



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #10-123-OPE (This Policy Bulletin Replaces PB #10-78-OPE)

REVISIONS TO THE FINGER IMAGING NOTICE (W-519)

| Date: December 7, 2010 | Subtopic(s): Finger Imaging |
|--|---|
| <p> This procedure can now be accessed on the FIAweb.</p> <p>See PD #05-03-ELI for further information on finger imaging.</p> <p>See PB #10-86-OPE for information on AFIS Freedom.</p> <p>See PB #10-82-OPE for information on the mailing to NCA FS participants who reach their 18th birthday.</p> | <p>The purpose of this policy bulletin is to inform Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff that the Finger Imaging Notice (W-519) has been revised.</p> <p>The following revisions have been made in the section labeled “Instructions to the AFIS Operator” on the bottom of page 2 of Form W-519:</p> <ul style="list-style-type: none"> • A field labeled “Case Type” was added to the first line in the section. • The statement, “You must contact the AFIS Helpdesk” was changed to, “You must contact the HRA AFIS Helpdesk”. • The Helpdesk telephone number was removed because the HRA AFIS Helpdesk is intended for internal use only. <p>Form W-519 is used to inform Cash Assistance (CA) and Food Stamp (FS) applicants/participants about New York State finger imaging requirements. This form also provides a list of individuals who are exempt from finger imaging (e.g. homebound applicants/participants). Workers must be sure to print Form W-519 and give it to the applicant/participant prior to sending him/her to the finger imaging operator.</p> <p>Under an initiative known as AFIS Freedom, NCA FS applicants and their adult household members who are subject to finger imaging requirements and are eligible to have a telephone interview can visit any NCA FS location citywide to be finger imaged. Additionally, NCA FS participants who receive a finger imaging call-in notice because they have reached their 18th birthday are also eligible to visit any NCA FS location citywide to be finger imaged.</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

When a Worker selects the “telephone interview” option, the Paperless Office System (POS) will not allow Form **W-519** to be printed. In these instances, POS will transmit the applicant’s demographic record to a centralized database. When an applicant who visits an AFIS location to be finger imaged indicates that he/she has been interviewed by telephone, the AFIS operator must utilize the centralized database to confirm that he/she has also been referred for finger imaging.

If the applicant’s social security number is not located in the centralized database, the AFIS Operator will contact the HRA AFIS Helpdesk for assistance. The applicant cannot be enrolled into AFIS unless he/she is listed in the centralized database or provides a **W-519**.

Job Center Directors and NCA FS Center Managers must ensure that all previous versions of Form **W-519** are removed from circulation and recycled.

Samples of the revised forms are attached.

Effective Immediately

References:

18 NYCRR 351.2 (a)
 18 NYCRR part 381
 18 NYCRR 387.9 (c)
 GIS 09 MA/021

Related Items:

[PD #05-03-ELI](#)
[PB #10-82-OPE](#)
[PB #10-86-OPE](#)

Attachments:

| | |
|------------------|--|
| W-519 | Finger Imaging Notice (Rev. 12/7/10) |
| W-519 (S) | Finger Imaging Notice (Spanish) (Rev. 12/7/10) |

☞ Please use Print on Demand to obtain copies of forms.

Date: _____

Case Number: _____

Applicant/Participant Name: _____

Center: _____

Finger Imaging Notice

If you are applying for or receiving regular or emergency Cash Assistance and/or Food Stamp benefits and you are an adult (18 years of age or older) or you are the head of household, you must enroll in the Automated Finger Imaging System (AFIS) to be finger imaged. This information will be compared with other active computer files in order to assist in determining your household's eligibility for assistance and to prevent duplicate participation. If you are an adult applying for/receiving Medicaid benefits and your Medical Assistance Identification card must contain a photo image, you are required to enroll in AFIS in order to have your photograph taken only. Family Health Plus and Family Planning Benefit applicants/participants are exempt from all AFIS requirements. Please bring identification with you to the Finger Imaging Unit.

AFIS will capture your finger images and take your photograph quickly and easily. These images and photographs will be stored and matched against those of other applicants/participants. At the same time that we finger image you, we will record your signature electronically so that we can issue you a Common Benefit Identification Card (CBIC). You will need this card to redeem your benefits.

