



FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner




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Policy, Procedures, and Training

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Office of Procedures

POLICY BULLETIN #10-23-OPE (This Policy Bulletin Replaces PB #10-18-OPE)

APPLICANT REFERRALS TO THE TRAINING ASSESSMENT GROUP (TAG)

<p>Date: March 16, 2010</p>	<p>Subtopic(s): TAG</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revisions to Original Policy Bulletin:</p> <p>This policy bulletin is being revised for the following reasons:</p> <ul style="list-style-type: none"> • to advise staff to post a 935T only if the applicant has a Bursar’s Receipt, Registrar’s Receipt, or an Acceptance Letter. • to exclude the FIA School/Training Enrollment Letter (W-700D) as a document that is required for a referral to TAG. • to remove the W-700D from being listed on the Training Documentation Return Appointment form (W-500ZZ). • to provide the applicant a copy of the Notice of Applicant Self-Enrollment in Training/Education Program (W-507A) when the 935T posts. <p>Purpose:</p> <p>The purpose of this policy bulletin is to advise Job Center staff of the following:</p> <ul style="list-style-type: none"> • Action Code 935T can only be posted if certain documents verifying school enrollment have been submitted by the applicant. • Action Code 935R (Training Documentation Return Appointment) is posted to provide the applicant with a return appointment to bring in the school enrollment documents.

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

Action Code **935T** can only be posted if one of the following documents is provided by the applicant as verification of school enrollment:

See **Attachment A** for sample documentation.

Revised

- Bursar's Receipt
- Registrar's Receipt
- Acceptance Letter

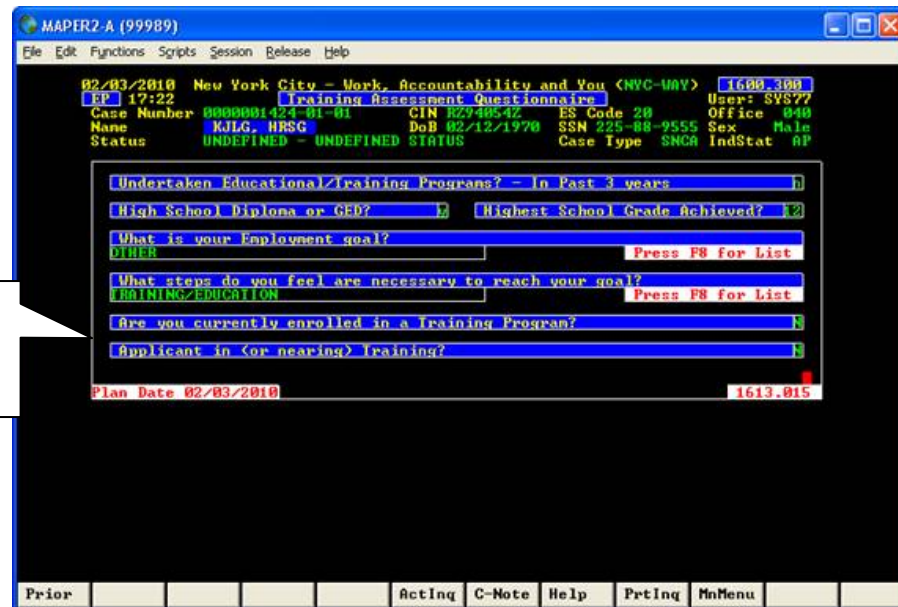
If the applicant indicates that he/she is currently enrolled in training or about to start training, the JOS/Worker must:

- Initiate the Employment Plan (EP) and proceed to the **Training Assessment Questionnaire** screen.
- Enter **Y** or **N** to the question, "Are you currently enrolled in a training program?" and a **Y** or **N** to the question, "Applicant in (or nearing) Training?"

A **Y** must be entered for at least one of the questions.

Training Assessment Questionnaire screen

Two questions to which Worker must answer Yes or No.



- Transmit and the **TAG Documentation Inquiry** screen appears.

TAG Documentation Inquiry screen

MAPER2-A (99987)

File Edit Functions Scripts Session Release Help

01/21/2010 New York City - Work, Accountability and You <NYC-WAY> 1600.300
 EP 16:23 TAG - Documentation Inquiry User: SVS77
 Case Number 0000013448-01-01 CIN RW881104 ES Code 20 Office 044
 Name WILL, JUK DoB 01/25/1960 SSN 069-15-2100 Sex Female
 Status UNDEFINED - UNDEFINED STATUS Case Type PA IndStat AP

Plan Date 01/21/2010 1613.203

Prior ActInq C-Note Help PrtInq MnMenu

Submission of the **W-700D** by itself does not allow a referral to TAG.

Give the applicant a copy of the **W-700D**.

- Enter a **Y** or **N** to indicate whether or not the applicant has a “School Letter (**W-700D**),” or an “Acceptance Letter, Registrar’s/Bursar’s Receipt,” verifying school enrollment (see **Attachment A** for sample documentation).
- If the answer is **Y** to “Acceptance Letter, Registrar’s/Bursar’s Receipt,” NYCWAY will offer to post Action Code **935T** (see page 5).
- If the answer is **Y** to the “School Letter (**W-700D**),” and **Y** to “Acceptance Letter, Registrar’s/Bursar’s Receipt,” NYCWAY will offer to post Action Code **935T** (see page 5).
- If the answer is **N** to “Acceptance Letter, Registrar’s/Bursar’s Receipt,” the **Creation of Actions and Comments** screen will appear.

