



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #12-12-OPE

*(This Policy Bulletin Replaces PB #11-114-OPE)*

### EXPANSION OF CENTRALIZED COMMON BENEFIT IDENTIFICATION CARD (CBIC) REFERRAL UNIT

<p><b>Date:</b> February 13, 2012</p>	<p><b>Subtopic:</b> Electronic Benefits Transfer (EBT)</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p><b>Revisions to Original Policy Bulletin:</b></p> <p>This policy bulletin is being revised to advise staff that starting on February 6, 2012, the Fordham Job Center (<b>#44</b>) has been added to the list of Centers that can refer participants to the Centralized CBIC Referral Unit at <b>109 East 16<sup>th</sup> Street, New York, NY 10003</b>.</p> <p><b>Purpose:</b></p> <p>The purpose of this policy bulletin is to inform Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff of the locations of the Centralized Common Benefit Identification Card (CBIC) Referral Unit and the Centers that can send referrals to them.</p> <p>When referring participants, the staff at the Centralized CBIC Referral Unit must use the Replacement of Common Benefit Identification Card (CBIC) Request (<b>FIA-1059</b>) form which is a simpler version of (<b>W-607A</b>).</p> <p>Note: The <b>W-607A</b> form is used for all other CBIC request referrals which are not part of the Centralized CBIC Referral Unit process.</p> <p>For CA or NCA FS participants in Brooklyn and Queens the CBIC Referral unit is located on the ground floor of the Linden Job Center, at <b>45 Hoyt St, Brooklyn, NY 11201</b>.</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

Fordham Job Center #44 was added to **FIA-1039a**.

For, Crotona, Fordham, Intensive Services, Melrose, Senior Works and Union Square CA or NCA Food Stamp participants, the CBIC Referral Unit is located on the ground floor of **109 East 16<sup>th</sup> Street, New York, NY 10003**.

When a participant in any of the participating Job Centers or NCA FS Centers requests a replacement CBIC, staff should verify that the individual is the case head and that the case is currently in active (**AC**) status. Upon verification, staff should route these participants to the appropriate Centralized CBIC Referral Unit on the same day by 4:00 pm. Staff should advise the participant that if he/she will not be able to get to the CBIC Referral Unit by 5:00 pm, they should report on the following business day between the hours of 8:30 am and 5:00 pm.

Each Centralized CBIC Referral Unit will provide the following services:

- Issue referrals for over-the-counter (OTC) CBICs;
- Process requests to mail CBICs;
- Process PIN access number changes on current CBICs, when warranted; and
- Process temporary Medicaid card requests

**Note:** Applicants, re-applicants, and any other cases that are not eligible for referral to the Centralized CBIC Referral Unit are to receive a CBIC referral from their assigned Center and are to be given the Travel Directions to the Manhattan/Brooklyn CBIC Over-the-Counter (OTC) Sites (**W-608H**) form.

The Important Information About Replacements of Common Benefit Identification Cards (CBIC) (**FIA-1039** and **FIA-1039a**) form advises participants of the location of the Brooklyn and Manhattan CBIC Referral Units. Both forms inform participants of the Units' address, hours of operation, the need to bring proper identification, general travel directions, and instruct participants to contact the Metropolitan Transportation Authority for more specific travel directions if needed.

Form **FIA-1039** is given to participants who are eligible to be routed to the Brooklyn Centralized CBIC Referral Unit located at 45 Hoyt Street and Form **FIA-1039a** is given to participants who are eligible to be routed to the Manhattan Centralized CBIC Referral Unit located at 109 East 16<sup>th</sup> Street.

**FIA-1039a** has been revised to include the Fordham Job Center #44.

If the participant indicates that he/she has a disability which prevents him/her from going to the Centralized CBIC Referral Unit, he/she must be serviced at the assigned Center.

Applicants/Reapplicants in need of a CBIC should continue to be processed at their assigned Centers. Additionally, participants requiring new PIN access numbers or temporary Medicaid cards should also continue to be served at their assigned Centers.