The following individuals are exempt from finger imaging:

- Adult payees on "child only" cases (e.g., a grandparent who is applying for/receiving Cash Assistance on behalf of his/her grandchild). Adult payees are not exempt if they are included on the Food Stamp case.
- Individuals physically unable to comply with this requirement because of an injury or disability. However, if the condition is temporary, an appointment to return for finger imaging must be made.
- Applicants/Participants under 18 years of age unless they are payees for their own cases or suffixes.
- SSI recipients who are applying for a one-shot deal Emergency Assistance to Adults (EAA) grant (only if all members of the household are in receipt of SSI).
- Applicants/Participants who have cases at the SSI (F15) or Residential Treatment (F61) centers.
- Congregate Care Facility residents.
- Homebound applicants/participants.
- Non Cash Assistance Food Stamp applicants/participants who are sanctioned, disqualified, or ineligible for Food Stamps (such as ineligible aliens, only if the alien's ineligibility has been established through a review of documentation).

Failure to comply with the finger imaging requirement will result in a case denial/closing.

I am exempt from finger imaging because I meet one of the exemption criteria mentioned on **page 1**.

I do **not** agree to be finger imaged. I am applying/seeking recertification for Cash Assistance and/or Food Stamps and realize that, by not agreeing to be finger imaged, I will become ineligible and my case will be rejected or closed as appropriate.

I do **not** agree to be finger imaged. I am applying/seeking recertification for Food Stamp Benefits only and realize that, by not agreeing to be finger imaged, I and my entire Food Stamp household will become ineligible and my case will be rejected or closed as appropriate.

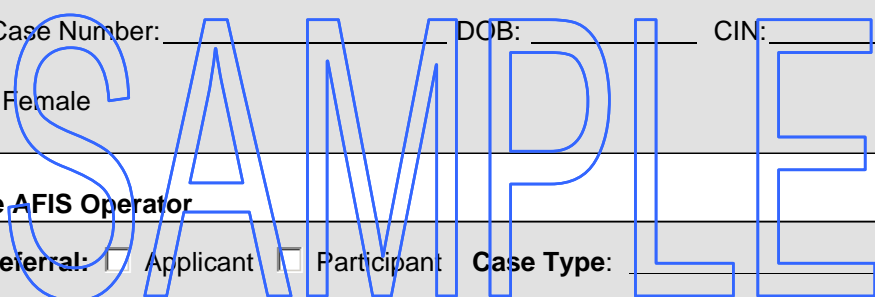
Applicant's/Participant's Signature _____ Date _____

Report to Finger Imaging Unit, _____ Floor Appointment Date: _____ Time: _____ AM PM

Applicant/Participant Name: _____ Social Security Number: _____

Registry Number/Case Number: _____ DOB: _____ CIN: _____

Sex: Male Female



Instructions to the AFIS Operator

Finger Imaging Referral: Applicant Participant **Case Type:** _____

Job Center Number: _____ NCA FS Center Number: _____

Worker's Name: _____ Worker's Telephone Number: _____

Finger Image, Photograph, and Signature

Applicant/Participant imaged under CIN _____ please transfer to CIN _____
To transfer an AFIS image from one CIN to another, you must contact the HRA AFIS Helpdesk and provide them with the CIN the applicant/participant is imaged under and the CIN the image should be transferred to. (Complete a Finger-Imaging Routing Slip [W-519C] and place it in the designated basket to be returned to the Worker.)

Photograph and Signature Only (Ineligible Alien [NCA FS], Emergency Assistance to Adults [EAA], Medicaid, and Payee Only CA Applicants/Participants)

Identification Only (Please verify identity)