Note: Staff must scan and index all documentation submitted to verify school enrollment.

Creation of Actions and Comments screen

NYCWAY offers to post Action Code **935R** when the applicant does not have at least one document from **Attachment A**, or the list on page 2.

MAPER2-A (99987)

File Edit Functions Scripts Session Release Help

01/21/2010 New York City - Work, Accountability and You (NYC-WAY) 16:00.300
 EP 16:33 Creation of Actions and Comments User: SYS77
 Case Number 0000013448-01-01 CIN RW88118V ES Code 20 Office 044
 Name WILL, JUK DoB 01/25/1960 SSM 069-15-2100 Sex Female
 Status UNDEFINED - UNDEFINED STATUS Case Type FA IndStat AP

System will Post Action Code:

935R TRAINING DOCUMENTATION RETURN APPOINTMENT
 Enter 'y' to accept the Action(s) or 'n' to Deny

Action Comments
 Additional Comments?

Plan Date 01/21/2010 16:43.070

MnMenu

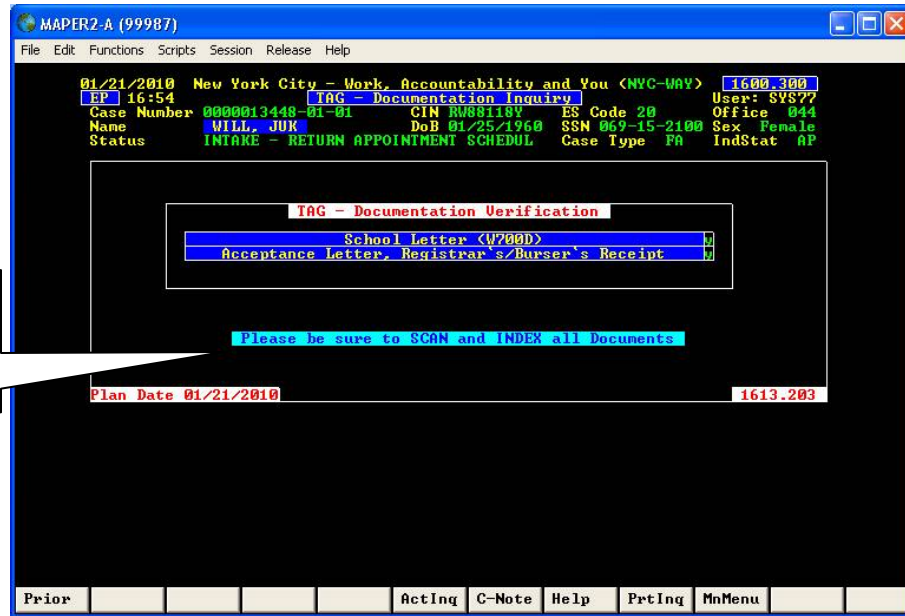
- Enter **Y** to post Action Code **935R**, transmit, and NYCWAY will automatically schedule a return appointment and print a copy of the **W-500ZZ** form.
- Give the applicant a **W-700D** (only if the answer to the **W-700D** question was **N**), and a **W-500ZZ**. Obtain the applicant's signature on the **W-500ZZ**, scan and index the form, and give the original to the applicant.
- Emphasize to the applicant that he/she must return with one of the following three documents: a Registrar's Receipt, a Bursar's Receipt, or an Acceptance Letter on the school's letterhead.
- Indicate that a completed **W-700D** can be included with one of the above three documents.

At the return appointment the JOS/Worker must:

- Update the EP and access the **Training Assessment Questionnaire** screen.
- Enter **Y** to one of the two questions "Are you currently enrolled in a training program" and "Applicant in (or nearing) Training?," transmit, and proceed to the **TAG Documentation Inquiry** screen if the applicant returned with the proper documents.

TAG Documentation Inquiry screen

The Worker must scan and index all documents returned by the applicant.



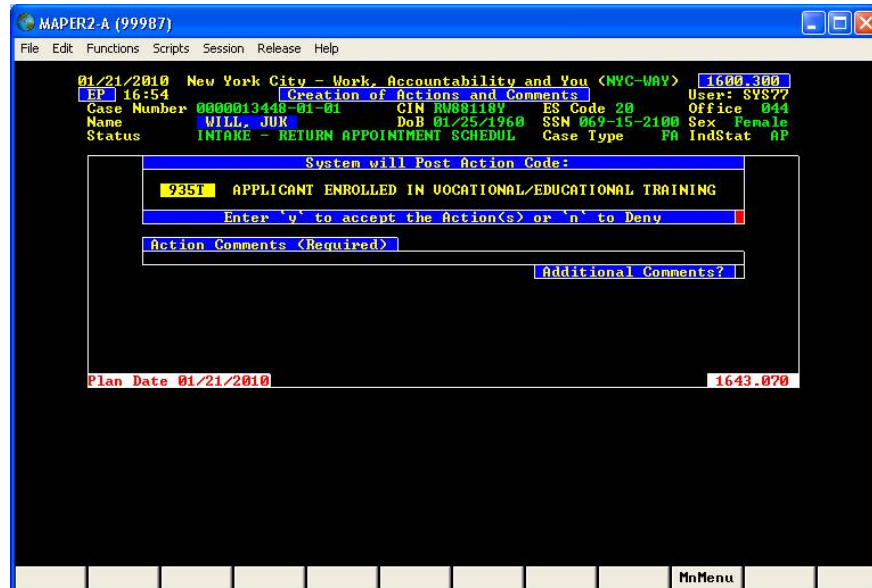
The applicant must return with at least one document from **Attachment A**, or the list on page 2.