*Effective Immediately*

**Attachments:**

- FIA-1039 (E-S)** Important Information About Replacement of Common Benefit Identification Cards (CBIC) (Brooklyn)
- FIA-1039a (E-S)** Important Information About Replacement of Common Benefit Identification Cards (CBIC) (Manhattan) (Rev. 2/13/12)
- FIA-1059 (E)** Replacement of Common Benefit Identification Card (CBIC) Request
- W-607A** Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (Rev. 8/16/10)
- W-608H** Travel Directions to the Manhattan/Brooklyn Common Benefit Identification Card (CBIC) Over-the-Counter (OTC) Sites (Rev. 8/16/10)
- W-608H (S)** Travel Directions to the Manhattan/Brooklyn Common Benefit Identification Card (CBIC) Over-the-Counter (OTC) Sites (Spanish) (Rev. 8/16/10)

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

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## Important Information About Replacement of Common Benefit Identification Cards (CBIC)

**If you have an active Cash Assistance or Food Stamp case**, your request for a replacement Common Benefit Identification Card (CBIC) can now be processed at the centralized **CBIC Referral Unit** located at:

**45 Hoyt Street, Ground Floor, Brooklyn, NY 11201**

The hours of operation of the CBIC Unit are:  
**Monday through Friday, from 8:30 AM to 5:00 PM**, except holidays.

Please bring proper identification.

If you lose your CBIC in the future, you do not have to go to your assigned Center. You may go directly to the **CBIC Referral Unit** at the above location and request a replacement.

### Travel Directions:

By Bus: **B25, B38** to Fulton and Duffield Streets  
**B62, B57** to Smith and Livingston Streets  
**B41** to Livingston and Hoyt Streets

By Subway: **2, 3** to Hoyt Street  
**A, C, G** to Hoyt - Schermerhorn Street  
**R, F** to Jay Street – Metrotech

You can also call MTA information at **(718) 330-1234**

(Vea al Dorso)

## Información Importante Sobre Reemplazo de Tarjetas de Identificación de Beneficios Comunes (CBIC)

**Si usted tiene un caso activo de Asistencia en Efectivo o Cupones para Alimentos**, su pedido de una nueva Tarjeta de Identificación de Beneficios Comunes (CBIC) se puede tramitar ahora en la **Unidad de Referencia de CBIC** en:

**45 Hoyt Street, Planta Baja, Brooklyn, NY 11201**

Las horas de trabajo de la Unidad de CBIC son:

**Lunes a viernes, de 8:30 AM a 5:00 PM**, excepto los días feriados.

Favor de traer identificación adecuada.

Si usted pierde su Tarjeta de Identificación de Beneficios Comunes (CBIC), ~~no tiene que ir a su Centro asignado. Puede ir directamente a la Unidad Centralizada de Referencia de CBIC~~ al lugar indicado arriba y solicitar que reemplacen la tarjeta.

### Indicaciones de Viaje

En Autobus: **B25, B38** a Fulton y Duffield Streets  
**B62, B57** a Smith y Livingston Streets  
**B41** a Livingston y Hoyt Streets

En Tren: **2, 3** a Hoyt Street  
**A, C, G** a Hoyt - Schermerhorn Street  
**R, F** a Jay Street – Metrotech

Usted también puede llamar a información del MTA al **(718) 330-1234**

(See Reverse)

### **Important Information About Replacement of Common Benefit Identification Cards (CBIC)**

**If you have an active Cash Assistance or Food Stamp case**, at one of the following locations: Union Square Job Center #39, Melrose Job Center #40, Fordham Job Center #44, Melrose Food Stamp Center F40, Crotona Job Center #46, Crotona Food Stamp Center F46, Intensive Services Center #71, or Senior Works Center #84, your request for a replacement Common Benefit Identification Card (CBIC) can now be processed at the centralized **CBIC Referral Unit** located at:

**109 East 16<sup>th</sup> Street, Ground Floor, New York, NY 10003**

The hours of operation of the CBIC Unit are: **Monday through Friday, from 8:30 AM to 5:00 PM**, except holidays.

Please bring proper identification.

If you lose your CBIC in the future, you do not have to go to your assigned Center. You may go directly to the **CBIC Referral Unit** at the above location and request a replacement.

