



# FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner  
Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #06-82-OPE

### OBSOLETION OF HS SYSTEM (HSS) AND PERSONAL ROADS TO INDIVIDUAL DEVELOPMENT AND EMPLOYMENT (PRIDE) FORMS AND POLICIES

<b>Date:</b> June 16, 2006	<b>Subtopic(s):</b> HSS, PRIDE, Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the following policy directives, policy bulletins and forms that address HSS and PRIDE are now obsolete. The Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program has encompassed the medical and rehabilitation services previously provided by HSS and PRIDE.</p> <p>PD #99-84                    The Work Barriers Program            PD #00-38R                Expansion of the HS System (HSS) Responsibilities</p> <p>PD #00-92                    HSS Decentralization (Interim Process)            PD #02-23-EMP            PRIDE Program            PB #00-27                    HSS FTR/FTC Interim Process            PB #01-31-EMP            HS Systems Functional Assessment Resumption and Wellness/Rehab Plan Reinstatement</p> <p>PB #01-68-ELI              Change in Medical (HSS) Deferral Codes            PB #01-74-EMP            Medical Limitations and Work Assignments            PB #02-35-OPE            Introduction of the PRIDE Welcomes You Brochure</p> <p>PB #02-46-ELI              HS System Referrals for Individuals Sixty Years of Age and Older            PB #02-142-EMP            NYCWAY System Enhancement: HSS Edit for Individuals 59 Years and Over</p> <p>PB #02-169-OPE            Revision of PRIDE Notice of Intent Form W-612            PB #02-174-OPE            Consolidation of PRIDE Notice of Intent Forms            PB #02-175-OPE            New PRIDE Notice of Intent Form            PB #02-193-EMP            PRIDE Automated Sanction Process for Safety Net Participants</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*

PB #02-211-EMP	Work-Limited Non-Public Assistance Food Stamp Participants
PB #02-219-SYS	Revisions to HSS Process in NYCWAY
PB #02-232-EMP	Revision to the PRIDE Referral Letter for Non-Public Assistance Food Stamp Participants (W-612GG)
PB #02-247-EMP	Revisions to PRIDE Notices of Intent W-612DD and W-612
PB #03-138-EMP	HS Systems (HSS) Dual Assessment Outcome Codes
PB #04-18-OPE	Rescheduling HSS Appointments
PB #04-218-EMP	Non-Public Assistance Food Stamp Applicants/Participants Claiming Work Rule Exemption Due to a Physical or Mental Disability


In addition, the HSS Functional Assessment Outcome (FAO) Desk Guide (**W-574GG**) and the PRIDE Referral Letter for Non-Public Assistance Food Stamp Participants (**W-612GG**) are now obsolete.

Center Directors must ensure that all versions of the above forms (including their multilingual equivalents), policy directives and bulletins are removed from circulation and recycled.

*Effective Immediately*

**Attachments:**

<b>W-574GG</b>	HSS Functional Assessment Outcome (FAO) – Desk Guide (Obsolete)
<b>W-612GG</b>	PRIDE Referral Letter for Non-Public Assistance Food Stamp Participants (Obsolete)

 Please use Print on Demand to obtain copies of forms.

## HSS FUNCTIONAL ASSESSMENT OUTCOME (FAO) -- DESK GUIDE

Outcome	Action Code		Level	Description	Employability Status (ES) Code	Required Action
	Applicant	Participant				
FAO 1	938A	138A	NONE	NON-EXEMPT	20	NOWR, Assign activity
FAO 2	938B	138B	NONE	NON-EXEMPT - Limitations	20	NOWR, Assign activity
FAO 3	938C	138C	NONE	NON-EXEMPT -Extensive Limitations	16	PRIDE or Work Barriers
FAO 4	938S	138S	NONE	SUBSTANCE ABUSE	63	CASAC
FAO 5	938E	138E	I	HIV-Abilities Indicated-NON-EXEMPT	16	NOWR, Assign activity
FAO 5	938G	138G	II	HIV-Abilities Indicated-Specialized support plan-NON-EXEMPT	16	NOWR, Assign activity
FAO 5	938D	138D	III	HIV-SUBSTANCE ABUSE	63	CASAC
FAO 5	938T	138T	IV	HIV Temporarily deferred up to 6 months	42	HSS will reassess
FAO 5	939M	139M	V	HIV-Temp. deferred Symptoms	36	HSS Wellness/Rehab Plan
FAO 5	939H	139H	VI	HIV-SSI-Potential-EXEMPT	43	HSS will follow-up
FAO 6	939A	139A	I	Temp. deferred-up to 3 months	41	HSS will reassess
FAO 6	939B	139B	II	Temp. deferred-up to 6 months	42	HSS will reassess
FAO 6	939P	139P	III	High risk pregnancy-EXEMPT until 13 Weeks after delivery	24	HSS will reassess
FAO 7	939C	139C	NONE	EXEMPT-Potential restoration	36	HSS Wellness/Rehab Plan
FAO 8	939E	139E	8	SSI Potential-Non-Substance Abuse related disability	43	HSS will follow-up
FAO 8	939D	139D	8S	SSI Potential-Substance Abuse related disability	43	HSS will follow-up

