



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #12-50-OPE

*(This Policy Bulletin replaces PB #03-145-OPE and PB #05-159-OPE)*

### REVISIONS TO FORMS W-30FF, W-151A, W-151B AND W-151J

<p><b>Date:</b> July 2, 2012</p>	<p><b>Subtopic:</b> Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p><b>W-30FF</b></p> <p><b>W-151A and W-151B</b></p>	<p>The purpose of this policy bulletin is to inform all Job Center, Homelessness Diversion Unit (HDU) and Rental Assistance Unit (RAU) staff that the following forms have been revised with an updated logo and current Agency software requirements:</p> <ul style="list-style-type: none"> <li>• Dwelling Survey Worksheet (<b>W-30FF</b>)</li> <li>• Housing Court Liaison Referral (<b>W-151A</b>)</li> <li>• Daily Report of Housing Court Liaison Activity (<b>W-151B</b>)</li> <li>• Client Log (<b>W-151J</b>)</li> </ul> <p>Form <b>W-30FF</b> is first completed by the Job Opportunity Specialist (JOS) at the Job Center when an applicant requests housing-related assistance due to damages incurred from a fire/disaster. The applicant is then referred to the Red Cross who will complete Section two (2) of the form to report the damages and the reason for the damages. This form is then sent to the HDU as a referral to determine if emergency assistance is needed for the applicant(s). Section three (3) of the form may be completed by the HDU if Section two (2) indicates damages to clothing. In the case of needed assistance, the JOS/Worker will issue an emergency grant and will complete Section four (4) of the form.</p> <p>On forms <b>W-151A</b> and <b>W-151B</b>, additional revisions were made to replace the term “public assistance” with “cash assistance.”</p> <p>Page one (1) of form <b>W-151A</b> is completed by the RAU Housing Court Consultants. Once page one (1) is complete, the form is sent to the Job Centers to process required actions. Page two (2) of this form is completed by the JOS/Worker at the Job Center once required actions are issued and processed.</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

The completed form is then sent to the Housing Court Administrative Office so that the clerical support staff there can input the information/data in a monthly Housing Court Activity Report to keep a record of the number of referrals made to the Job Centers by the RAU at the Courts.

Form **W-151B** is completed by the RAU Housing Court Consultants to record daily services provided and is then sent directly to the Housing Court Administrative Office. The clerical support staff there will input the information/data captured on the form in a monthly Housing Court Activity Report to keep on record.

**W-151J**

Form **W151J** is a sign-in log completed by each applicant/participant to request service/information from the RAU at the Court unit. The RAU Housing Court supervisors use the information captured on this log to prepare a weekly Sign-In Sheet Report that indicates the amount of applicants/participants serviced daily. This form is forwarded to the RAU/Court Director and Deputy Director on a weekly basis.

Center Directors must ensure that all previous versions of these forms are removed from circulation and recycled.

Samples of the forms are attached.


*Effective Immediately*

**Related Item:**

[PD #11-03-ELI](#)

**Attachments:**

- W-30FF** Dwelling Survey Worksheet (Rev. 7/2/12)
- W-151A** Housing Court Liaison Referral (Rev. 7/2/12)
- W-151B** Daily Report of Housing Court Liaison Activity (Rev. 7/2/12)
- W-151J** Client Log (Rev. 7/2/12)

 Please use Print on Demand to obtain copies of forms.

### Dwelling Survey Worksheet

**SECTION 1 – Case Information**

Case Name: _____	Category: _____	Case Number: _____	Suffix: _____	Job Center: _____
Address: _____				
Address Line 1	Apartment No.	City	State	Zip Code
_____ <input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished	Date Referred to Red Cross C.H.U.: _____			
Number of Rooms	Service Section Worker: _____			
Landlord: _____		Telephone Number: _____		
Landlord Address: _____				
Address Line 1	City	State	Zip Code	

**SECTION 2 – Dwelling Survey** (To be completed by Red Cross C.H.U.)

Enter one C.H.U. **Damage Code** and one **Damage Reason Code** below for each room (e.g. severely damaged by fire - 2F):

