



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #12-60-OPE (This Policy Bulletin Replaces PB #12-12-OPE)

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

| <p>Date: July 23, 2012</p> | <p>Subtopic(s): Electronic Benefits Transfer (EBT)</p> |
|--|--|
| <p> This procedure can now be accessed on the FIAweb.</p> <p>Note: <i>Beginning August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits</i></p> | <p>Revisions to Original Policy Bulletin:</p> <p>This policy bulletin is being revised to advise Job Center and Non Cash Assistance Food Stamp (NCA FS) Center Staff that starting on August 6th, all Bronx, Manhattan, and Staten Island Centers will be able to refer participants to the Centralized CBIC Referral Unit at 109 East 16th Street, New York, NY 10003 while Centers in Brooklyn and Queens will refer participants to the Centralized CBIC Referral Unit located at 45 Hoyt Street, Brooklyn, NY 11201.</p> <p>Purpose:</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 participants needing replacement CBICs to them.</p> <p>Note: The W-607A form is used for all other CBIC requests 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 45 Hoyt St, Brooklyn, NY 11201.</p> <p>For CA or NCA FS participants in Manhattan, the Bronx, and Staten Island, the CBIC Referral Unit is located on the ground floor of 109 East 16th Street, New York, NY 10003.</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

Persons designated as the authorized representative for the household should not be sent to the Centralized CBIC Referral Unit.

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. 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: All applicants and representatives 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)** forms.

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 instructions 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 16th Street.

If the participant indicates that he/she has a disability which prevents him/her from going to the Centralized CBIC Referral Unit or submits a request for reasonable accommodation due to a travel constraint, he/she must be serviced at the assigned Center.

Samples of the forms are attached.

Effective Date: August 6, 2012

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

Attachments:

- FIA-1039 (E-S)** Important Information About Replacement of Common Benefit Identification Cards (CBIC) (Brooklyn) (Rev. 7/23/12)
- FIA-1039a (E-S)** Important Information About Replacement of Common Benefit Identification Cards (CBIC) (Manhattan) (Rev.7/23/12)
- W-607A** Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (Rev. 7/23/12)
- W-608H** Travel Directions to the Manhattan/Brooklyn Common Benefit Identification Card (CBIC) Over-the-Counter (OTC) Sites (Rev. 7/23/12)
- W-608H (S)** Travel Directions to the Manhattan/Brooklyn Common Benefit Identification Card (CBIC) Over-the-Counter (OTC) Sites (Spanish) (Rev. 7/23/12)

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

Note: Beginning August 29, 2012, any reference to the Food Stamp Program shall mean the Supplemental Nutritional Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

If you have an active Cash Assistance or Supplemental Nutrition Assistance Program (SNAP) case, your request for a referral to get 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 referral to get 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**

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

Nota: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Si usted tiene un caso activo de Asistencia en Efectivo o del Programa de Asistencia de Nutrición Suplementaria (SNAP), su pedido de un envío para obtener 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 un envío para obtener una nueva 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**

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

Note: Beginning August 29, 2012, any reference to the Food Stamp Program shall mean the Supplemental Nutritional Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

If you have an active Cash Assistance or Supplemental Nutrition Assistance Program (SNAP) case, in Manhattan, the Bronx, or Staten Island, your request for a referral to get a replacement Common Benefit Identification Card (CBIC) can now be processed at the centralized **CBIC Referral Unit** located at:

109 East 16th 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 referral to get a replacement.

Travel Directions to 109 East 16th Street:

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

By Subway: **N, Q, R, L, 4, 5, 6** to 14th 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)

Nota: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Si usted tiene un caso activo de Asistencia en Efectivo o del Programa de Asistencia de Nutrición Suplementaria (SNAP), en Manhattan, el Bronx, o Staten Island, su pedido de un envío para obtener 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 un envío para obtener una nueva tarjeta.

Indicaciones de Viaje a 109 Este de la Calle 16:

En Autobús: **M1, M2, M3, M5** a la 5^{ta} Avenida y el Oeste de la Calle 17
M14A/D a la 4^{ta} Avenida y el Oeste de la Calle 14
M101 a la 3^{ra} 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)

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

NOTE: Beginning August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

Prepare in the following situations:

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

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

| To: Reception/Disbursement and Collections Unit | From: Job Center/Supplemental Nutrition Assistance Program 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: _____ | Applicant/Participant Case Type/Case No./Registry No./Suffix: _____ | | | | | | |
| Check Reason for Action: <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 | Identification documents witnessed for applicant/participant or authorized representative; the same two pieces must be presented to the Disbursement and Collections (D&C) Unit. | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Document</th> <th style="width: 50%;">ID Number</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> | Document | ID Number | | | | |
| Document | ID Number | | | | | | |
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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 Apt. No. <hr/> City State Zip | <input type="checkbox"/> Is applicant receiving expedited SNAP 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/> CIN <input type="checkbox"/> Add new payee <hr/> CIN |
| <input type="checkbox"/> Mail Permanent Card and Temporary Medicaid Card (LDSS-4113-2) (CBIC menu function 1) <input type="checkbox"/> Over-the-Counter Permanent Card Request (LDSS-4113-2) (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 (LDSS-2831-A) Complete Section IV. | | | |
| JOS/Worker's Signature | | Supervisor's Signature | |
| Date | | Date | |

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

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Temporary card (Vault) referral issued <input type="checkbox"/> Permanent card mail request processed (to be decided by D&C or SNAP Reception) | | | |
| Applicant/Participant's Signature | | Authorized Representative (Payee) Signature | |
| Date | | Date | |
| Signature(s) verified and documents listed in Section I seen. SNAP 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 |
| Address | Street | |
| | 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 | Enter insurance code if available. If not available leave blank. |
| | | ↓ ↓ |

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

NOTE: Beginning August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

You will need a CBIC in order to get your cash assistance and/or Supplemental Nutrition Assistance Program 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>Open: 9:00 AM to 8:45 PM</p> <p>Travel Directions</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>Open: 8:30 AM to 5:45 PM</p> <p>Travel Directions</p> <p><u>By Bus:</u> B57 to Court & Schermerhorn Streets B25, B26, B38, B41, B45, B52 to Court & Joralemon Streets B67 to Livingston & Smith Streets</p> <p><u>By Train:</u> 2, 3, 4, 5 to Borough Hall A, C, F to Jay Street & Borough Hall N or R to Court Street B, D, Q to Dekalb Avenue G to Hoyt & 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

Nota: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Usted necesitará una CBIC para poder obtener sus beneficios de asistencia en efectivo y/o del Programa de Asistencia de Nutrición Suplementaria (SNAP). 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 Abierto: 9:00 AM a 8:45 PM</p> <p>Indicaciones de Viaje</p> <p><u>Por Autobús:</u></p> <p>M5, M20 a Canal Street</p> <p><u>Por Metro:</u></p> <p>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 Abierto: 8:30 AM a 5:45 PM</p> <p>Indicaciones de Viaje</p> <p><u>Por Autobús:</u></p> <p>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></p> <p>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