State of Nevada
EnterpriseIT

Adobe Acrobat Pro
Creating a Fillable PDF Document

You must have Adobe Acrobat Pro to create fillable documents.

The creation of a fillable document in Adobe Acrobat DC Pro is an option to give disabled users a better

experience when filling out online applications. The information entered in the fillable fields give the

user the ability to save and print. The Tab key helps navigate through the document and read aloud the

description of the text field to assist non-sighted or low vision users.

Any further questions please refer to this QR code reader or this URL.
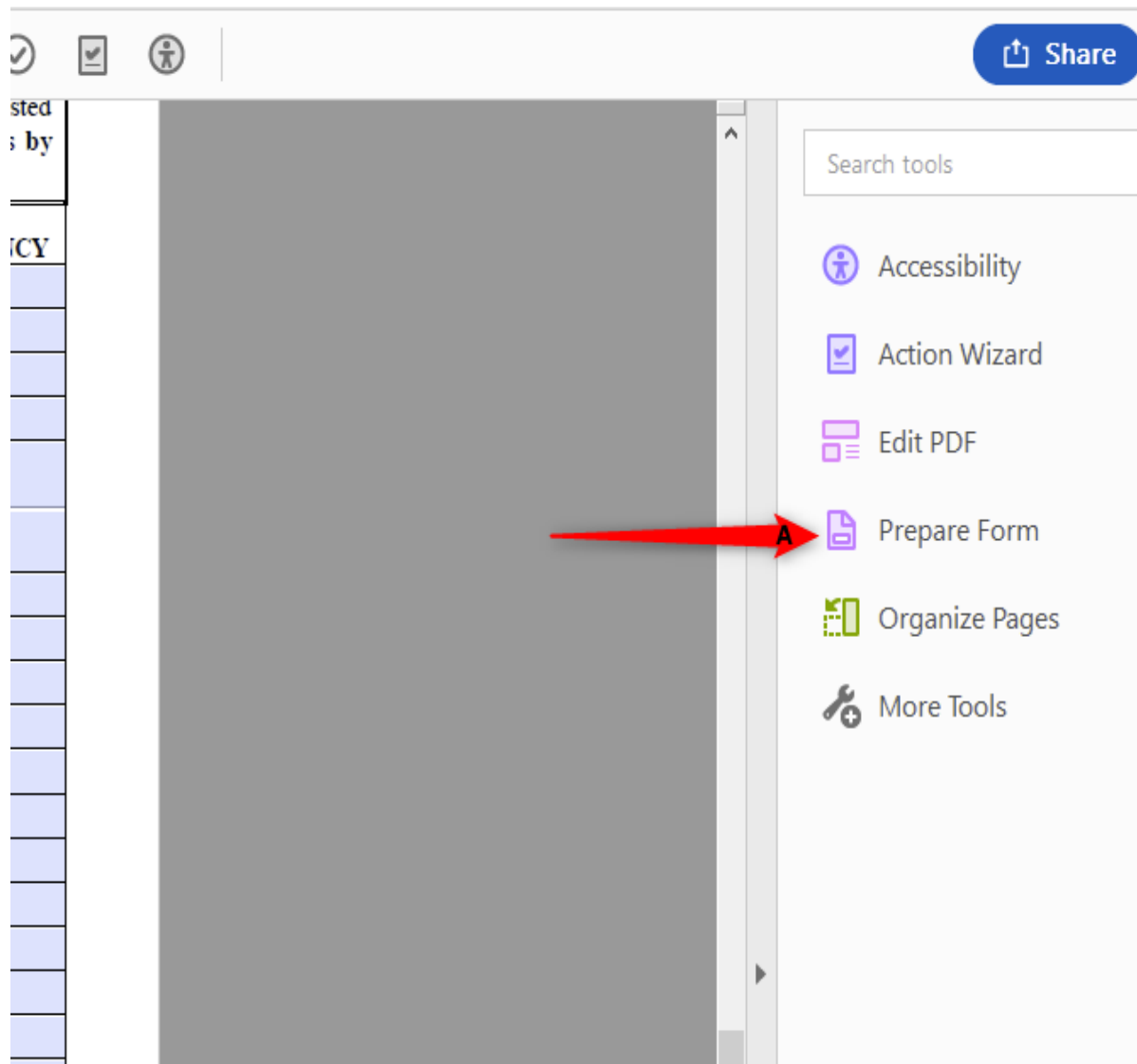http://ada.nv.gov/Training/document_remediation/

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Fillable PDF

Creating a fillable PDF

There are many steps involved in the remediation process of a fillable form. The first step is to turn a PDF into a fillable document.