NYCWAY will offer to post Action Code **935T** if the applicant has one of the documents listed on page 2 (see **Attachment A** for examples).

- Enter **Y** if the applicant returned with a completed **W-700D**.
- Enter **N** if he/she does not have the **W-700D** completed, and then proceed to the next question.
- Enter **Y** if the applicant returned with one of the documents verifying training enrollment as shown on page 2 and **Attachment A**.
- Scan and index all the documents provided by the applicant.
- Transmit, and NYCWAY will offer to post Action Code **935T**.

Creation of Actions and Comments screen

NYCWAY offers to post Action Code **935T** when the applicant submits at least one document from **Attachment A**, or the list on page 2.



The **W-507A** automatically prints when the **935T** posts.

New Information

- Enter **Y** to post the **935T** to batch schedule the applicant for a TAG referral when his/her case is accepted, and retrieve a copy of the **W-507A** from the printer. A referral to the Back to Work (BTW) vendor is not required.
 - Advise the applicant to bring a completed **W-700D**, if they haven't already submitted it.
 - If the applicant fails to bring the **W-700D** to TAG, the TAG Worker should give the applicant a return appointment to TAG to bring in the completed **W-700D**.
- Enter an **N** if the applicant fails to return with the documentation verifying training enrollment listed on page 2 and **Attachment A**.
 - The EP will continue its standard processing and display either the Childcare or BTW screens.

Refer to the Employment Processing Manual for details on an applicant returning to BTW.

Note: Applicants who were sent to BTW and have claimed training within five days of the BTW assignment should be referred to the Outstationed Worker who will post Action Code **917T** (Vendor Applicant Appointment to Job Center for Training Claim). If the applicant claims training after five days, he/she must remain at BTW until the case is accepted.


Effective Immediately

Related Item:

Employment Processing Manual

Attachments:

Attachment A	Samples of documentation
W-500ZZ	Training Documentation Return Appointment (Rev. 3/16/10)
W-500ZZ (S)	Training Documentation Return Appointment (Spanish) (Rev. 3/16/10)
W-507A	Notice of Applicant Self-Enrollment in Training/Education Program (Rev. 3/16/10)
W-507A (S)	Notice of Applicant Self-Enrollment in Training/Education Program (Spanish) (Rev. 3/1610)
W-700D	FIA School/Training Enrollment Letter (Rev. 3/2/10)
W-700D (S)	FIA School/Training Enrollment Letter (Spanish) (Rev. 3/2/10)

 Please use Print on Demand to obtain copies of forms.

81 Willoughby Street
BROOKLYN NY 11201



TEL: 718 - 522 - 9073
FAX: 718 - 532 - 1433

THE COLLEGE FOR EXCELLENCE

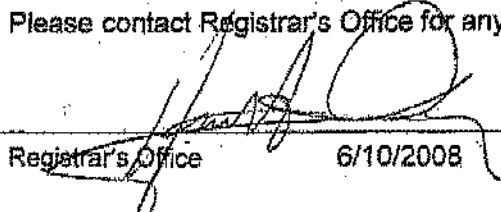
REGISTRATION VERIFICATION NOTICE

This is to verify that the following individual is registered, but has not started the program of the study at ASA Institute.

A Full-time A Part-time Student

Last Name:	McKenzie		
First Name:	William		
Soc. Sec. #:	122-70-8473		
PROGRAM			
Comp. Progr. & Inf. Tec. -5sem			
Vend. Code:	T 1393 / A83		
Start:	6/16/2008		
Project end:	1/31/2010		
<input checked="" type="checkbox"/> Total Program credit:	64	<input checked="" type="checkbox"/> Credit per semester:	15
<input type="checkbox"/> Total Program hours:		<input type="checkbox"/> Contact hours per week:	
Comments:			

Please contact Registrar's Office for any further information.