#### **Travel Directions to 109 East 16<sup>th</sup> Street:**

By Bus: **M1, M2, M3, M5** to 5<sup>th</sup> Avenue and West 17<sup>th</sup> Street  
**M14A/D** to 4<sup>th</sup> Avenue and West 14<sup>th</sup> Street  
**M101** to 3<sup>rd</sup> Avenue and East 14<sup>th</sup> Street

By Subway: **N, Q, R, L, 4, 5, 6** to 14<sup>th</sup> Street – Union Square

You can also call MTA information at **(718) 330-1234**

## Información Importante Sobre Reemplazo de Tarjetas de Identificación de Beneficios Comunes (CBIC)

**Si usted tiene un caso activo de Asistencia en Efectivo o Cupones para Alimentos**, en uno de los siguientes locales: Centro de Trabajo de Union Square #39, Centro de Trabajo de Melrose #40, Centro de Cupones para Alimentos de Melrose F40, Centro de Trabajo de Fordham #44 Centro de Trabajo de Crotona #46, Centro de Cupones para Alimentos de Crotona F46, Centro de Servicios Intensivos #71, o Senior Works (Trabajos para Ancianos) #84, su pedido de una nueva Tarjeta de Identificación de Beneficios Comunes (CBIC) se puede tramitar ahora en la **Unidad de Referencia de CBIC** en:

**109 Este de la Calle 16, Planta Baja, Nueva York, NY 10003**

Las horas de trabajo de la Unidad de CBIC son:  
**Lunes a viernes, de 8:30 AM a 5:00 PM**, excepto los días feriados.

Favor de traer identificación adecuada.

Si usted pierde su Tarjeta de Identificación de Beneficios Comunes (CBIC), no tiene que ir a su Centro asignado. Puede ir directamente a la **Unidad Centralizada de Referencia de CBIC** al lugar indicado arriba y solicitar que reemplacen la tarjeta.

### Indicaciones de Viaje a 109 Este de la Calle 16:

En Autobús: **M1, M2, M3, M5** a la 5<sup>ta</sup> Avenida y el Oeste de la Calle 17  
**M14A/D** a la 4<sup>ta</sup> Avenida y el Oeste de la Calle 14  
**M101** a la 3<sup>ra</sup> Avenida y el Este de la Calle 14

En Tren: **N, Q, R, L, 4, 5, 6** a la Calle 14 – Union Square

Usted también puede llamar a información del MTA al **(718) 330-1234**

(See Reverse)

## Replacement of Common Benefit Identification Card (CBIC) Request

**Section I:**

Case Name:	<input type="checkbox"/> Job Center: _____ <input type="checkbox"/> Food Stamp Office: _____
CIN:	Participant's Signature: _____ Date: _____
Case Number:	Worker's Signature: _____ Date: _____
<b>Check Reason for Action:</b> <input type="checkbox"/> 01 Lost card <input type="checkbox"/> 02 Stolen <input type="checkbox"/> 03 Defective <input type="checkbox"/> 04 Mutilated  <input type="checkbox"/> 06 Surrendered <input type="checkbox"/> 09 First card/never received <input type="checkbox"/> CBIC update (no CBIC referral required)	<b>Identification:</b> <input type="checkbox"/> AFIS <input type="checkbox"/> HRA Viewer <input type="checkbox"/> Benefit Card <input type="checkbox"/> NYS Driver License/ID <input type="checkbox"/> Passport <input type="checkbox"/> School ID <input type="checkbox"/> Job ID <input type="checkbox"/> Other _____

SAMPLE

**Section II:**

CIN	Last Name	First Name	Sex	Date of Birth	SSN

**Check Reason for No-Action:**

 01 AP Status  
 02 MA Only  
 03 Auth Rep  
 04 Other \_\_\_\_\_



SAMPLE

## Request for Identification Card/ Temporary Medicaid Authorization/Update Existing CBIC

**Prepare in the following situations:**

- |                                                                                                             |                                                                                                                                                      |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Replacement of CBIC or Medicaid card</li> <li>Update CBIC</li> </ul> | <ul style="list-style-type: none"> <li>Undomiciled applicant/participant</li> <li>Issuance of Immediate Needs/ Expedited Food Stamp Grant</li> </ul> | <ul style="list-style-type: none"> <li>Authorized representative (payee) case</li> <li>Temporary Medicaid Authorization for applicant before case is on WMS</li> </ul> |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Section I: (To be completed by JOS/Worker)**