A. Select "Prepare Form".

Identifying all fields

All fields will need to be modified for ADA.

When the form is made fillable all fields will have to be renamed so a disabled used is able to navigate through the document.

   A. All fields need to be identified for a disabled user to navigate the document using only a screen reader and the Tab key.

   B. Each field must have a screen tip that explains what information is in each field, so a disabled user knows where they are in the document.

Name (Last, First, Middle) (Jr., Sr., III)			Relationship to You	SEX M/F	Date of Birth (mm/dd/yy)	AGE	U.S. Citizen or Eligible Non-citizen Yes	No	Disabled Yes	No	Social Security Number
Last Name	First Name	Middle N	Relationship to Y	Sex	Date of Birth	Age	Yes	No	Disal	Disa	Social Security Numbi
Last Name Row 2	First Name Row 2	Middle N	Relationship to Y	Sex Rc	Date of Birth Row 2	Age F	Yes 2	No	Disal	Disa	Social Security Numbi
Last Name Row 3	First Name Row 3	Middle N	Relationship to Y	Sex Rc	Date of Birth Row 3	Age F	Yes 3	No	Disal	Disa	Social Security Numbi
Last Name Row 4	First Name Row 4	Middle N	Relationship to Y	Sex Rc	Date of Birth Row 4	Age F	Yes 4	No	Disal	Disa	Social Security Numbi
Last Name Row 5	First Name Row 5	Middle N	Relationship to Y	Sex Rc	Date of Birth Row 5	Age F	Yes 5	No	Disal	Disa	Social Security Numbi
Last Name Row 6	First Name Row 6	Middle N	Relationship to Y	Sex Rc	Date of Birth Row 6	Age F	Yes 6	No	Disal	Disa	Social Security Numbi

Are there additional people in your home? Ye YES Nc NO   If "YES," list them on a separate sheet of paper.

Home Address (include apartment or unit number)	City	State	Zip
Home Address include appartment number	City	State	Zip Code

Mailing Address *(If different from your home address.)*	City	State	Zip
Mailing Address If different from your home address	City	State	Zip Code

Home Phone		Day/Message/Cell Phone		E-mail Address
Area Cc	Home Phone	Area Cc	DayMessageCell Phone	Email Address

*List the names of non-citizen household members authorized as legal residents of the United States:

Rename all fields

Changing the name of each field

The document remediator will need to rename any fields to match the name of each of the corresponding information in each field. A disabled user will navigate the document using the Tab key and will need to know where they are in the document by the description in each form field.