Registrar's Office 6/10/2008

**ASA INSTITUTE OF BUSINESS
AND COMPUTER TECHNOLOGY
REGISTRAR'S OFFICE**
151 LAWRENCE ST.
BROOKLYN, NY 11201

Page	Date	Cnl	Hrs	Credits	Eq Cred	Div	Bill	Adm	Grp	Major	Res	Reg Typ	OPR	Term	ID Number
1/1	12/12/2008	01	14.0	12.0	12.0	D	B	1	4	030	933	DUK	DEHAC	SPR'09	*****3532-0

STUDENT WILL BE PERSONALLY RESPONSIBLE FOR THE TUITION ONCE REGISTERED

COURSE CODE	DEPT/CRS NUM	SECTION	HOURS	CRED	EQ CRED	COURSE TITLES-TIME-LOCATION	TUITION	SPECIAL FEE	GRADE	CON
0002	D ACCT 217	001	4.0	3.0	3.0	PRINCIPLES OF ACCT I T,TH 02:00-03:40PM S 201	510.00			
0235	D CIS 211	001	4.0	3.0	3.0	COMPUTER & INFORMATI T,TH 08:00-09:40AM B 2010	510.00			
0305	D ECON 212	001	3.0	3.0	3.0	PRINCIP OF MACROECON M,W 08:30-09:45AM S 203	510.00			
1014	D SPCH 102	008	3.0	3.0	3.0	FUNDAMENT OF SPCH T,TH 12:30-01:45PM C N6	510.00			

SAMPLE

ACCT REC P/A APPL	SOURCE	AMOUNT	CHARGES	AMOUNT
TAP	24	\$1,787.50	TUIT FT R UD RES UK	\$2,000.00
PELL	FT	\$363.35	SAF FT DAY 04	\$35.85
			CON. SERV/TECHNO FEE	\$115.00
			TOTAL CHARGES	\$2,150.85
TOT A/R P/A APPLIED		\$2,150.85	PAY THIS AMOUNT	\$2,150.85

Tear Along Perforated Line

Return this portion with payment by CHECK or CREDIT CARD in the enclosed envelope. For CREDIT CARD payments, please complete information below:

DO NOT MAIL CASH

Amount Due: \$0.00
Date Due: 12/12/2008
Credits: 12.0

Check One: VISA MASTERCARD

CARD#

Signature: _____ Exp Date: _____

53 200402 1255635326 00 00 00000000 00 00000000 20881212 6

TONIA R. HANDY
15 KOSCIUSZKO STREET APT 3R
BROOKLYN NY 11205

MEDGAR EVERS COLLEGE
G.P.O.P.O. BOX 29184
NEW YORK, NY 10087-9184



I understand that I am liable for the full amount of my tuition fees whether or not I receive grants, scholarships, or other financial support.

Student must sign

Date: _____



188 MONTAGUE STREET
BROOKLYN NY 11201
WWW.ALLENSCHOOL.EDU
PHONE 1 718 243 1700
FAX 1 718 875 2855

1247209

Date: 2/11/09

To Whom It May Concern:

Re: Jandyrz Rivera
SSN: ~~***~~ - ~~***~~ - 1864

This letter is to verify that Jandyrz-Rivera is currently attending our Medical Assistant Program. He/She started the program on 2/16/09 - 10/30/09

The student's schedule is Monday to Friday 8:30am- 3:30pm.

If you have any questions, please feel free to contact me at the number indicated above.

Sincerely


L. Mitchell
Director



GLOBAL BUSINESS INSTITUTE

146 East 125th Street New York, New York 10035 - (212) 663-1500

January 22, 2009

To Whom It May Concern:

This is certifying that Cora Cintron is a student of Global Business Institute in the Computerized Office Specialist Program with Internship from February 23, 2008 to June, 2009.

Global Business Institute is registered by the New York State Education Department and is a post-secondary vocational institute.

Student attends classes from Monday 12, 2009 through Friday 16, 2009 between the hours of 8:00 a.m. and 4:00 p.m.

If further information is needed, please contact me at the above number.

Sincerely,

A handwritten signature in black ink, appearing to read "Ms. Davis". The signature is written in a cursive style.

Ms. Davis
Student Advocate

6859208

SEMPG002 025

EMERGENCY INFORMATION INQUIRY

08/12/2009 095633

071-78-9087 TORRES, MARIA A
 ADDR 37-57 WARREN STREET APT 1 FLO
 ADDR2 JUNCTION HEIGHT NY 11372-0000
 PROG C044 STOP PROB (718) 446-1155
 DIV D BILL B ADM 1 GRP 1 RES 934 MAJ 111 2ND MAJ MIN SKCD N SEN CITZ N
 ADVISOR COPE OFFICE (MB 13)

IN EMERGENCY NOTIFY

STA CODE	DISCP	NUMB	SEC	DAYS	STARTS	ENDS	BLOG ROOM	INSTRUCTOR
0851	ENG	102	0851	M,W,F	01:00PM-02:00PM		B 302	RIMMER
1472	ELS	101	1472	M,W,TH	10:30AM-11:30AM		E 222	STAFF
				F	10:30AM-11:30AM		E 213	
1616	MAT	120	1616	M	08:00AM-10:15AM		M 110	STAFF
				W	08:00AM-09:00AM		E 217	
				W	09:15AM-10:15AM		M 110	STAFF
3317	HUM	104	3317	M,W,F	11:45AM-12:45PM		E 120	STAFF
7741	SSA	101	7741	M,T,TH	11:45AM-02:00PM			STAFF

PF1=NEW STUDENT

PF2=NEXT TERM

PF3=PRIOR TERM

4-@

1

Sess-1

128.228.1.20

TCPO1186

22/74

3/PA
2.1

COPE PROGRAM
 LaGuardia Community College
 340 Thomson Ave, Room 413
 Long Island City, NY 11101
 (718) 482-6479

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Training Documentation Return Appointment

You have informed HRA that you are currently enrolled in a training program. You must provide proof of enrollment on the appointment date. If you cannot get the required documents, contact your Worker immediately.

