FCAP Application Form Submission Instructions

Within the **FCAP Verification** email notification, the patient will be instructed to return to the FCAP site and log in to their account.

Once the patient enters the site, they will receive the message below.

This message indicates that the patient is now *verified* and is able to proceed by obtaining and submitting the required forms.



New menu items are now available for your use.



Welcome to FCAP!

To continue, please click on **Download Documents**. Once this item is clicked, a list of required documents is displayed.

Download Documents

Click on the document you wish to download to your computer.

- 1 Employee Reporting Form Fillable.pdf
- · 2 Affidavit for Benefits Pursuant to Florida Statute §112.1816 Fillable.pdf
- · 3 Authorization for use and disclosure of private health information to 3rd Party Fillable.pdf
- 4 Employee Past Employment Fillable.pdf
- 5 Terminated Employee Past Employment Fillable.pdf
- 6 Physician Diagnosis Form Fillable.pdf

You may download each form and complete them manually, or choose to click on the link and complete the .PDF electronically. You must save a copy of the completed form. This copy will be submitted in the next step of the process.

Pictured below is an example of a form from the list.

Note: To continue the application process, we must receive a completed copy of each required document. You may submit your completed forms via the electronic upload process as described in the following section of this document.

EMPLOYEE INFORMATION						
Firefighter Name		Date of Birt	h	Male		Female
Home Address		•		Telepho	ne	
City		State		Zip		
Email		Work Phone	e	Cell Pho	ne	
EMPLOYER INFORMATION		1				
O		Date of Hire	2	Full Time	e	Part Time
Occupation			_	Yes N	No	YesNo
Department			-	Yes_ 1	No	Yes No
Department CLAIM INFORMATION				Yes_ 1	No	YesNo
Occupation Department CLAIM INFORMATION Date of Diagnosis			_	Yes_ 1	No	Yes No
Occupation Department CLAIM INFORMATION Date of Diagnosis Cancer Diagnosis (Check box	(below	N)	Treatment	Yes N	No	Yes No
Occupation Department CLAIM INFORMATION Date of Diagnosis Cancer Diagnosis (Check box o Bladder Cancer	k belov	w) Kidney Canc	Treatment	Yes M Received	No	Yes No And Pharynx Can
Occupation Department CLAIM INFORMATION Date of Diagnosis Cancer Diagnosis (Check box o Bladder Cancer o Brain Cancer	< belov	w) Kidney Canc Large Intesti	Treatment er inal Cancer	Yes M Received 0 O 0 O	No ral Cavity varian Ca	Yes No And Pharynx Can ncer
Occupation Department CLAIM INFORMATION Date of Diagnosis Cancer Diagnosis (Check box o Bladder Cancer o Brain Cancer o Breast Cancer	o o	w) Kidney Canc Large Intesti Lung Cancer	Treatment er inal Cancer	Received	nal Cavity varian Cavity	YesNo And Pharynx Can ncer ancer
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Occupation Department CLAIM INFORMATION Date of Diagnosis Cancer Diagnosis (Check box o Bladder Cancer o Brain Cancer o Breast Cancer o Cervical Cancer o Colon Cancer	o o o o o	W) Kidney Canc Large Intesti Lung Cancer Malignant M Mesothelior	Treatment er inal Cancer ielanoma na	Received	ral Cavity varian Ca rostate Ca ectal Cano tomach Ca	YesNo And Pharynx Can ncer ancer cer ancer
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EMPLOYER NAME

FIREFIGHTER CANCER ADMINISTRATION PROGRAM EMPLOYEE REPORTING FORM

Under Statute 112.1816

Upload Documents

You may upload the completed .PDF forms by choosing the **Upload Documents** menu item. Utilize the **Browse** button in the upload pane(shown below) to locate the completed forms.



All files that were selected to be upload will be listed in the (left) window for verificaton. Once you have selected the file(s) you wish to upload, please click the **Upload** button.

Upload Documents

Use the Browse button to select your files to be uploaded, then click "Upload".



Uploaded files

As confirmation, the uploaded files will now show in the (right) **Uploaded Files** window.

Select multiple files	Browse	Uploaded files	
select multiple mes	browse	opiodaca mes	
load		1 EMPLOYER EMPLOYEE Reporting	21 KB
		2 AFFIDAVIT FOR BENEFITS PURSUANT.docx	19 KB
Allowed file extensions: .jpg, .jpeg, .gif, .png., .pdf, .doc, .docx Maximum file size: 8 MB		3 Authorization for use and disclosure of private health information to 3rd docx	22 KB
axing the size, o wib.		6 Physician Diagnosis Form.docx	26 KB

Please note: As the forms are reviewed it may be necessary for the applicant to resubmit an incomplete or missing form. Please monitor the email provided for possible notifications.

Once you have completed the submission of the required forms, you may log off, and await notification of approval.