A. "Right click" on the field.
B. Select "Properties".
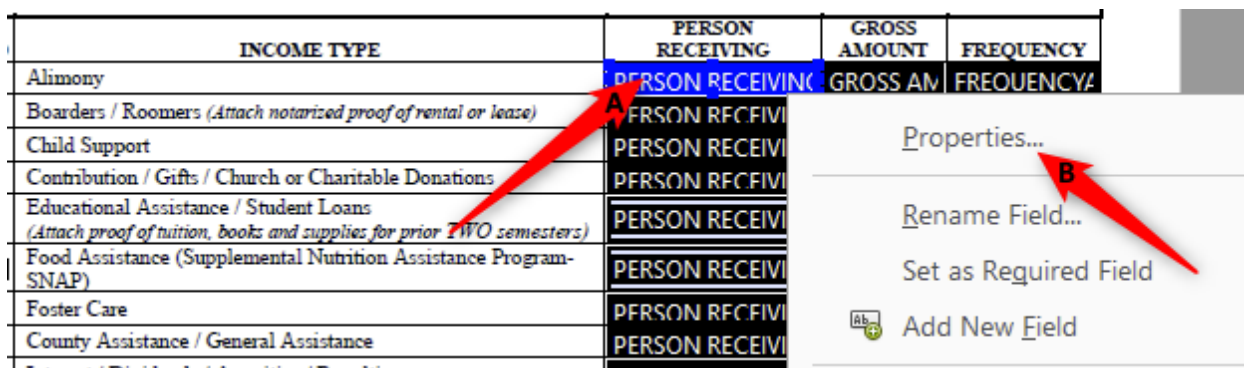
C. Enter the name of the field.
D. The "Tooltip" description is what will be read out loud to the user when they Tab into the field.
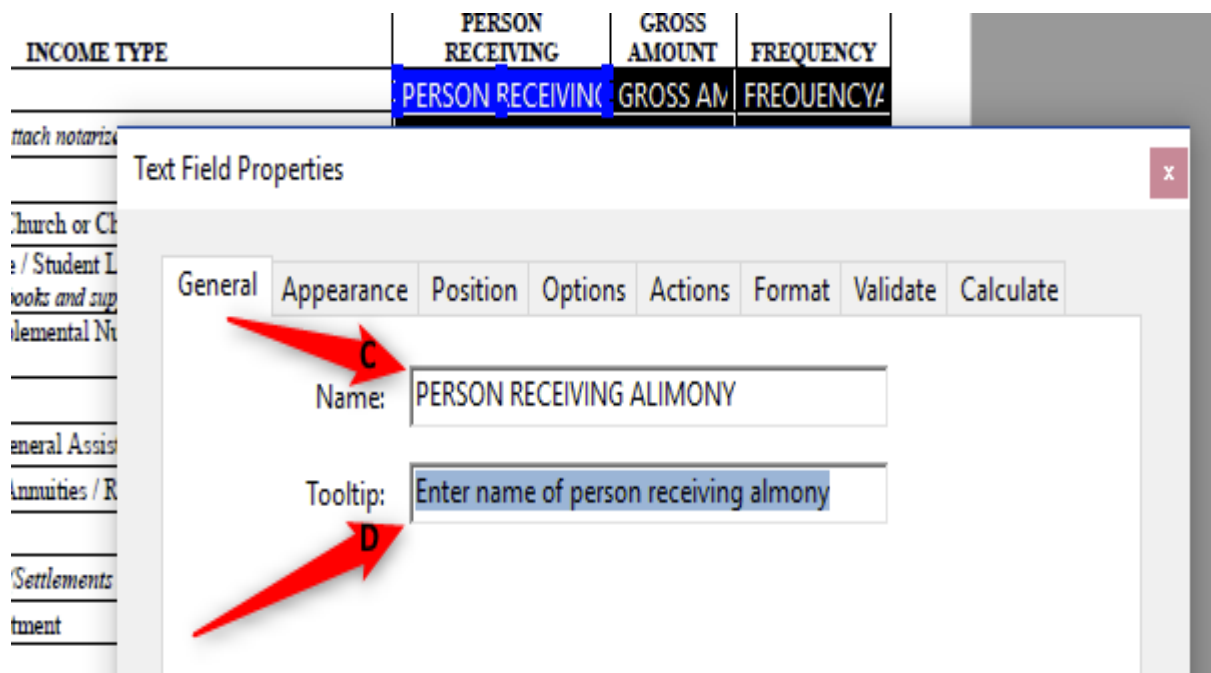
Inserting Fields

How to insert a text field or a check box

When turning a document into a fillable form, all information that needs to be entered into the form needs to have a text field or a check box.

    A. Example of missing field.

In addition, by signing below, you confirm that the provider(s) listed above reflect the choice made by you, the you agree to indemnify and hold harmless the State of Nevada, the Child Care and Development Program, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in a the provider chosen by you.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my know

Signature or			Signature or Mark of Spouse

Signature or   **Date**   **Signature or Mark of Spouse/Second**
Mark of Applicant (Parent/Guardian)   **Parent/Guardian of Child(ren)**