- 0 - No damage
- 1 - Minor damage (usable)
- 2 - Major damage (unusable)\*
- 3 - Destroyed
- F - Fire
- W - Water
- O - Overhaul (indirect damage related to the disaster)

\*For PA purpose, C.H.U. codes 2 and 3 are combined

Items	Number	Entrance	Living Room	Bedroom 1	Bedroom 2	Bedroom 3	Bathroom	Kitchen	Other Room
Door									
Floor									
Wall									
Ceiling									
Window									
Curtain									
Light Fixtures									
Bed									
Tables									
Couch									
Chairs									
Utensils									
Foodstuffs									
Refrigerator									
Furnishings									
Clothing									

Check  appropriate box(es) for apartment condition:

- Apparently Vacant  
  No Heat  
  No Hot Water  
  No Gas  
  No Electricity  
  Habitable  
  Uninhabitable

**Section 3 – Clothing Report – (complete this section if C.H.U. dwelling survey indicates damage to clothing)**

Bedroom		Occupants		Age Groups			Replacement Indicated
List Number	First Name	Last Name	0-5	6-11	12-Adult		
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	

SAMPLE

**Section 4 – Action Taken by Job Center**

Special Grant	Type of Payment (check <input checked="" type="checkbox"/> one)		Allowance (Specify)	Amount
	SR	"E" Check		

Comments:

\_\_\_\_\_  
 Job Opportunity Specialist (JOS) Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant Assessment/Case Management Supervisor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Assistant Deputy Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Deputy Director/Director Signature

\_\_\_\_\_  
 Date

### Housing Court Liaison Referral

Date: \_\_\_\_\_

To: **Job Center:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
From: **Housing Court Liaison:** \_\_\_\_\_

**L & T Number:** \_\_\_\_\_  
**Court Date:** \_\_\_\_\_  
**Judge/Part:** \_\_\_\_\_

- Bronx    Brooklyn    Harlem    Manhattan    Queens    Red Hook    Staten Island

**Subject: Referral to Job Center for Action to Prevent Eviction**

The following tenant is being referred to your Job Center in order to evaluate eligibility for a cash assistance grant to prevent or forestall an eviction. Please ensure that the tenant is given a priority appointment in:

- Case Management Unit    Case Establishment Unit

Date Response Due by Job Center: \_\_\_\_\_

**Tenant Identifying Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt. No. \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Family Composition: Children \_\_\_\_\_ Adults \_\_\_\_\_

**CA Case Information (if applicable)**

Case Name: \_\_\_\_\_  
Case Type/Number: \_\_\_\_\_  
Caseload: \_\_\_\_\_

**Rent Status**

Monthly Rent: \$ \_\_\_\_\_  
Amount of Rent Owed: \$ \_\_\_\_\_  
Amount of Legal Costs: \$ \_\_\_\_\_  
Total Amount Owed: \$ \_\_\_\_\_

**Landlord/Attorney Information**

Landlord/Attorney Information   
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Landlord/Attorney Info. Unavailable

**Court Status**

**Court Document:**

- Notice of Petition    Six-day Notice of Eviction  
 Final Judgment    Show Cause Order  
 Other (Specify) \_\_\_\_\_

**Details of Interview Conducted by Housing Court Liaison**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Housing Court Liaison's Signature

Telephone Number



### Daily Report of Housing Court Liaison Activity

Participant:

Applicant:

Location:  Bronx  Brooklyn  Harlem  Manhattan  Queens  Red Hook  Staten Island Date: \_\_\_\_\_

Job Center No.	Name Address	Case Number	L&T Number	Court Status					Disp.			Due Date	Judge	
				1	2	3	4	5	1	2	3			

SAMPLE

- Court Status**
- 1. Notice of Petition
  - 2. Final Judgment
  - 3. Six-day Notice of Eviction
  - 4. Show Cause Order
  - 5. Other

- Disposition**
- 1. Case Management Unit
  - 2. Case Establishment Unit
  - 3. Information

**Totals:**

1	2	3	4	5	1	2	3
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