Location Name: _____

Address: _____

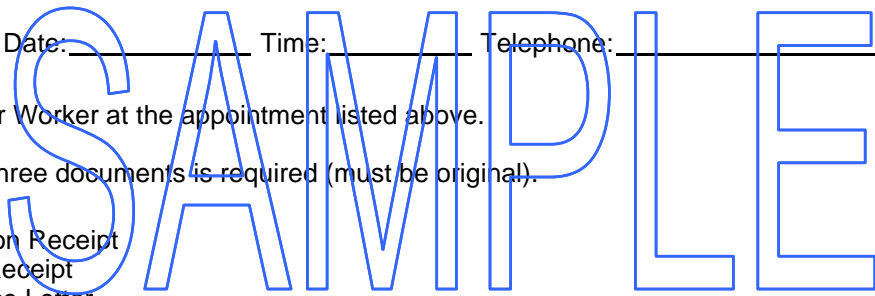
City: _____ State: _____ Zip: _____

Appointment Date: _____ Time: _____ Telephone: _____

You must see your Worker at the appointment listed above.

One of the following three documents is required (must be original).

- Registration Receipt
- Bursar's Receipt
- Acceptance Letter



Until you provide the necessary documentation, you will not be referred to TAG, and your selected training program will be considered an invalid activity.

Failure to submit verification/documentation or failure to contact your Worker on or before the appointment date may result in your placement in a work activity assignment.

*By signing this notice, you (applicant) are acknowledging that you have received notification of the required documentation and the appointment date as indicated above.

Applicant's Signature

Date

Worker's Signature

Date

Worker's Telephone Number

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Cita de Vuelta de Documentación para Capacitación

Usted le ha informado a la HRA que está actualmente inscrito(a) en un programa de capacitación. Usted debe proporcionar en la fecha de la cita prueba de la inscripción. Si no puede obtener la documentación requerida, comuníquese con su Trabajador inmediatamente.

Nombre del Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Usted debe reunirse con su Trabajador en la cita mencionada arriba.

Uno de los siguientes tres documentos es necesario (debe ser original)

- Recibo de Inscripción
- Recibo de Matriculación
- Carta de Aceptación

Hasta que usted proporcione la documentación necesaria, no será enviado(a) a TAG, y su programa de capacitación se considerará una actividad inválida.

El no presentar comprobante/documentación o no comunicarse con su Trabajador en la fecha de la cita o anteriormente puede resultar en su colocación en una asignación de actividad de trabajo.

*Mediante la firma de este aviso, usted (el/la solicitante) da fe de que ha recibido notificación de la documentación necesaria y de la fecha de la cita como se indica arriba.

Firma del Solicitante

Fecha

Firma del Trabajador

Fecha

Número de Teléfono del Trabajador

Date: _____
Case Number: _____
Case Name: _____
CIN: _____
Action Code: _____

Notice of Applicant Self-Enrollment in Training/Education Program

You informed the Human Resources Administration (HRA) that you are self-enrolled in the

training/program. However, as a condition of eligibility for Cash Assistance, you must participate in approved work activities for 35 hours per week. In order to determine whether or not your hours of attendance in the training/education program you are enrolled in can be counted towards the 35-hour mandated workweek, a training assessment review must be conducted.

Therefore, once your case is accepted, you will receive a mandatory appointment at HRA's Training Assessment Group (TAG) offices in order to conduct the training assessment review. This assessment may include testing of your language proficiency and math skills, as well as interviewing you to determine your employment goals, so that appropriate work activities, which include work experience, job search and approved educational training, can be assigned.

Please bring to the appointment the completed FIA School Training Enrollment Letter (**W-700D**) and a bursar's or registrar's receipt. In addition, you are required to bring one of the following documents: a high school diploma, or proof of General Equivalency Diploma (GED), or a college degree, or Career Programs Assessment Test (CPAT) and proof of Grade Point Average (GPA). If you are participating in the Federal Work Study (FWS) program you must bring in your FWS Award letter.

Until you have received TAG approval, your selected training program is a disapproved activity. Prior to your TAG appointment, you are excused from having to participate in a work activity, but this should not be considered approval of your training activity. If after review your program is disapproved, you may continue to attend training during the hours you are not required to participate in work activities. It should be noted that four-year college programs will not be approved as training activities.

If you have minor children, you may have received child care documents to be completed by you and your child care provider to establish child care payments to support your approved activities while you are on Cash Assistance. If so, please bring these completed documents with you to your TAG appointment for data entry into the system.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
CIN: _____
Código de Acción: _____

Aviso sobre la Auto-Inscripción del Participante en el Programa de Capacitación/Educacional

Usted le informó a la Administración de Recursos Humanos (HRA) acerca de su auto-inscripción en el

programa de capacitación/educacional. Sin embargo, como condición de elegibilidad a Asistencia en Efectivo, usted debe participar un total de 35 horas a la semana en actividades de trabajo aprobadas. Para determinar si sus horas de asistencia al programa de capacitación/educacional al que usted se inscribió se pueden o no se pueden acreditar a las 35 horas semanales requeridas, una evaluación respecto a su capacitación se llevará a cabo.