    B. Select this tool to insert a text box.
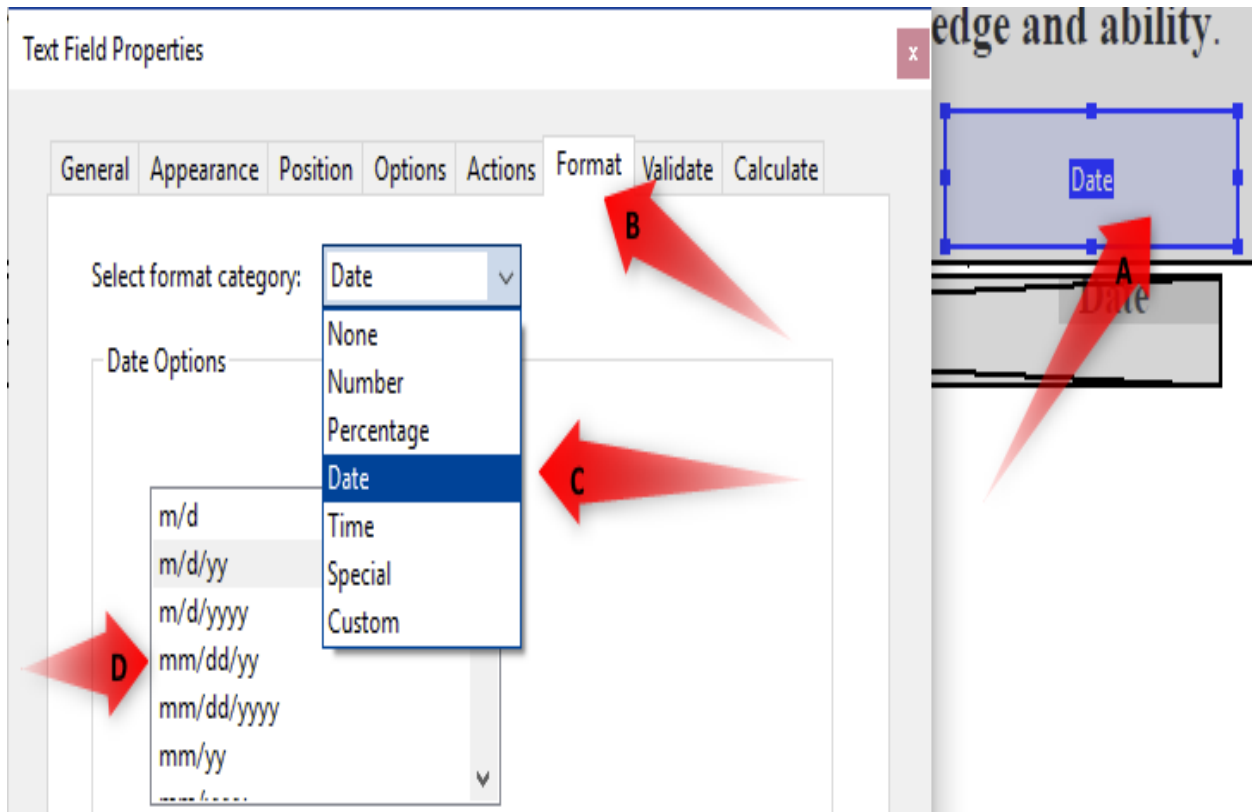   **C.** Select this tool to insert a check box.
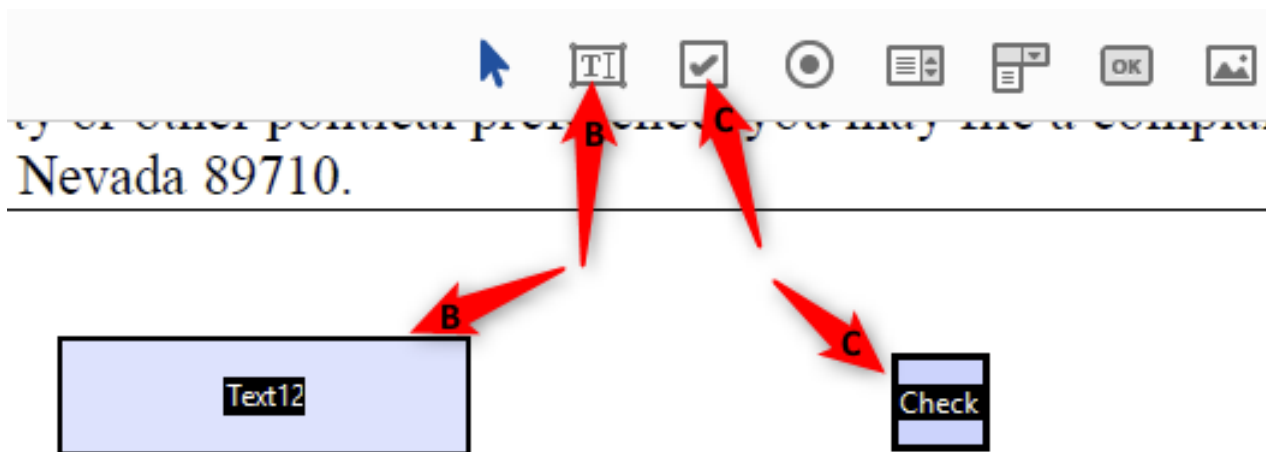
Text Field Properties

Format options for fields.

  The form fields have options that can limit character input and ensure that the information entered in the field are correct. For example, a Date can be entered in a specific format that you choose.

   A. "Right click" on the field and select properties.
   B. Select "Format".
   C. Select the format type for the text field.
   D. Choose the correct format that you want for your document.

   E. Click close to save changes