NOWR = Notice of Work Requirements (W-574Z)

**Failure to Report/Comply (FTR/FTC) with HSS Functional Assessment**

APPLICANTS			
CODE	DESCRIPTION	RESULTS	RESOLUTION
938F	FTR to initial appointment	REJECT CASE	Reschedule appointment (938H)
938L	FTR with initial assessment	REJECT CASE	Reschedule assessment (938H)
938T	FTR/FTC (one exam pending)	REJECT CASE	Resume assessment (938R)
938U	Appl. FTR/FTC (multiple exam pending)	REJECT CASE	Resume assessment (938R)

OBSOLETE

PARTICIPANTS			
CODE	DESCRIPTION	RESULTS	RESOLUTION
438C	FTR to initial appointment	Notice of Intent to Close or Reduce	Reschedule appointment (938H)
488H	FTC with initial assessment	Notice of Intent to Close or Reduce	Reschedule appointment (938H)
438R	FTR/FTC (one exam pending)	Notice of Intent to Close or Reduce	Resume assessment (138R)
438S	FTR/FTC (multiple exams pending)	Notice of Intent to Close or Reduce	Resume assessment (138R)
439T	TEMPU FTR/FTC with follow-up activity	Notice of Intent to Close or Reduce	Resume assessment (138R)
439W	FTC with Wellness/Rehabilitation Plan	Notice of Intent to Close or Reduce	Resume Wellness/Rehabilitation Plan (139R)
490	FTC with SSI referral or file an SSI claim	Notice of Intent to Close or Reduce	
490A	FTC or follow SSI appeals process	Notice of Intent to Close or Reduce	
491A	FTR to SSI Case Control	Notice of Intent to Close or Reduce	

TEMPU = Temporary Unemployable

PRIDE Program  
109 East 16th Street, Room 107  
New York, NY 10003



Notice Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Food Stamp Center: \_\_\_\_\_

Worker: \_\_\_\_\_

### PRIDE Referral Letter for Non-Public Assistance Food Stamp Participants

Dear Participant:

As part of your participation in PRIDE, you have been assigned to a PRIDE vendor for job skills enhancement activities. You are scheduled to report on:

Day: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Travel Directions: \_\_\_\_\_

**OBSOLETE**

The PRIDE vendor will conduct a complete evaluation of your abilities and develop an appropriate next-step plan based upon the outcome of this assessment. Assessment outcomes may include vocational and/or education assistance.

You must report to your appointment on time and on the date indicated above. It is important that you bring your benefit photo identification card. Your participation in this program is mandatory. You must report and maintain 100 percent attendance. In case of emergency, you should call the number above before your scheduled reporting time.

You will receive carfare and if you need it, childcare. Do not bring your child(ren) with you to the PRIDE vendor.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Participant Name: \_\_\_\_\_

PRIDE Provider Name: \_\_\_\_\_

HRA JOS/Worker Name: \_\_\_\_\_

HRA JOS/Worker Telephone Number: \_\_\_\_\_

PRIDE Program  
109 East 16th Street, Room 107  
New York, NY 10003

Fecha de Aviso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Centro de Cupones para Alimentos: \_\_\_\_\_

Trabajador: \_\_\_\_\_

## Carta de Referencia de PRIDE para Beneficiarios de Cupones para Alimentos sin Asistencia Pública

Estimado(a) Participante:

Como parte de su participación en PRIDE, se le ha asignado a un vendedor de PRIDE para actividades de mejoramiento de capacidad de empleo. Se le ha programado una cita para que se presente:

Día: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Horas Por Semana: \_\_\_\_\_ Número de Teléfono: \_\_\_\_\_

Indicaciones de Viaje: \_\_\_\_\_

**OBSOLETE**

El vendedor de PRIDE preparará una evaluación completa de sus capacidades y, basado en el resultado de dicha evaluación, desarrollará un plan adecuado para su próximo paso. El resultado de la evaluación puede incluir asistencia vocacional y/o educativa.

Usted tiene que presentarse a su cita puntualmente y en la fecha indicada más arriba. Es importante que traiga su tarjeta de identificación con fotografía de beneficiario. Su participación en este programa es obligatoria. Usted tiene que presentarse y mantener una asistencia 100 por ciento perfecta. En caso de emergencia, debe llamar al número que aparece más arriba antes de la hora programada de su cita.

Usted recibirá dinero para la tarifa de transporte y, si lo necesita, para cuidado infantil. No traiga a su(s) niño(s) con usted a el local del vendedor de PRIDE.

\_\_\_\_\_  
Firma del Participante

\_\_\_\_\_  
Fecha

Nombre del Participante: \_\_\_\_\_

Nombre del Proveedor de PRIDE: \_\_\_\_\_

Nombre del Trabajador/JOS de la HRA: \_\_\_\_\_

Teléfono del Trabajador/JOS de la HRA: \_\_\_\_\_

EL INCLUMPLIMIENTO DE LOS REQUISITOS DEL PROGRAMA PUEDE RESULTAR EN LA REDUCCIÓN DE SUS BENEFICIOS DE CUPONES DE ALIMENTOS.