Manual, April 9, 1992, 92-1 and incorporated into the rule by reference:

WORKSHEET C-3a (rev.) V-3 – STATEMENT OF PATIENT CARE REVENUE AND DEDUCTIONS FROM REVENUE BY PAYER CLASS FOR INPATIENT AND OUTPATIENT SERVICES

PURPOSE:

This worksheet summarizes inpatient and outpatient revenues, deductions from revenue, and net revenue by payer class for all Patient Care Services. This categorization is necessary to properly calculate the assessment for the Patient Medical Assistance Trust Fund (PMATF)

INSTRUCTIONS:

AHCA HOSPITAL NO:

Enter the hospital's assigned AHCA number.

PERIOD:

Enter the beginning and ending date for the period covered in this report.

For example: 10/01/1999-9/30/2000.

COLUMN DEFINITIONS:

NOTE: The inpatient and outpatient revenue amounts to be reported for each payer class listed are the gross revenues (charges) regardless of the method used to charge for that service.

ACCOUNT NUMBER

The AHCA standardized account number assigned to this payer category.

NOTE: Account numbers are standardized for data processing purposes. No changes or substitutions can be made to these account numbers.

COLUMN 1 – INPATIENT REVENUE

Enter the inpatient revenue amounts associated with each class of payer, for which services were provided during the reporting period.

The total reported in COLUMN 1, Account COO3, must equal the revenue reported in account C370 on LINE 54, COLUMN 1 on WORKSHEET C-3.

COLUMN 2 – OUTPATIENT REVENUE

Enter the outpatient revenue amounts associated with each class of payer, for which services were provided during the reporting period.

The total reported in COLUMN 2, Account COO3, must equal the revenue reported in account C370 on LINE 54, COLUMN 2 on WORKSHEET C-3.

COLUMN 3 – TOTAL PATIENT SERVICE REVENUE

Enter the summation of COLUMN 1 and COLUMN 2.

The total reported in COLUMN 3, Account COO3, must equal the revenue reported in account C370 on LINE 54, COLUMN 3 on WORKSHEET C-3

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2.45

WORKSHEET C-3a (rev.) V-3 – STATEMENT OF PATIENT CARE REVENUE AND DEDUCTIONS FROM REVENUE BY PAYER CLASS FOR INPATIENT AND OUTPATIENT SERVICES

(CONTINUED)

COLUMN 4 – TOTAL INPATIENT DEDUCTIONS FROM REVENUE

Enter the amount of inpatient deductions from revenue associated with each class of payer during the reporting period.

COLUMN 5 – TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE

Enter the amount of outpatient deductions from revenue associated with each class of payer during the reporting period.

COLUMN 6 – TOTAL INPATIENT DEDUCTIONS FROM REVENUE

Enter the summation of COLUMN 4 and COLUMN 5

Amounts reported in this column represent the total revenue deduction for the indicated account. The total in COLUMN 6, Line 19 will also be reported on WORKSHEET C-2, Line 4.

COLUMN 7 – NET INPATIENT REVENUE

Subtract amount of inpatient deductions from revenue in COLUMN 4 from the amount of inpatient revenue reported in COLUMN 1 and enter the result.

COLUMN 8 – NET OUTPATIENT REVENUE

Subtract amount of outpatient deductions from revenue in COLUMN 5 from the amount of outpatient revenue reported in COLUMN 2 and enter the result.

COLUMN 9 – TOTAL NET PATIENT SERVICES REVENUE

Enter the summation of COLUMN 7 and COLUMN 8.

Amounts reported in this column represents the total net patient services revenue for the indicated account. The total in COLUMN 9, LINE 19 will be reported on WORKSHEET C-2, Line 5.

ACCOUNT 5980 – ADMINISTRATIVE, COURTESY, AND POLICY DISCOUNT CARE

This account is used to report the discounting by the hospital of care provided to members of its Governing Board, staff physicians and their families, and members of the clergy. These discounts may range from 10% to 100% of the hospital's bill. If the hospital discounts 100% of the bill, the gross charges should be reported in COLUMNS 1, 2, and 3, ACCOUNT 5905 and a deduction equal to those charges should be reported in COLUMNS 4, 5, and 6, ACCOUNT 5980. If the hospital discounts only a portion of the bill, the gross charges must be reported in the primary classification, e.g., commercial insurance, self pay, etc., and the amount discounted should be reported in account 5980, COLUMNS 4, 5, and 6.

8/01

2.46

WORKSHEET C-3a (rev.) V-3 – STATEMENT OF PATIENT CARE REVENUE AND DEDUCTIONS FROM REVENUE BY PAYER CLASS FOR INPATIENT AND OUTPATIENT SERVICES

(CONTINUED)

ACCOUNT 5981 – EMPLOYEE DISCOUNTED CARE

Discounts for employees will generally be a secondary deduction of the commercial insurance classification. The hospital's discount portion will be reported in account 5981, COLUMNS 4, 5, and 6. However, the uncollectible amounts of employee deductibles and coinsurance should be reported in account 5900, COLUMNS 4, 5, and 6.