Fecha: _____

Número del Caso: _____

Nombre del Solicitante/Participante: _____

Centro: _____

Aviso de Impresiones Digitales

Si usted está solicitando o recibiendo los beneficios normales o de emergencia de Asistencia en Efectivo y/o Cupones para Alimentos, y si es un adulto (de 18 años de edad o más) o jefe del hogar, debe inscribirse en el Sistema Automatizado de Impresión Digital (Automated Finger Imaging System – AFIS) para que le tomen las impresiones digitales. Esta información será comparada con otros expedientes computarizados activos para poder determinar si su hogar es elegible para asistencia y también para evitar la participación duplicada. Si usted es un adulto que está solicitando o recibiendo los beneficios del Medicaid y su tarjeta de Identificación de Asistencia del Medicaid debe tener una fotografía, se requiere que usted se inscriba en el AFIS para que solamente le tomen su fotografía. Los solicitantes/participantes de Family Health Plus y Family Planning Benefit están exentos de todos los requisitos de AFIS. Por favor traiga con usted una prueba de identificación a la Unidad de Impresiones Digitales (Finger Imaging Unit).

El Sistema Automatizado de Impresión Digital captará sus impresiones digitales y le tomará su foto de forma rápida y fácil. Estas impresiones digitales y fotografías serán archivadas y comparadas con las de otros solicitantes/participantes. Al tomar sus impresiones digitales, registraremos electrónicamente su firma de manera que podamos asignarle una Tarjeta de Identificación de Beneficios en Común (Common Benefit Identification Card – CBIC). Usted necesitará esta tarjeta para obtener sus beneficios.

Las siguientes personas están exentas de impresiones digitales:

- Beneficiarios adultos en casos de "sólo niños" (p.ej., un abuelo que esté solicitando/recibiendo Asistencia en Efectivo a nombre de un nieto). Los beneficiarios adultos no están exentos si están incluidos en el caso de Cupones para Alimentos.
- Personas quienes físicamente no pueden cumplir este requisito debido a una lesión o incapacidad. No obstante, si esta condición es temporaria, es preciso programar una cita de vuelta para la toma de imágenes digitales.
- Solicitantes/participantes menores de 18 años de edad, a menos que sean beneficiarios de sus propios casos o sufijos.
- Personas que reciben SSI y que están solicitando la negociación, de una vez, de una subvención del Hogar de Asistencia de Emergencia para Adultos (Emergency Assistance to Adults – EAA) (sólo si todos los miembros del hogar reciben SSI).
- Solicitantes/participantes quienes tienen casos en el centro SSI (F15) o de Tratamiento Residencial (F61).
- Residentes de un Local de Cuidado Colectivo.
- Solicitantes/participantes confinados al hogar.
- Participantes/solicitantes de Cupones para Alimentos de No Asistencia en Efectivo que están sancionados o descalificados o que son inelegibles para Cupones para Alimentos (como extranjeros inelegibles, y sólo si la no elegibilidad del extranjero ha sido confirmada mediante una revisión de documentos).

El incumplimiento del requisito de imágenes digitales resultará en el cierre o rechazo de su caso.

Estoy exento(a) de tomarme impresiones digitales, porque cumpla uno de los criterios de exención en la **página 1**.

No estoy de acuerdo con que se me tomen mis impresiones digitales. Estoy solicitando/buscando la recertificación de la Asistencia en Efectivo y/o Cupones para Alimentos, y al no consentir a que se me tomen impresiones digitales, renuncio a mi elegibilidad y mi caso será rechazado o cerrado si se estima pertinente.

No estoy de acuerdo con que se me tomen mis impresiones digitales. Estoy solicitando/buscando la recertificación sólo para los Cupones para Alimentos y estoy consciente de que al no consentir a que se tomen impresiones digitales, todos los miembros de mi hogar de Cupones para Alimentos y yo perderemos nuestra elegibilidad y mi caso será rechazado o cerrado si se estima pertinente.

Firma del Solicitante/Participante _____ Fecha _____

Preséntese a la Unidad de Impresiones Digitales, _____ Piso Fecha de la Cita: _____

Hora: _____ AM PM

Nombre del Solicitante/Participante: _____ Número de Seguro Social: _____

Número de Registro/Número del Caso: _____ Fecha de Nacimiento: _____ CIN: _____

Sexo: Masculino Femenino

SAMPLE

Instructions to the AFIS Operator

Finger Imaging Referral: Applicant Participant **Case Type:** _____

Job Center Number: _____ NCA FS Center Number: _____

Worker's Name: _____ Worker's Telephone Number: _____

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