



FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner



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

Stephen Fisher, Acting Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #10-115-OPE

REVISIONS TO FORM M-30P

Date: November 23, 2010	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the Required Job Center Follow-up Action (M-30P) form has been revised to reflect the Agency’s most current terminology and logo.</p> <p>Additional revisions to the M-30P are as follows:</p> <ul style="list-style-type: none"> • The title was changed to “Required Job Center Follow-up Action.” • In the upper right corner, SSN and Caseload were deleted and date was added. • Throughout the form, “IS/Job Center” was changed to “Job Center.” <p>Part I Section:</p> <ul style="list-style-type: none"> • “Bottom Line Budget” was replaced with “Housing Stability Plus (HSP)” and • “Jiggets case out of range” was replaced with “Work Advantage.” <p>Part II Section:</p> <ul style="list-style-type: none"> • The title of the section was changed to “Job Center Follow-up Action Required.” <p>Job Center Directors must ensure that all previous versions of the M-30P are removed from circulation and recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p>Attachment:</p> <p>M-30P Required Job Center Follow-up Action (Rev. 11/23/10)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

To: Director Job Center # _____

Date: _____

From: _____, Supv.

Case Number: _____

Income Clearance Program
330 West 34th Street - 6th Floor
(212) 630-9877/78

Case Name: _____

Match Name: _____

Due Date: _____

Required Job Center Follow-up Action

The Income Clearance Program is unable to initiate or complete case action on the match data attached. The Job Center should review this memo and take the appropriate action. Please return this form and the annotated match to Income Clearance Program by due date.

Part I Match Type _____ Run Date: _____

- Housing Stability Plus (HSP)
- Work Advantage
- Case/Line in AP status
- Other
- Expired EDC
- Incorrect State/Federal Charge
- TEAP Case

SAMPLE

**Part II Job Center Follow-up Action Required
Action Taken (check one)**

- Closed Effective Date: _____ Code: _____
- Rebudgeted Effective Date: _____ Budget #: _____
- Other Effective Date: _____

Description of Action Taken:

Job Center Supervisor Date Phone #