To: Reception/Disbursement and Collections Unit	From: Job Center/Food Stamp Office:      Caseload:				
Case Name:	Applicant/Participant's Signature:				
Authorized Representative (Payee) Name (print):	Authorized Representative (Payee) Signature:				
Finger Imaging/Photo/Signature Completed <input type="checkbox"/>	Applicant/Participant CIN: <input type="checkbox"/>				
<div style="font-size: 4em; opacity: 0.5; pointer-events: none;">SAMPLE</div>					
<p><b>Check Reason for Action:</b></p> <input type="checkbox"/> 01 Lost card <input type="checkbox"/> 06 Surrendered <input type="checkbox"/> 02 Stolen <input type="checkbox"/> 09 First card/never received <input type="checkbox"/> 03 Defective <input type="checkbox"/> CBIC update (no CBIC referral required) <input type="checkbox"/> 04 Mutilated	<p>Applicant/Participant Case Type/Case No./Registry No./Suffix:</p> <p>Identification documents witnessed for applicant/participant or authorized representative; the same two pieces must be presented to the Disbursement and Collections (D&amp;C) Unit.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Document</td> <td style="width: 50%; border-bottom: 1px solid black;">ID Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Document	ID Number		
Document	ID Number				

**Section II: Reason for Request (To be completed by JOS/Worker)**

<input type="checkbox"/> Photo card? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Is the mailing address different than that on WMS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete below.  <hr/> Care of Name  <hr/> Street <span style="float: right;">Apt. No.</span>  <hr/> City <span style="float: right;">State</span> <span style="float: right;">Zip</span>	<input type="checkbox"/> Is applicant receiving expedited FS benefits and/or an immediate needs grant? <input type="checkbox"/> No <input type="checkbox"/> Yes Is the payee correctly established? <input type="checkbox"/> No <input type="checkbox"/> Yes If No: <input type="checkbox"/> Delete current payee <hr/> <div style="text-align: center;">CIN</div> <input type="checkbox"/> Add new payee <hr/> <div style="text-align: center;">CIN</div>
<input type="checkbox"/> Mail Permanent Card and Temporary Medicaid Card ( <b>LDSS-4113-2</b> ) (CBIC menu function 1) <input type="checkbox"/> Over-the-Counter Permanent Card Request ( <b>LDSS-4113-2</b> ) (CBIC menu function 2)		

**Section II: Reason for Request** (To be completed by JOS/Worker)

<input type="checkbox"/> Authorized Representative Card (CBIC menu function 3) Be sure to send authorized representative to the AFIS Unit for photo and signature only. Check one: <input type="checkbox"/> Agency pickup (at OTC Site) <input type="checkbox"/> Mail			
Authorized Representative: _____			
First Name		M.I. Last Name	
<input type="checkbox"/> Temporary Medicaid Authorization ( <b>LDSS-2831-A</b> ) <b>Complete Section IV.</b>			
JOS/Worker's Signature		Supervisor's Signature	
Date		Date	

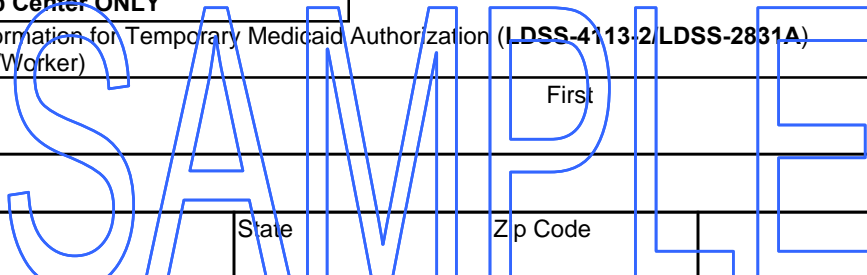
**Section III: Signature Verification** (To be completed by D&C or FS Reception)

<input type="checkbox"/> Temporary card (Vault) referral issued <input type="checkbox"/> Permanent card mail request processed (to be decided by D&C or FS Reception)			
Applicant/Participant's Signature		Authorized Representative (Payee) Signature	
Date		Date	
<b>Signature(s) verified and documents listed in Section I seen.</b>  FS Reception/D&C or Card Producer's Signature: _____ Date: _____			

**To be Completed by Job Center ONLY**

**Section IV: Additional information for Temporary Medicaid Authorization (LDSS-4113-2/LDSS-2831A)**  
(To be completed by JOS/Worker)

Name	Last		First
	Street		
Address	City	State	Zip Code



Enter 7-digit case number and 1-digit suffix	Leave blank	If enrolled in HIP or HMO plan, enter "P." For all others, enter "A."
↓	↓	↓
Case Number		Category
		↓   ↓

CIN	Last Name	First Name	Sex	Date of Birth	Ins. Code	Cov. Code	SSN

**D&C:**

If temporary Medicaid card (**LDSS-2831A**) is issued, please also give the Applicant/Participant \_\_\_\_\_  
Form \_\_\_\_\_.