ACCOUNT 5995 – RESTRICTED FUNDS FOR INDIGENT CARE

This account is the amount received from donors and government agencies to off set the cost of indigent care provided by the hospital. This account was formerly listed on worksheet C-2 as "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE". The amount reported herein represents an offset to total deductions from revenue.

ACCOUNT 4900 – RADIATION THERAPY REVENUE AND DEDUCTIONS

Enter the amount of radiation therapy revenue for both inpatient and outpatient services on line 20 in COLUMNS 1, 2, and total in COLUMN 3. The amount in COLUMN 3 SHOULD equal ACCOUNT 4360, COLUMN 3, line 44, on worksheet C-3. Enter radiation therapy deductions from revenue on line 20 in COLUMNS 4, 5, and 6. Subtract the amounts on line 20 in COLUMNS 4, 5, and 6 from those on line 20 in COLUMNS 1, 2, and 3 and enter the result on line 20 in COLUMNS 7, 8, AND 9.

C035 – ADJUSTED REVENUE AND DEDUCTIONS the amounts on LINE 20 from those on LINE 19 and enter the result on LINE 21.

This represents the adjustment for radiation therapy net revenues from total net revenues.

ACCOUNT C004 – TOTAL HMO/PPO PAYMENTS

Enter the amount of HMO/PPO payment for inpatient and outpatient services on COLUMNS 7 and 8, then sum the two figures and enter the total in COLUMN 9.

DISPROPORTIONATE SHARE PAYMENTS:

Disproportionate share payments made to hospitals are considered to be a reduction of the contractual allowance for that service. Disproportionate share payments for MEDICARE patients should be subtracted from the deductions from revenue reported on LINE 05 (Account 5910), COLUMN 4 for inpatient and in COLUMN 5 for outpatients. Disproportionate share payments for MEDICAID patients should be subtracted from the deductions from revenue

reported on LINE 06 (Account 5920), COLUMN 4 for inpatient and in COLUMN 5 for outpatients. Disproportionate share payments are to be apportioned to inpatient and outpatient services in proportion to the percentage of gross revenue generated by that segment of service.

EXAMPLE: If the MEDICARE disproportionate share payment is \$100,000 and MEDICARE gross revenue is 78% inpatient and 22% outpatient, then the amounts subtracted from MEDICARE deductions from revenue would be \$78,000 from inpatient and \$22,000 from outpatient. 8/01 2.46a

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~~WORKSHEET C-3a — STATEMENT OF PATIENT CARE SERVICES REVENUE BY PAYOR CLASS~~~~PURPOSE: This worksheet summarizes inpatient and outpatient revenue by payor class for all Patient Care Services.~~~~INSTRUCTIONS:~~~~HCCB (AHCA) HOSPITAL NO: Enter the hospital's assigned HCCB (AHCA) number.~~~~PERIOD: Enter the beginning and ending date for the period covered in this report. For example: 10/01/1999-9/30/2000.~~~~COLUMN DEFINITIONS:~~~~NOTE: The amounts to be reported for each Payor class listed are the gross revenues (charges) regardless of the method used to charge for that service.~~~~ACCOUNT NUMBER~~~~The HCCB (AHCA) standardized account number assigned to this revenue category.~~~~NOTE: Account numbers are standardized for data processing purposes. No changes or substitutions can be made to these account numbers.~~~~COLUMN 1 — INPATIENT REVENUE~~~~Enter the outpatient revenue associated with th services provided during the report period.~~~~COLUMN 3 — TOTAL PATIENT SERVICE REVENUE~~~~Enter the summation of COLUMN 1 and COLUMN 2.~~~~The total reported in COLUMN 3, Account COO3, must equal the revenue reported on LINE 54, COLUMN 3 on WORKSHEET C-3.~~~~8/89~~~~2.45~~~~WORKSHEET C-3a — STATEMENT OF PATIENT CARE SERVICES REVENUE BY PAYOR CLASS~~~~CONTINUED:~~~~COLUMN 4 — REVENUE DEDUCTIONS~~~~Amounts reported in this column represent the total revenue deduction for the indicated account. The total of this column will be reported on WORKSHEET C-2, Line 4.~~~~ACCOUNT 5980 — ADMINISTRATIVE, COURTESY, AND POLICY DISCOUNT CARE~~~~This account is used to report the discounting by the hospital of care provided to members of its Governing Board, staff physicians and their families, and members of the clergy. These discounts may range from 10% to 100% of the hospital's bill. If the hospital discounts 100% of the bill, the gross charges should be reported in COLUMN 3, ACCOUNT 5905 and a deduction equal to those charges should be reported on COLUMN 4, ACCOUNT 5980. If the hospital discounts only a portion of the bill, the gross charges must be reported in the primary classification, e.g., commercial insurance, self pay, etc., and the amount discounted should be reported in account 5980, COLUMN 4.~~~~ACCOUNT 5981 — EMPLOYEE DISCOUNTED CARE~~~~Discounts for employees will generally be a secondary deduction of the commercial insurance classification. The hospital's discount portion will be reported in account 5981. However, the uncollectible amounts of employee deductibles and coinsurance should be reported in account 5900.~~~~ACCOUNT 5995 — RESTRICTED FUNDS FOR INDIGENT CARE~~~~This account represents "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE", which formerly appeared on WORKSHEET C-2. The amount in COLUMN 4 should be subtracted from total deductions.~~~~Interim and budget reference lines deleted.~~~~8/89 2.46~~

