



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #06-06-EMP
(This Policy Bulletin Replaces PB #03-45-EMP)

MAILING TO NONPAYEES ON EMPLOYMENT REPORTING

<p>Date: January 23, 2006</p>	<p>Subtopic(s): Reporting Employment</p>
<p><input checked="" type="checkbox"/> This procedure can now be accessed on the FIAweb.</p>	<p>Revisions to Original Policy Bulletin:</p> <p>This policy bulletin is being revised to inform Job Center staff of the following changes:</p> <p>There are now designated Saturday Employment Reporting Centers in all five boroughs:</p> <ul style="list-style-type: none"> • Bronx – Fordham Job Center (Center 44): 2551 Bainbridge Avenue, Bronx, NY 10458 • Brooklyn – Linden Job Center (Center 67): 45 Hoyt Street, Brooklyn, NY 11201 • Manhattan – Employment Reporting Unit (Center 39): 109 East 16th Street, New York, NY 10003 • Queens – Jamaica Job Center (Center 54): 90-75 Sutphin Boulevard, Jamaica, NY 11435 • Staten Island – Richmond Job Center (Center 99): 201 Bay Street, Staten Island, NY 10301 <p>The Notice to Report Employment (W-575R) has been revised to indicate the new locations of the Saturday Employment Reporting Centers.</p> <p>In addition, the Declaration of Employment (W-575T) has been changed to reflect correct formatting requirements.</p> <p>Samples of the revised forms are attached.</p> <p>Further instructions have been provided for letters sent to the Office of Central Processing (OCP) via business-reply envelope.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
 Call 718-557-1313 then press 2 at the prompt followed by 765 or
 send an e-mail to *FIA Call Center*

New action codes have been created in NYCWAY to record the mailing and the responses of the nonpayees to the mailing.

Purpose:

In an effort to determine unreported earnings, the **W-575R** will be sent out periodically to all Public Assistance (PA) nonpayees 18 years of age and older who are not exempt from work requirements and not engaged in a work activity, advising them to either mail or bring proof of earnings to their assigned Job Center, Monday through Friday, between the hours of 9:00 AM and 5:00 PM or to one of the Saturday Employment Reporting Centers between the hours of 9:00 AM and 4:00 PM.

The mailing (Mail Job #468) consists of the **W-575R**, **W-575T** and a business-reply envelope.

New information

NYCWAY Action Code **11NA** (Nonpayee Mailer Sent) will automatically post on the nonpayee's line to whom the mailing is sent.

Nonpayees are asked to submit a completed **W-575T**, along with copies of their paystubs, either by mail using the business-reply envelope or in person at their Job Center or a Saturday Employment Reporting Center.

NYCWAY Action Code **11NX** (Nonpayee Mailer Not Returned) will autopost to complete Action Code **11NA** if no action was taken in NYCWAY within 45 days of the mailing. In this situation, no action is required because a response is not mandatory.

Employment Reported In Person

Reports to Job Center

If a nonpayee goes in person to his/her Job Center to return the **W-575T** and submit verification of earned income, the JOS/Worker receiving the verification must enter Action Code **11NB** (Mailer Returned – Nonpayee is Employed) in NYCWAY then check NYCWAY to determine if the income has already been budgeted or if the individual is currently engaged in a work activity.

If the income has not been budgeted, the JOS/Worker must initiate a new **FIA-3A** to budget the reported income. The JOS/Worker must also mail the Letter to Past/Present Employer (**W-532**) to the nonpayee's employer per current procedure.

If the individual is not engaged in a work activity, the JOS/Worker must initiate an Employability Plan and follow current procedures for assessment and assignment to work activities.

Reports to Saturday Reporting Center

Any participant who walks into a Saturday site will give his/her documents, including the mailer, to the site staff, who will review the information for completeness and forward the submission to the Regional office. Each Regional office must have a designated person who enters the appropriate code in NYCWAY before sending the paperwork out to the local Center.

Employment Reported By Mail

New information

Nonpayee letters that are returned to OCP will be opened by OCP staff, who will then sort them by region and employment status (i.e., employed/unemployed). All letters will be sent to the responsible region for processing.