Por lo tanto, una vez que se acepte su caso, usted recibirá una cita obligatoria para presentarse en las oficinas del Grupo de Evaluación de Capacitación de TAG (Training Assessment Group- TAG) de la HRA donde se llevará a cabo una evaluación de capacitación. Esta evaluación puede incluir un análisis de sus habilidades en los idiomas y la matemática, y la misma vez se le hará una entrevista con el fin de establecer que tipo de empleo usted prefiere, de manera que se le puedan asignar actividades de trabajo adecuadas, lo que incluye experiencia laboral, búsqueda de trabajo y capacitación educacional aprobada.

Por favor traiga a su cita la Carta de la FIA de Inscripción al Programa de Capacitación o Educación (FIA School/Training Enrollment Letter – **W-700D [S]**) llenada, junto con el recibo de tesoro y/o registración. Además, usted tiene que traer uno de los siguientes documentos: un diploma de escuela secundaria, o prueba de Diploma Equivalente de Escuela Secundaria (General Equivalency Diploma-GED), o diploma universitario, o Examen de Evaluación de Programas Profesionales (Career Programs Assessment Test- CPAT) y prueba de su puntaje escolar promedio (Grade Point Average - GPA). Si esta participando en el Programa de estudio y trabajo Federal (Federal Work Study Program – FWS) tiene que traer la Carta que indica su premio para FWS.

Hasta que usted reciba aprobación de TAG, su programa de capacitación elegido se considerará una actividad no aprobada. Usted no tendrá que participar en actividades de trabajo antes de cita con TAG, pero ello no significará que dichas actividades de trabajo se hayan aprobado. Si luego de ser evaluado, no se aprueba su programa, puede seguir asistiendo el programa de capacitación durante las horas que no se requiere que participe en actividades de trabajo. Debe tomar en cuenta que los programas universitarios de cuatro años no serán aprobados como actividades de capacitación.

Si usted tiene hijos menores, puede que haya recibido documentos de cuidado infantil que usted y su proveedor deben llenar para instituir pagos de cuidado infantil que facilitarán su participación en actividades aprobadas mientras reciba Asistencia en Efectivo. Si es el caso entonces por favor traiga los documentos llenados a su cita para que sus datos sean ingresados al sistema.

Date: _____
Case Number: _____
Case Name: _____
Center: _____

FIA School/Training Enrollment Letter

I. FOR COMPLETION BY STUDENT WITH HUMAN RESOURCES ADMINISTRATION (HRA) REPRESENTATIVE

Applicant's/Participant's Name: _____

A. Training-Related Expenses

HRA is not responsible for tuition, books and fees. However, individuals who participate in HRA-approved activities are eligible to receive reimbursement for certain expenses incurred while participating, specifically child care, carfare and certain items if they are required for participation. As an applicant for or participant of Cash Assistance, I understand that I may be entitled to money for carfare and child care only if I attend my program as scheduled.

Note: To request child care reimbursement, a separate child care provider enrollment form must be attached.

How much do you spend on carfare each day you attend class? \$ _____

Do you need anything special in order to participate in your program? No Yes

(Receipt/bill must be attached.)

If "Yes," explain special need (e.g., uniform): _____

Amount of special need: \$ _____ Frequency: _____

B. Agreement to Recovery of Engagement Expense Overpayments

Choose one of the following:

- I agree that any engagement expense overpayment be recovered from my Cash Assistance grant.
- I request that any engagement expense overpayment be recovered from my next or future carfare and/or child care payments.

Cash Assistance Applicant's/Participant's Signature

Date

C. Notice to Cash Assistance and Food Stamp Applicants/Participants Regarding Educational Grants and Expenses

In accordance with current Social Services law (18 NYCRR 352.16 and 387.11[f]), any educational grant, scholarship or loan that you receive is not counted in determining your eligibility for Cash Assistance and is not considered in determining the amount of your Cash Assistance benefit. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as income for Food Stamp purposes, but permits us to exclude from this income amounts for tuition, mandatory fees and certain other educational expenses.

In order to determine the correct amount of educational income to count or allow as a deduction in computing your Food Stamp budget, we require documentation of your educational income and expenses from your school. Please sign the release section below, which authorizes the school to provide us with this information, and have your school complete Section II of this form. After completion, please return this form to the Worker who is handling your case.

D. Authorization to Release Information

I authorize the school/program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. In addition, I authorize the release of information for use by HRA for Cash Assistance and Food Stamp purposes.

Applicant's/Participant's Signature

Date

The Student must take this form to the School/Training Program for completion of Section II.

