



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #11-103-EMP (This Policy Bulletin Replaces PB #06-06-EMP)

MAILING TO NONPAYEES ON EMPLOYMENT REPORTING

<p>Date: November 18, 2011</p>	<p>Subtopic(s): Reporting Employment</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to inform Job Center staff of the following:</p> <ul style="list-style-type: none"> • Notice to Report Employment Form (FIA-1042 [E]) has been created to inform participants to mail or fax the Declaration of Employment (W-575T) and proof of earnings to the Nonpayee Mailer Unit (NPMU) for processing. • Form W-575T has been revised to include the sentence, "Fold this form in half to ensure the return address appears in the envelope window." • Revised instructions regarding employed nonpayees. • Revised instructions regarding unemployed nonpayees. • New instructions for JOS/Workers receiving documentation from nonpayees reporting in person at the Job Center. <p>Purpose:</p> <p>In an effort to determine unreported earnings, a mailing will be sent out periodically to all Cash Assistance (CA) nonpayees 19 years of age and older who are not exempt from work requirements. The mailing informs participants, if they are working, to mail or fax proof of earnings to the NPMU.</p> <p>The mailing consists of the FIA-1042 (E), W-575T and a business-reply envelope.</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

New Form **FIA-1042 (E)**

The **FIA-1042 (E)** informs Nonpayees to submit a completed **W-575T**, along with copies of their paystubs, by mail using the business-reply envelope or fax to:

Nonpayee Mailer Unit
109 East 16th Street, 3rd Floor, Room 301
New York, NY 10003
Fax (212) 835-7278 or Fax (212)835-7414

Revised **W-575T** Form

The introductory paragraph on Form **W-575T** has been revised to include the sentence, “Fold this form in half to ensure the return address appears in the envelope window.”

NYCWAY Action Code **11NA** (Nonpayee Mailer Sent) will automatically post on the nonpayee’s line that the mailing is sent.

NYCWAY Action Code **11NX** (Nonpayee Mailer Not Returned) will autopost to complete Action Code **11NA** if no action was taken in NYCWAY within 60 days of the mailing. In this situation, no action is required because a response is not mandatory.

Documents Returned By Mail Or Fax

New

W-575T forms that are returned to NPMU will be reviewed by NPMU staff, who will determine the action to be taken.

NPMU will also keep a daily count of the **W-575T** forms received and prepare a daily and weekly report sorted by region as well as a citywide cumulative figure.

Upon receipt of the **W-575T**, the NPMU worker must post one of the following action codes in NYCWAY, along with a comment indicating why that code was chosen:

- **11NB** (Nonpayee Mailer Returned, Employed)
- **11NC** (Nonpayee Mailer Returned, Not Employed – Needs Assessment)
- **11ND** (Nonpayee Mailer Returned, Other)

Cases with these action codes will appear on the **NOPAY** (Nonpayee) Worklist.

Employed Nonpayee

Revised

If the nonpayee indicates that s/he is employed, the NPMU staff must post an **11NB** in NYCWAY and check WMS to see if the income has been budgeted.

- If the income has been budgeted, the JOS/Worker must initiate an informational FIA-3A to indicate that the nonpayee's employment income was recorded in WMS and that no new budget is necessary.
- If the income has not been budgeted and there is a change in income, the JOS/Worker must budget the income in POS, then initiate an informational FIA-3A.

Refer to [PD #02-49-ELI](#)
– Treatment of
Employment Earnings of
Dependent
Children/Minors.

It should be noted that for CA purposes, JOS/Workers must disregard the full- and/or part-time earnings of a dependent child (under the age of 21) who is either a full- or part-time student and is attending one of the following:

See also [PD #11-14-ELI](#)
Budgeted Earned Income
on Cash Assistance
Cases.

- elementary school
- intermediate school
- high school or a General Equivalency Diploma (GED) program
- vocational or technical training
- college or university
- Job Corps

Unemployed Nonpayee

Revised

If the nonpayee indicates that s/he is not employed, the NPMU staff must post an **11NC** in NYCWAY and enter a detailed comment. NPMU staff must also scan and index all relevant documentation. NYCWAY will then place the case on the **UNENG** (Unengaged) worklist for a future batch call in. The nonpayee will remain on the **UNENG** worklist pending a batch call in for an employability assessment by the Responsible Job Center.

Note: When a participant is called into the Responsible Job Center, the JOS/Worker must review the **11NC** comments.

Any reported unearned income, such as Unemployment Insurance Benefits (UIB), must be budgeted by the Regional office.

Casehead Returns Mailing

If the **W-575T** is returned by the casehead indicating a change in the nonpayee's status (e.g., the nonpayee moved away, died, etc.), the NPMU must evaluate the response, post NYCWAY Action Code **11ND**, and enter a description comment on the case. NPMU staff must then scan and index all relevant documentation and forward to the Regional office for the case to be budgeted.