OCP will also keep a daily count of the letters received and prepare a daily and weekly report by region as well as a citywide cumulative figure.

Upon receipt of the batched mail from OCP, the designated Regional Liaison must post one of the following action codes in NYCWAY, along with why that code was chosen:

- **11NB** (Nonpayee Mailer Returned, Employed)
- **11NC** (Nonpayee Mailer Returned, Not Employed – Needs Assessment)
- **11ND** (Nonpayee Mailer Returned, Other)

Cases with these action codes will appear on the **NOPAY** (Nonpayee) Worklist.

Nonpayee is employed

If the nonpayee indicates that s/he is employed, the designated Regional Liaison must post an **11NB** on the case and check WMS to see if the income has been budgeted. If the income has not been budgeted, the Liaison must evaluate the case per current procedure. The Liaison must determine if the income should be budgeted on the PA and/or Food Stamp (FS) case. After the Liaison makes his/her determination, s/he must forward the case to the staff at the appropriate Job Center with instructions on how to proceed.

Nonpayee is not employed

If the nonpayee indicates that s/he is not employed, the designated Regional Liaison must post an **11NC** on the case. NYCWAY will then place the case on the **UNENG** (Unengaged) worklist for a future batch call in. Any reported unearned income such as Unemployment Insurance Benefits (UIB) must be budgeted. The nonpayee will remain on the **UNENG** worklist pending a batch call in for an employability assessment.

Casehead returns mailing, indicating nonpayee is neither employed nor unemployed

If Supplemental Security Income (SSI), Social Security Disability (SSD) or any other unearned income is reported, the Regional Liaison must post an **11NC** and forward the case to the responsible Center for budgeting and coding in NYCWAY according to current procedure.

If the notice is returned by the casehead indicating a change in the nonpayee's status (e.g., the nonpayee moved away, died, etc.), the designated Regional Liaison must evaluate the response and post NYCWAY Action Code **11ND** on the case. The Liaison must then send instructions to Job Center staff to process the case accordingly, based on the evaluation and per current procedure.

Upon receipt of the packet from the Regional Liaison:

- If the income has been budgeted, the JOS/Worker must initiate an informational **FIA-3A** to indicate that the nonpayee's employment income was recorded in WMS and that no new budget is necessary.
- If the income has not been budgeted, the JOS/Worker must initiate a new **FIA-3A** to budget the reported income. The JOS/Worker must also mail the Letter to Past/Present Employer (**W-532**) to the nonpayee's employer per current procedure.

Refer to PD #02-49-ELI – Treatment of Employment Earnings of Dependent Children/Minors.

It should be noted that for PA purposes, JOS/Workers must disregard the full- and/or part-time earnings of a dependent child (under the age of 21) who is either a full- or part-time student and is attending one of the following:

- elementary school
- intermediate school
- high school or a General Equivalency Diploma (GED) program
- vocational or technical training
- college or university
- Job Corps

Those participants under the age of 21 who have a WMS Relationship Code other than **01** (Applicant/Payee), **02** (Legal Spouse) or **30** (Non-Legal Union with Child in Common) are automatically identified by NYCWAY, which will post Action Code **167D** (**FIA-3A** – Data Entry Completed) and place the case on the **FIA-3A** Worklist for manual rebudgeting.

Refer to PD #00-09 – Budgeting Unreported Earned Income for Public Assistance – and the PA Budgeting Manual for detailed rebudgeting and recoupment instructions.

For participants 21 years of age or older who are employed, not attending school and whose employment income has not been budgeted, budget the earnings via the **FIA-3A**. Budget the earned and unearned income, if any, and investigate any overpayment of benefits.

Food Stamp Budgeting

There is no change to the Food Stamp (FS) eligibility process for those enrolled in institutions of higher education. The Worker should refer to the FS eligibility criteria for students who are age 18–49 and are enrolled, at least part time, in an institution of higher education, as outlined in Section 5, page 90 of the New York State Food Stamp Source Book.

Center Directors must ensure that all prior versions of the **W-575R** and **W-575T** are recycled.

