



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #11-117-SYS

### CHANGES TO CLOSING CODE N17 (FAILURE TO COMPLETE ELIGIBILITY PROCESS)

<p><b>Date:</b> December 21, 2011</p>	<p><b>Subtopic(s):</b> WMS</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center Staff that CNS notice language and data entry requirements for Closing Code <b>N17</b> (Failure to Complete Eligibility Process) have been revised.</p> <p>JOS/Workers who use this code to deny or discontinue a Cash Assistance (CA) case will now be prompted to enter the name of the individual who failed to comply, in addition to other required information. Notices sent to multi-person households will also include the name of the individual who failed to comply, thus adding more detail and clarity.</p> <ul style="list-style-type: none"> <li>• Access the WMS/Client Notice Subsystem Submenu, and enter the necessary information, transmit and the <b>Reason Code</b> screen appears.</li> </ul> <div data-bbox="479 1171 1255 1661" data-label="Code-Block"> <pre> ♦WCN011                WMS/Client Notice Subsystem                Date 12/07/11                         Reason Code Screen                          Time 13:56:37 CASE NO                SUFFIX 01                                     TRANS TYPE CL OFFICE                 UNIT ----- WORKER  CASE REASONS:  PA  N17    ---    ---                 FS  ---    ---    ---                 MA  ---    ---    ---  INDIVIDUAL REASONS: LN  PA                FS                MA ---                 Xmit - </pre> </div> <ul style="list-style-type: none"> <li>• Enter <b>RJ</b> or <b>CL</b> in the <b>Trans Type</b> field, <b>N17</b> in the <b>Case Reason PA</b> field, transmit, and a <b>Notice Entry</b> screen will appear based on whether or not it is a single or multi-person household.</li> </ul>

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

Single-Person/Multi-Person Household **Notice Entry** screen.

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♦WCN012                WMS/Client Notice Subsystem                Date 12/16/11
                        Notice Entry Screen                        Time 11:56:14
CASE NAME -----
CASE NO 0                SUFFIX 1
CASE REASON N17 : FL COMP ELIG

DATE 1 █-----
NAME 1 -----
LNNO 2 --

ENTER DATE 1: APPOINTMENT DATE MMDDYY   ENTER NAME 1: NAME OF WORKER OR UNIT
ENTER LNNO 2: LINE OF NON-COMPLY INDIV

                                           Xmit -
    
```

- Enter the date of the appointment in the **Date 1** field.
- Enter the name of the Worker or Unit in the **Name 1** field.
- Enter the line number of the non-complying applicant/participant in the **LNNO 2** field, transmit and the below screen appears.

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♦WCN000                Department of Social Services                Date 12/16/11
                        WMS/Client Notice Subsystem Menu          Time 12:15:42
CASE NUMBER █-----    SUFFIX  --
NOTICE NUMBER -----    BATCH NUMBER -----
                                INDICATE SELECTION NUMBER --    Xmit -

01 NOTICE ENTRY                (CASE/REGISTRY NUMBER REQUIRED)
02 NOTICE INQUIRY              (NOTICE NUMBER REQUIRED)
03 NOTICE UPDATE              (NOTICE NUMBER REQUIRED)
04 PENDING NOTICE INQUIRY     (CASE/REGISTRY NUMBER REQUIRED)
05 SUPERVISORY REVIEW PRINT    (NOTICE NUMBER REQUIRED)
06 SIGNOFF
07 NOTICE AUTHORIZATION/RELEASE
08 BATCH NOTICE ENTRY
09 BATCH NOTICE INQUIRY       (BATCH NUMBER REQUIRED)
10 BATCH NOTICE UPDATE       (BATCH NUMBER REQUIRED)
11 NOTICE HISTORY INQUIRY     (CASE/REGISTRY/NOTICE NO REQUIRED)
12 NOTICE HISTORY REPRINT     (NOTICE NUMBER REQUIRED)
13 FS OVERPAYMENT CALCULATION WORKSHEET (CASE/REGISTRY NUMBER REQUIRED)
14 CNS CONTROL INFO MAINTENANCE
15 NYC/UPSTATE INQUIRY
16 WMSMNU (MENU KEY)          CASE 0000000000 - NOTICE NO N000000000 CREATED
    
```

Notice Number

Once the single or multi-person household **Notice Entry** screen is completed and transmitted, a notice number is generated.

The **N17** Closing Code requires, if applicable, a Medical Assistance and Food Stamps separate determination.

*Effective Immediately*

**References:**

18 NYCRR 351.2, 351.8(a)(2) and 351.21(a).

**Related Item:**

[PD #09-13-SYS](#)