New

Nonpayee Reporting In Person ("Walk-In")Nonpayee Walk-In
Employed

If an employed nonpayee walks into his/her Job Center to return the **W-575T** and submit verification of earned income, the JOS/Worker must post NYCWAY Action Code **11WA** to indicate documentation was received via "walk-in". The JOS/Worker must scan, index, then fax the documentation to the NPMU for processing. Upon receipt, NPMU staff will input NYCWAY Action Code **11NB**.

Action Code **11WA**Nonpayee Walk-In
Not Employed

If a nonpayee who is not employed and not engaged in a work activity walks into his/her Job Center to return the **W-575T**, the JOS/Worker must input NYCWAY Action Code **11WA** to record the "walk-in" and enter a descriptive comment. The JOS/Worker must also input NYCWAY Action Code **11NC**, initiate an Employability Plan and follow current procedures for assessment and assignment to work activities.

Food Stamp Budgeting

There is no change to the Food Stamp (FS) eligibility process for those enrolled in institutions of higher education. The Worker should refer to the FS eligibility criteria for students who are age 18–49 and are enrolled, at least part time, in an institution of higher education, as outlined in Section 5, page 91 of the New York State Food Stamp Source Book.

Samples of the forms are attached.

Effective Immediately

References:

[Food Stamp Source Book \(FSSB\)](#), Section 5, page 91
[Temporary Assistance Source Book \(TASB\)](#), Chapter 18, Section H, pages 18-14 and 18-15

Related Items:

[PD #02-49-ELI](#)

[PD #11-14-ELI](#)

Attachments:

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

FIA-1042 (E)

Notice to Report Employment

FIA-1042 (S)

Notice to Report Employment (Spanish)

W-575T

Declaration of Employment (Rev. 11/16/11)

W-575T (S)

Declaration of Employment (Spanish)

(Rev. 11/16/11)

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

Notice to Report Employment

To: All Cash Assistance Participants Who Are Working

Federal and State regulations require adults on a Cash Assistance (CA) case to report income from employment. Even if you are not the head of household, you must report this information to the Human Resources Administration (HRA).

If you report income from full-time or part-time employment, there are benefits for which you and your family may qualify. Your household may be entitled to participate in transitional child care, community-based Medicaid or other health insurance programs. In addition, your household may qualify for food stamps. HRA can give you information on the availability of the earned income tax credit and how to apply. If you are in a low-paying, part-time job, you may also qualify for assistance from an employment services and placement agency to find a better paying job at no cost to you.

To report your income you must **immediately:**

- **Fill out** and **sign** the Declaration of Employment (**W-575T**) form enclosed with this letter; and
- Provide copies of your last month's pay stubs or documentation verifying your present earnings, such as:
 - Statement of tips
 - Pay envelope
 - Letter from employer or letterhead with rate of pay per hour and the number of hours worked

You do not have to miss work to submit the above documentation. You can submit the above documentation by:

- mail (using the enclosed, business-reply envelope); or
- fax to **(212) 835-7278** or fax **(212) 835-7414**.

Congratulations on your job! We look forward to hearing from you soon.

Fecha: _____

Número del Caso: _____

Nombre: _____

Número del Centro: _____

Aviso de Reporte de Empleo

A: Todos los Participantes de Asistencia en Efectivo Que Estén Trabajando

Las reglas Federales y Estatales estipulan que los adultos en casos de Asistencia en Efectivo (CA) reporten su ingreso de empleo. Aun si usted no es jefe de hogar, debe reportar esta información a la Administración de Recursos Humanos (HRA)

Si usted reporta ingreso de empleo a tiempo completo o parcial, existen beneficios para los cuales usted y su familia pueden cualificar. Su hogar puede tener derecho a participar en cuidado infantil de transición, Medicaid comunitario u otros programas de seguro de salud. Además, su hogar puede cualificar para cupones para alimentos. La HRA le puede brindar información sobre la disponibilidad del crédito tributario de ingreso salarial (earned income tax credit) y cómo solicitarlo. Si usted tiene un empleo de baja paga, a tiempo parcial, también puede cualificar para asistencia por parte de una agencia de servicios de empleo y colocación para buscar un empleo de mejor paga sin costo alguno para usted.

Para reportar su ingreso usted debe **de inmediato:**

- **Llenar y firmar** el formulario de Declaración de Empleo (**W-575T [S]**) adjunto a esta carta; y
- Proporcionar copias del talón de paga de su último mes de trabajo o documentación que compruebe su ingreso actual, como:
 - Declaración de propinas
 - Sobre de paga
 - Carta de su empleador o documento con membrete con su salario por hora y el número de horas trabajadas

Usted no tiene que faltar a su trabajo para presentar la documentación más arriba. Puede presentar esta documentación por:

- correo (siviéndose del adjunto sobre con dirección del remitente); o
- enviando fax a (212) 835-7278 o a (212) 835-7414.

¡Felicitaciones por su trabajo! Esperamos saber de usted pronto.