Effective Immediately

Related Items:


PD #00-09
PD #02-49-ELI

References:

Food Stamp Source Book (FSSB), Section 5, page 90
Public Assistance Budgeting Manual

Attachments:

- W-575R** Notice to Report Employment (Rev. 1/23/06)
- W-575R (S)** Notice to Report Employment (Spanish) (1/23/06)
- W-575T** Declaration of Employment (Rev. 1/23/06)
- W-575T (S)** Declaration of Employment (Spanish) (Rev. 1/23/06)

 Please use Print on Demand to obtain copies of forms.



Notice to Report Employment

To: All public assistance participants who are working

Welfare laws require adults, age 18 years or older, on a public assistance case, to report income from employment. Even if you are not the head of the household, you must report this information to HRA or you risk benefit reduction and possible recoupment from your grant.

There are benefits for which you and your family may qualify if you immediately report income from full-time or part-time employment. If you are found ineligible for public assistance, your household may still be entitled to participate in transitional child care, community-based Medicaid or other health insurance programs. In addition, your household may still qualify for food stamps or your Food Stamp benefit may increase. Child support payments can go directly to you and HRA can give you information on the availability of the earned income tax credit and how to apply. If you are in a low-paying, part-time or full-time job, you may also qualify for assistance from an employment services and placement agency to find a better paying job at no cost to you.

If you are working, you can report your full-time or part-time job in any one of three (3) ways:

- **Fill out** the Declaration of Employment (W-575T) enclosed with this letter, sign it and **immediately** mail it, along with a copy of your four most recent pay stubs, using the enclosed, self-addressed envelope.
- **Bring your letter with you and visit your Job Center** Monday through Friday from 9:00 AM to 5:00 PM with documentation verifying your present earnings.
- **Bring your letter with you, along with documentation verifying your present earnings, and visit one of the Saturday Employment Reporting Centers** listed below, on Saturdays between 9:00 AM and 4:00 PM.

- **Manhattan**
Employment Reporting Unit: 109 East 16th Street, First Floor, New York, NY 10003
- **Bronx**
Fordham Job Center: 2551 Bainbridge Avenue, Bronx, NY 10458
- **Brooklyn**
Linden Job Center: 45 Hoyt Street, Brooklyn, NY 11201
- **Queens**
Jamaica Job Center: 90-75 Sulphin Boulevard, Jamaica, NY 11435
- **Staten Island**
Richmond Job Center: 201 Bay Street, Staten Island, NY 10301

Congratulations on your new job!!! We look forward to hearing from you soon.



Aviso sobre su Deber de Informar de un Empleo

Para: Todos los participantes de asistencia pública que están trabajando

Las leyes del Welfare requieren que adultos, de 18 años de edad o mayores, en un caso de asistencia pública, informen su ingreso de empleo. Aún si no es jefe de familia, usted tiene que comunicar esta información a la HRA o arriesgarse a la reducción de beneficios y la posible recuperación de su subvención.

Existen beneficios para los cuales usted y su familia pueden calificar si usted informa el ingreso de un trabajo a tiempo completo o a tiempo parcial inmediatamente. Si le encuentran inelegible para asistencia pública, su hogar puede que todavía tenga derecho a participar en el cuidado de transición para niños, Medicaid con base comunitaria, u otros programas de seguro de salud. Además, su hogar todavía puede calificar para cupones para alimentos o su beneficio de Cupones para Alimentos puede aumentar. Pagos de manutención para niños pueden ir directamente a usted y la HRA puede proporcionarle información respecto a la disponibilidad del crédito de impuestos por ingreso devengado y al trámite de solicitud correspondiente. Si usted se encuentra en un trabajo a tiempo parcial o a tiempo completo de baja paga, también puede calificar para asistencia de una agencia de servicio de empleo y de colocación para que usted consiga trabajo a ningún costo.