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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**Division of Hotels and Restaurants**

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
61C-5	Florida Elevator Safety Code
RULE NOS.:	RULE TITLES:
61C-5.001	Elevators, Dumbwaiters, Escalators, Moving Walks, Manlifts, Inclined and Vertical Wheelchair Lifts and Inclined Stairway Chairlifts
61C-5.006	Elevator Fees; Permits, Annual Certificates of Operation
61C-5.007	Fees; Certificates of Competency, Renewal
61C-5.013	Service Maintenance Contracts

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 27, No. 52, December 28, 2001, edition of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF HEALTH**Board of Opticianry**

RULE NO.:	RULE TITLE:
64B12-9.003	Examination Review Procedure

NOTICE OF WITHDRAWAL

Notice is hereby given that the proposed amendments to the above rule, as noticed in Vol. 27, No. 50, December 14, 2001, Florida Administrative Weekly, has been withdrawn.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES**Economic Self-Sufficiency Program Office**

RULE NO.:	RULE TITLE:
65A-4.2131	Learnfare Requirements

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 28, No. 3, on January 18, 2002, issue of the Florida Administrative Weekly. The specific changes were made in response to comments received from an Economic Self-Sufficiency Services Program Policy reviewer that the CF-ES Form 4192, Notice of Work Penalties, was inappropriately referenced to notify individuals of failure to meet Learnfare Requirements in paragraph (7), Good Cause. The penalties described in the CF-ES 4192, are applied as a result of failure to meet a work activity requirement and result in the loss of TCA benefits for the entire family. Learnfare penalties apply only to loss of TCA benefits for the dependent's child determined to be a dropout or truant or the adult participant failing to meet school conference requirements. The changes clarify how a participant is notified of (1) good cause criteria for failure to meet the Learnfare

requirements; 2) of the penalty that will be imposed if good cause does not exist; and, 3) the right to request a hearing if the participant disagrees with the penalty action.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME AND DATE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 9:00 a.m., April 22, 2002

PLACE: 1317 Winewood Boulevard, Building 3, Room 455, Tallahassee, Florida 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE NOTICE OF CHANGE IS: Audrey Mitchell, Program Administrator, Economic Self-Sufficiency Services, Program Support Unit, 1317 Winewood Boulevard, Building 3, Room 421, Tallahassee, Florida 32399-0700.

Specific changes are as follows:

Paragraphs (1) through (6) and (8) through (9) No change.

Paragraph (7) is amended to read:

(7) Good Cause. Learnfare Program good cause reasons, penalty criteria, and right to request a fair hearing information are contained in the CF-ES 2606, Notice of Learnfare Requirements provided to participants at TCA application. Participants are also notified at TCA application of their right to request a fair hearing using the CF-ES 2064, Your Rights and Responsibilities, Sept. 00, incorporated by reference in administrative Rule 65A-1.400, F.A.C., if they disagree with a department decision. At the time of re-determination for TCA eligibility, a participant is required to provide the Public Assistance Specialist (PAS) with verification of school conference compliance as specified in paragraph (5). The PAS will inform participants that failure to provide verification within 10 days will result in Learnfare penalties being imposed. Upon notification by the local school district that a participant's dependent child is a habitual truant or dropout or a parent or caretaker relative fails to attend a school conference, the department must determine if good cause exists in accordance with s. 414.1251(1), F.S. If good cause does not exist, the department will advise the participant and impose Learnfare penalties in accordance with s. 414.1251(1) and (2), F.S. notify the participant of penalty action using the CF-ES 4192, Notice of Work Penalties, Sept. 00, incorporated by reference in administrative Rule 65A-41.205, F.A.C.

Section IV Emergency Rules

DEPARTMENT OF THE LOTTERY

RULE TITLE:	RULE NO.:
Instant Game Number 417, ONE-EYED JACK	53ER02-14
SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 417, "ONE-EYED JACK," for which the Department of the Lottery will start selling tickets on a date	