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE

A. Student Information

Applicant's/Participant's Name: _____

Student ID #: _____

School/Program Name: _____

Course of Study/Major: _____

Vendor and Skill Code: _____

Semester Start Date: _____

Semester End Date: _____

Enrollment Start Date (if different from Semester Start Date above): _____

Is there a break of more than two weeks during this enrollment period? No Yes

Break Start Date: _____

Break End Date: _____

B. Student Weekly Activity Schedule

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study (FWS), write "FWS"; for internship, write "INT"; for externship, write "EXT"; for Family College, write "FC." For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
8:00–9:00 AM								
9:00–10:00 AM								
10:00–11:00 AM								
11:00–12:00 PM								
12:00–1:00 PM								
1:00–2:00 PM								
2:00–3:00 PM								
3:00–4:00 PM								
4:00–5:00 PM								
Evenings (Specify hours in box)								
								Total Weekly Hours

C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor/Skill Code.

	Vendor/Skill Code	Number of Hours
1. Number of internship hours per week this semester.	_____	_____
2. Number of externship hours per week this semester.	_____	_____
3. Number of FWS hours per week this semester.	_____	_____
4. Total number of internship, externship and FWS hours per week this semester (add lines 1, 2 and 3).	_____	_____

1. Total weekly classroom and lab hours: _____

2. Total from II. B., line 4: _____

3. Total of lines 1 and 2 (total activity hours):* _____

*Note to HRA staff: when entering activity hours into NYCWAY, you must convert weekly hours to biweekly.

School Stamp

Is the student receiving money directly from you for:

	Weekly Amount	Source
Carfare? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
Child Care? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____

D. Breakdown of Expenses

		Non-Title IV Funded Educational Grants, Loans and Scholarships	
Tuition	\$	Private scholarships (specify in the spaces below)	
Loan origination and insurance fees	\$	1.	\$
Books	\$	2.	\$
Meals purchased at school	\$	3.	\$
Transportation to and from school	\$	4.	\$
Supplies	\$	SEEK Program	\$
Child care	\$	College Discovery Program	\$
Personal expenses (specify):	\$	Other (specify):	\$
Living Expenses (specify):	\$	Total of Non-Title IV Funded Educational Income	\$
Total Expenses	\$		

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

 Print Name (Authorized School Representative)

 Date

 Signature

 Telephone Number

III. FOR COMPLETION BY FIA WORKER (use data from Section II of this form).

If the student is enrolled at least half of the time, allow all of the expenses except the living expenses in the section titled "Breakdown of Expenses" in **II. C** of this form. Examples of living expenses which are not allowed are housing, clothing, utilities and meals other than those purchased at school.

Follow these steps:

II. D. Total Expenses	-	II. D. Living Expenses	=	Total Allowable Expenses
II. D. Total of Non-Title IV Funded Educational Income	-	Total Allowable Expenses (see above)	=	Countable Income
Countable Income (see above)	÷	Number of Months in School Term	=	Monthly Countable Income
Monthly Countable Income (see above)	÷	2	=	(E) Semimonthly Countable Income

FIA Worker's Signature

Date

Note: Enter Semimonthly Countable Income (E) in the Gross field and "S" in the Frequency field of the **NSBLO6** screen. Use income source code **17**.

Do not budget educational income for any month prior to the actual receipt of educational income.

Do not count any educational income funded partially or entirely by Title IV funds. Title IV-funded programs include Basic Educational Opportunity Grants, Supplemental Educational Opportunity Grants, Tuition Assistance Program, all educational loans and college work study.

IV. FOR FIA USE ONLY

Allowance Start Date: _____	Allowance End Date: _____
Weekly Carfare: \$ _____	
Weekly Special Needs: \$ _____	
Weekly Child Care	
Child's Name:	Weekly Child Care Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Carta de la FIA de Inscripción al Programa de Educación/Capacitación

I. A SER LLENADO POR EL ESTUDIANTE Y EL REPRESENTANTE DE LA ADMINISTRACIÓN DE RECURSOS HUMANOS (HUMAN RESOURCES ADMINISTRATION – HRA)

Nombre del Solicitante/Participante: _____

A. Gastos Relacionados con la Capacitación

HRA no cubre los gastos de matrícula, libros y gastos educacionales. Sin embargo, las personas que participan en actividades de trabajo aprobadas por HRA tienen derecho a que se les reembolsen algunos de los gastos incurridos durante su participación, Específicamente gastos de: cuidado infantil, tarifa de transporte y otros que sean requeridos para facilitar la participación. Como solicitante o beneficiario de Asistencia en Efectivo, entiendo que puedo tener derecho a dinero para tarifa de transporte y cuidado infantil, sólo si asisto a mi programa según el horario establecido.

Nota: Para solicitar reembolso de pagos por cuidado infantil, el formulario de inscripción del proveedor de cuidado infantil debe de adjuntarse a este formulario.

¿Cuánto gasta en tarifa de transporte cada día que asiste a clases? \$ _____

¿Necesita usted algo en particular (necesidad especial) para poder participar en el programa? No Sí
(Tiene que adjuntar recibo/factura.)

