



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #07-32-OPE

REVISIONS TO NYPD – JOB CENTER REPORT/REFERRAL (W-451)

<p>Date: March 15, 2007</p>	<p>Subtopic(s): Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>This policy bulletin is to inform Job Center staff that the NYPD – Job Center Report/Referral (W-451) has been revised to conform with the Agency’s formatting requirements. The W-451 is a police report form that is utilized when an applicant/participant requests replacement of lost or stolen cash.</p> <p>Revisions to the W-451:</p> <ul style="list-style-type: none"> • The reference to Income Support Programs was replaced with “Job Center” throughout the document; • The “Client’s Signature” is now “Applicant/Participant’s Signature”; • The instructions on the bottom of the form have been changed to: <ul style="list-style-type: none"> ▪ Take the original and duplicate copies to police precinct; ▪ Return the completed and signed original to the Job Center. <p>Upon receipt of the completed and signed W-451, the Worker must:</p> <ul style="list-style-type: none"> • scan and index it into the applicant’s/participant’s electronic record; • return the original copy to the applicant/participant. <p>Center Directors must ensure that all previous versions of the W-451 are removed from circulation and recycled.</p> <p>A sample of the W-451 is attached.</p> <p><i>Effective Immediately</i></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*

 Please use Print on Demand to obtain copies of forms.

Attachment:

W-451

NYPD – Job Center Report/Referral
(Rev. 3/15/07)



NYPD – Job Center Report/Referral

Part 1 – To be filled in by referring agency

Date: _____

To: _____	From: _____
Complainant's Name: _____	Case Number (if applicable): _____
Complainant's Address: _____	Apt. No./Fl.: _____
Check <input checked="" type="checkbox"/> One: <input type="checkbox"/> PA/Food Stamp Participant <input type="checkbox"/> SSI Participant <input type="checkbox"/> Applicant	

Part II – For Job Center use only

Incident to be reported: _____			
Type of check: _____	Check No.: _____	Amount \$ _____	(if applicable)
Action required: _____			
Worker's Signature: _____	Date: _____		

Part III – For police use only

SAMPLE

The above-named complainant reported the following incident (check one below) to the _____ today.
Precinct No. _____

The incident occurred on _____ at _____
Date Place/Address

The complaint has been recorded under _____ by _____
UF 61 No. Police Official Shield Number

Burglary Rape Mugging
 Physical abuse (battered woman) Vandalism Other (specify) _____

The following items(s) were reported as lost/stolen or destroyed. Check appropriate box(es).

Public assistance check	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	Check No's., if known _____ Amount: \$ _____
SSI check	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	
Other check (specify) _____	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	
Cash	<input type="checkbox"/> lost	<input type="checkbox"/> stolen	
Property (specify) _____	<input type="checkbox"/> lost	<input type="checkbox"/> stolen <input type="checkbox"/> destroyed	

Police Official's Signature _____	Date _____
Applicant/Participant's Signature _____	Date _____

- Instructions**
1. Take the original and duplicate copies to the Police Precinct.
 2. Return the completed and signed original to the Job Center.