

## Client Guide: Access Existing Client OSST

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In order to access your client OSST account, please review the following directions.

### Step 1

Navigate to <https://osstclient.commerce.fl.gov/>

If needed, change the language of the screen using links.

**FLORIDACOMMERCE**

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Welcome to the One-Stop Service Tracking System (OSST)

[English](#)  
[Kreyòl Ayisyen](#)  
[Español](#)

Welcome to the One-Stop Service Tracking (OSST) system's log-on screen.

**I. If you have never used OSST and:**

- A. You received instructions from the Department of Children and Families (DCF) to register with one of our programs **OR**
- B. You received instructions from your local One-Stop Service Center to register with one of our programs

→ Click the "New User" button and follow the new user instructions to access your account.

**Notice:** Please allow *at least* one business day after your DCF Interview, for your records to arrive at OSST. **You will not be able to access this system until we have your records.**

**II. If you are a returning user to OSST because:**

- A. You received a letter instructing you to login **OR**
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→ Please sign in using your User ID and password.

**III. If you are a returning user to OSST and forgot your username and/or password:**

→ Click on the "User ID" or "Password" link to access your username and/or password

For assistance,  
Please call 855-212-0880  
Or email us at [CustomerInfoCenter@commerce.fl.gov](mailto:CustomerInfoCenter@commerce.fl.gov)

### New User Login

[New User](#)

### Please sign in

User ID:

Password:

[Forgot your User ID or Password?](#)

[Login](#)

### Step 2.

Input your User ID.

If you do not remember your user ID, click "User ID" or "Password" link.

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**New User Login**

[New User](#)

**Please sign in**

User ID:

Password:

Forgot your [User ID](#) or [Password](#)?

[Login](#)

Then enter your Social Security Number, Date of Birth and 5-digit Zip code. Then click "Continue".

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**Forgot User ID**

Your Social Security Number (no dashes or spaces):

[What if I don't have a Social Security number? \(Or, just applied for a new one\)](#)

Your Date of Birth (mm/dd/yyyy):

Your 5-Digit Zip Code:

[Continue](#)

OR, if you do not have a Social Security Number, click the "What if I don't have a Social Security number? (Or, just applied for a new one)" link. Then, enter your DCF Case Number, First Name, Middle Initial, Last Name, Date of Birth, and 5-Digit Zip Code, and click "Continue".

## Welcome to the One-Stop Service Tracking System (OSST)

English  
Kreyòl Ayisien  
Español

### New User

Your Social Security Number (no dashes or spaces):

What if I don't have a Social Security number? (Or, just applied for a new one)

Your Date of Birth (mm/dd/yyyy):

 

Your 5-Digit Zip Code:

  

For assistance, please call your local CareerSource Center or 855-212-0880.

If successfully completed, your username will now appear on the login page. WRITE THIS DOWN FOR YOUR RECORDS.

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### New User Login

### Please sign in

User ID:

Password:

Forgot your User ID or Password?

### Step 3.

Input your password.

If you do not remember your password, "Password" link.

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For assistance,

### New User Login

[New User](#)

### Please sign in

User ID:

Password:

Forgot your [User ID](#) or [Password](#)?

[Login](#)



Answer all three the security questions, which you set up. Then hit submit.

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**Please answer the following security questions:**

In what city does your nearest sibling live?

What was the name of your elementary / primary school?

What is your oldest sibling's middle name?

Submit

If you successfully answer, you will then have to input your email address twice, create and confirm a new password, and answer three security questions from the provided list. **You only need to answer three questions, not every single one.** After filling out the required information, click "Submit".

First, enter and confirm your email address in the provided fields.

Next, create a password for your user account and confirm the password. If you need help with creating a password, please click on Password Requirements. Lastly, select 3 Security Questions and enter your responses in the boxes that will appear once the questions are selected. When you are done, please click Submit.

You will see the Login form again, with your User ID ( ) entered.

**Your User ID is assigned, and does not change.**

**It is *not* your Email address, as may be on other websites.**

Then, re-enter your password to begin your Assessment.

### 1. Email Address

Enter your Email Address:

Re-enter your Email Address to verify:

### 2. Reset Password

New Password:

Confirm New Password:

[Password Requirements](#)

### 3. Security Questions

- In what city does your nearest sibling live?
- What was the name of your elementary / primary school?
- What is your oldest sibling's middle name?
- What is your youngest sibling's middle name?
- In what city or town did your mother and father meet?
- What are the last 5 digits of your driver's license number?
- What is the street number of the house you grew up in?
- In what town was your first job after finishing school?
- What was your childhood nickname?
- In what city did you meet your spouse/significant other?
- What was the first name of your best childhood friend?
- What is the middle name of your youngest child?
- What is the middle name of your oldest child?

Submit

Cancel

**If unable to complete Steps 1-3, reach out to CareerSource PBC.**