Si la respuesta es "Sí," favor de explicar el porque (e.g., uniforme): _____

Cantidad para la necesidad especial: \$ _____ Frecuencia: _____

B. Acuerdo para la Recuperación de Participación de Gastos y Sobrepago

Escoge uno de los siguiente:

- Yo acepto que cualquier participación de gastos de sobrepago sea recuperado por mi concesión de Asistencia en Efectivo.
- Yo solicito que cualquier participación de gastos de sobrepago sea recuperado por mi próximo o futuro costo de automóvil o cuidado infantil.

Firma del Solicitante/Participante de Asistencia en Efectivo

Fecha

C. Aviso a los Solicitantes/Participantes de Asistencia en Efectivo y Cupones Para Alimentos Respecto a Becas y Gastos Educativos

Conforme a la ley actual de Servicios Sociales (18 NYCRR 352.16 y 387.11[f]), cualquier beca o préstamo que usted reciba no es tomado en cuenta al determinar su elegibilidad para recibir Asistencia en Efectivo y no es considerado al determinar la cantidad de su beneficio de Asistencia en Efectivo. La Ley de Cupones para Alimentos del 1977 (the Food Stamp Act of 1977) requiere que ciertas becas y préstamos sean calculados como ingreso para fines de Cupones para Alimentos. Sin embargo, la misma ley nos permite excluir del ingreso gastos de matrícula, cuotas obligatorias y otros gastos educativos específicos.

Para determinar la cantidad correcta de ingreso educacional a tomarse en cuenta o a deducir de su presupuesto de Cupones para Alimentos, le requerimos documentación de sus ingresos y gastos educativos a su institución educativa. Favor de firmar la sección de autorización más abajo para permitirle a su institución educativa entregarnos esta información y pida que un representante de la misma llene la Sección II de este formulario. Después de ser llenado, favor de entregar este formulario al Trabajador encargado de su caso.

D. Autorización Para Entregar Información

Yo autorizo al programa de capacitación/institución educativa, citados en la Sección II de este formulario, a entregar a la HRA información respecto a mi asistencia, progreso educativo y empleo posterior. Dicha información será usada por HRA para fines de Asistencia en Efectivo y Cupones para Alimentos.

Firma del Solicitante/Participante

Fecha

El estudiante debe llevar este formulario al Programa de Capacitación o Institución Educativa para poder llenar Sección II.

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING REPRESENTATIVE

A. Student Information

Applicant/Participant Name: _____ Student ID #: _____

School/Program Name: _____

Course of Study/Major: _____

Vendor and Skill Code: _____

Semester Start Date: _____ Semester End Date: _____

Enrollment Start Date (if different from semester start date above): _____

Is there a break of more than two weeks during this enrollment period? No Yes

Break Start Date: _____ Break End Date: _____

B. Student Weekly Activity Schedule

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study (FWS), write "FWS"; for internship, write "INT"; for externship, write "EXT"; for Family College, write "FC." For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
8:00–9:00 AM								
9:00–10:00 AM								
10:00–11:00 AM								
11:00–12:00 PM								
12:00–1:00 PM								
1:00–2:00 PM								
2:00–3:00 PM								
3:00–4:00 PM								
4:00–5:00 PM								
Evenings (Specify hours in box)								
Total Weekly Hours								

C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor/Skill Code.

	Vendor/Skill Code	Number of Hours
1. Number of internship hours per week this semester.		
2. Number of externship hours per week this semester.		
3. Number of FWS hours per week this semester.		
4. Total number of internship, externship and FWS hours per week this semester (add lines 1, 2 and 3).		

1. Total weekly classroom and lab hours: _____

2. Total from II. B., line 4: _____

3. Total of lines 1 and 2 (total activity hours):* _____

*Note to HRA staff: when entering activity hours into NYCWAY, you must convert weekly hours to biweekly.

School Stamp

Is the student receiving money directly from you for:

	Weekly Amount	Source
Carfare? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
Child Care? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____

D. Breakdown of Expenses

		Non-Title IV Funded Educational Grants, Loans and Scholarships	
Tuition	\$	Private scholarships (specify in the spaces below)	
Loan origination and insurance fees	\$	1.	\$
Books	\$	2.	\$
Meals purchased at school	\$	3.	\$
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Supplies	\$	SEEK Program	\$
Child care	\$	College Discovery Program	\$
Personal expenses (specify):	\$	Other (specify):	\$
Living Expenses (specify):	\$	Total of Non-Title IV Funded Educational Income	\$
Total Expenses	\$		

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

 Print Name (Authorized School Representative)

 Date

 Signature

 Telephone Number

III. FOR COMPLETION BY FIA WORKER (use data from Section II of this form).

If the student is enrolled at least half of the time, allow all of the expenses except the living expenses in the section titled "Breakdown of Expenses" in **II. C** of this form. Examples of living expenses which are not allowed are housing, clothing, utilities and meals other than those purchased at school.

Follow these steps:

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Countable Income (see above)	÷	Number of Months in School Term	=	Monthly Countable Income
Monthly Countable Income (see above)	÷	2	=	(E) Semimonthly Countable Income

FIA Worker's Signature

Date

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IV. FOR FIA USE ONLY

Allowance Start Date: _____	Allowance End Date: _____
Weekly Carfare: \$ _____	
Weekly Special Needs: \$ _____	
Weekly Child Care	
Child's Name: _____	Weekly Child Care Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____