### Travel Directions to the Manhattan/Brooklyn Common Benefit Identification Card (CBIC) Over-The-Counter (OTC) Sites

You will need a CBIC in order to get your cash assistance and/or Food Stamp benefits. Form **DSS-4113-2**, Referral to the CBIC OTC Site, is stapled to the bottom portion of this page. **You will NOT get a CBIC unless you have Form DSS-4113-2.** Bring your referral to either the Manhattan or Brooklyn OTC site listed below.

Both CBIC OTC sites are open Monday through Friday, except on holidays.

Manhattan CBIC OTC Site	Brooklyn CBIC OTC Site
<p>39A Walker Street Ground Floor (between Church Street and Broadway) New York, NY 10013</p> <p><b>Open: 9:00 AM to 8:45 PM</b></p> <p><b>Travel Directions</b></p> <p><u>By Bus:</u> M5, M20 to Canal Street</p> <p><u>By Train:</u> A, C, E, J, N, Q, R, Z or 6 to Canal Street 1 to Franklin Street 2, 3 to Chambers Street</p>	<p>100A Livingston Street Ground Floor (between Court Street and Boerum Place) Brooklyn, NY 11201</p> <p><b>Open: 8:30 AM to 5:45 PM</b></p> <p><b>Travel Directions</b></p> <p><u>By Bus:</u> B57 to Court &amp; Schermerhorn Streets B25, B26, B38, B41, B45, B52 to Court &amp; Joralemon Streets B67 to Livingston &amp; Smith Streets</p> <p><u>By Train:</u> 2, 3, 4, 5 to Borough Hall A, C, F to Jay Street &amp; Borough Hall N or R to Court Street B, D, Q to Dekalb Avenue G to Hoyt &amp; Schermerhorn Streets</p>

Because space is limited, please do not bring anyone else with you unless absolutely necessary.

**FORM DSS-4113-2**

**STAPLE FORM DSS-4113-2 HERE**

### Indicaciones de Viaje a los Locales de Expedición Inmediata (Over-The-Counter [OTC] Sites) de Tarjeta de Identificación para Beneficios Comunes (Common Benefit Identification Card [CBIC]) de Manhattan/Brooklyn

Usted necesitará una CBIC para poder obtener sus beneficios de asistencia en efectivo y/o Cupones para Alimentos. El Formulario **DSS-4113-2**, Envío al Local de CBIC OTC (Referral to the CBIC OTC Site), se encuentra grapado a la parte inferior de la presente página. **Usted NO obtendrá una CBIC a menos que tenga un Formulario DSS-4113-2.** Traiga su envío al local de OTC de Manhattan o de Brooklyn listado más abajo.

Ambos locales de CBIC OTC están abiertos de lunes a viernes, salvo los días feriados.

Local de CBIC OTC de Manhattan	Local de CBIC OTC de Brooklyn
<p>39A Walker Street Planta Baja (entre Church Street y Broadway) New York, NY 10013 <b>Abierto: 9:00 AM a 8:45 PM</b></p> <p><b>Indicaciones de Viaje</b></p> <p><u>Por Autobús:</u> M5, M20 a Canal Street</p> <p><u>Por Metro:</u> A, C, E, J, N, Q, R, Z o 6 a Canal Street 1 a Franklin Street 2, 3 a Chambers Street</p>	<p>100A Livingston Street Planta Baja (entre Court Street y Boerum Place) Brooklyn, NY 11201 <b>Abierto: 8:30 AM a 5:45 PM</b></p> <p><b>Indicaciones de Viaje</b></p> <p><u>Por Autobús:</u> B57 a las calles Court y Schermerhorn B25, B26, B38, B41, B45, B52 a las calles Court y Joralemon B67 a las calles Livingston y Smith</p> <p><u>Por Metro:</u> 2, 3, 4, 5 a Borough Hall A, C, F a Jay Street y Borough Hall N o R a Court Street B, D, Q a Dekalb Avenue G a las calles Hoyt y Schermerhorn</p>

Por ser el espacio limitado, favor de no traer a nadie más con usted a menos que sea absolutamente necesario.

#### FORMULARIO DSS-4113-2

STAPLE FORM DSS-4113-2 HERE