Date: _____

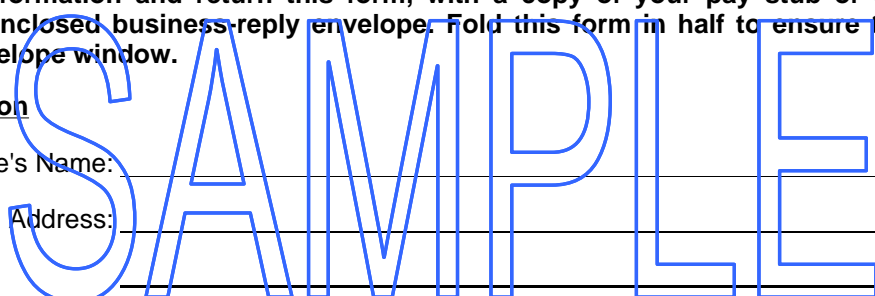
Case Number: _____

Name: _____

Center: _____

Declaration of Employment

Please print all information and return this form, with a copy of your pay stub or a letter from your employer, in the enclosed business-reply envelope. Fold this form in half to ensure the return address appears in the envelope window.



Personal Information

Employee's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Social Security Number: _____

Age of Employed Person: _____

Employment Information

Job Title: _____ Date Job Began: _____

If recently started, date of first paycheck: _____ Gross salary (before tax deductions): \$ _____

Frequency of pay (check one): Weekly Biweekly Monthly
 Other (please specify): _____

Total number of hours worked per week: _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date job ended (if no longer employed): _____

School Attendance Information

If you are also attending school while working, please enter the information below:

- Full-time school attendance
- Part-time school attendance

Days/hours of attendance: _____

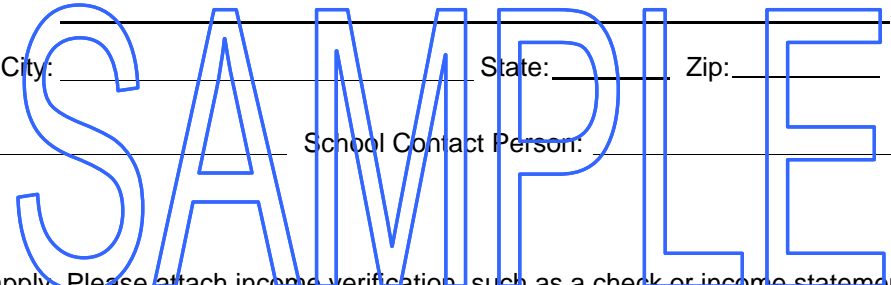
Course description(s): _____

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ School Contact Person: _____



Other Income

Check (☑) all that apply. Please attach income verification, such as a check or income statement.

Income Type	Amount (\$)	Frequency		
		Weekly	Biweekly	Monthly
<input type="checkbox"/> Social Security Income (SSI)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New York State Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Income	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In signing this Declaration of Employment, I certify that the above information is correct and that I understand that the income I am reporting will be evaluated by the Agency.

Employee's Signature: _____ Date: _____

Please print name: _____

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

Declaración de Empleo

Favor de apuntar todos los datos en letra de molde y devolver este formulario, con una copia de su talón de pago o una carta de su empleador, en el sobre de vuelta adjunto. Doble este formulario por la mitad para asegurarse de que la dirección del remitente aparezca en la ventanilla del sobre.

Información Personal

Nombre del Empleado: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de Teléfono: _____ Número de Seguro Social: _____

Edad del Empleado: _____

Información del Empleo:

Función del Empleado:

_____ Fecha de comienzo: _____

Si comenzó recientemente, fecha del primer cheque de paga: _____

Salario bruto (antes de las deducciones de impuestos): \$ _____

Frecuencia de pago (marque una casilla): semanalmente quincenalmente mensualmente
 Otro caso (favor de especificar): _____

Número total de horas trabajadas por semana: _____

Nombre del Empleador: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____ Fecha en que terminó su empleo (si ya no está empleado): _____

Información de Asistencia Escolar

Si usted también asiste a la escuela mientras trabaja, favor de anotar esta información más abajo:

- Asistencia escolar a tiempo completo Asistencia escolar a tiempo parcial

Días/horas de asistencia: _____

Descripción de los cursos: _____

Nombre de la Escuela: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____ Persona Contacto en la Escuela: _____

Otros Ingresos

Marque () todas las casillas que correspondan. Favor de adjuntar comprobantes de ingresos, como cheques o estados e ingresos.

Tipo de Ingreso	Cantidad (\$)	Frecuencia		
		Semanal	Quincenal	Mensual
<input type="checkbox"/> Ingreso del Seguro Social (Social Security Income – SSI) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seguro Social para Incapacitados _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beneficios para Incapacitados del Estado de Nueva York _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beneficios por Desempleo _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Otros Ingresos _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Al firmar esta Declaración de Empleo, doy fe de que la información antedicha es correcta y que soy consciente de que el ingreso que estoy declarando será evaluado por la Agencia.

Firma del Empleado: _____ Fecha: _____

Favor de escribir su nombre en letras de molde: _____