Si usted está trabajando, usted puede informar su trabajo a tiempo completo o a tiempo parcial de cualquiera de las siguientes tres (3) maneras:

- **Llene la Declaración de Empleo (W-575R (S)) (Declaration of Employment (W-575R))**: adjunta a esta carta, firmela y envíela por correo **inmediatamente** junto con una copia de sus cuatro más recientes talones de paga, en el sobre adjunto dirigido al remitente.
- **Traiga su carta consigo, y visite su Centro de Trabajo (Job Center)** de lunes a viernes de 9:00 AM a 5:00 PM con documentación verificando sus ganancias actuales.
- **Traiga su carta consigo, junto con documentación que compruebe su ingreso actual, y visite uno de los Centros de Notificación de Empleo para los Sábados (Saturday Employment Reporting Centers)** listados debajo, los sábados entre las 9:00 AM y las 4:00 PM.
 - **Manhattan**
Unidad de Notificación de Empleo (Employment Reporting Unit): 109 East 16th St.,
Primer Piso, New York, NY 10003
 - **Bronx**
Centro de Trabajo de Fordham: 2551 Bainbridge Avenue, Bronx, NY 10458
 - **Brooklyn**
Centro de Trabajo de Linden: 45 Hoyt Street, Brooklyn, NY 11201
 - **Queens**
Centro de Trabajo de Jamaica: 90-75 Sutphin Boulevard, Jamaica, Queens, NY 11435
 - **Staten Island**
Centro de Trabajo de Richmond: 201 Bay Street, Staten Island, NY 10301

!!!Felicitaciones por su nuevo trabajo!!! Nos complacerá mucho que se comuniquen con nosotros pronto.



Declaration of Employment

Please print all information and return this form, with a copy of your pay stub or a letter from your employer, in the enclosed business-reply envelope.

Personal Information

Employee's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security Number: _____

Age of Employed Person: _____

Employment Information

Job Title: _____ Date Job Began: _____

If recently started, date of first paycheck: _____

Gross salary (before tax deductions): \$ _____

Frequency of pay (check one): weekly biweekly monthly

Other (please specify): _____

Total number of hours worked per week: _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date job ended (if no longer employed): _____

School Attendance Information

If you are also attending school while working, please enter the information below:

- Full-time school attendance Part-time school attendance

Days/hours of attendance: _____
Course description(s): _____

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ School Contact Person: _____

Other Income

Check (☑) all that apply. Please attach income verification, such as a check or income statement.

Income Type	Amount (\$)	Frequency		
		Weekly	Biweekly	Monthly
<input type="checkbox"/> Social Security Income (SSI)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New York State Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Income	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In signing this Declaration of Employment, I certify that the above information is correct and that I understand that the income I am reporting will be evaluated by the Agency.

Employed Person's Signature: _____

Please print name: _____

Date: _____



Declaración de Empleo

Favor de apuntar todos los datos en letra de molde y devolver el presente formulario, con una copia de su talón de pago o una carta de su empleador, en el sobre de vuelta adjunto.

Información Personal

Nombre del Empleado: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____ Número de Seguro Social: _____

Edad del Empleado: _____

Información del Empleo

Cargo del Empleado: _____ Fecha de comienzo: _____

Si comenzó recientemente, fecha del primer cheque de paga: _____

Salario bruto (antes de las deducciones de impuestos): \$ _____

Frecuencia de pago (marque una casilla): semanalmente quincenalmente mensualmente

Otro caso (favor de especificar): _____

Número total de horas trabajadas por semana: _____

Nombre del Empleador: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____ Fecha en que terminó su empleo (si ya no está empleado): _____

Información de Asistencia Escolar

Si usted también asiste a la escuela mientras trabaja, favor de anotar esta información más abajo:

Asistencia escolar a tiempo completo Asistencia escolar a tiempo parcial

Días/horas de asistencia: _____

Reseña de los cursos: _____

Nombre de la Escuela: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____ Persona Contacto en la Escuela: _____

Otros Ingresos

Marque (☑) todas las casillas que correspondan. Favor de adjuntar comprobantes de ingresos, como cheques o estados de ingresos.

Tipo de Ingreso	Cantidad (\$)	Frecuencia		
		Semanal	Quincenal	Mensual
<input type="checkbox"/> Incapacidad del Seguro Social (Social Security Income - SSI)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Incapacidad del Seguro Social	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Incapacidad del Estado de Nueva York	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beneficios por Desempleo	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Otros Ingresos	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Al firmar esta Declaración de Empleo, doy fe de que la información antedicha es correcta y que soy consciente de que el ingreso que estoy declarando será evaluado por la Agencia.

Employed Person's Signature: _____

Favor de escribir su nombre en letras de molde: _____

Fecha: _____