



FAMILY INDEPENDENCE ADMINISTRATION


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POLICY BULLETIN #13-09-OPE (This Policy Bulletin Replaces PB #12-23-OPE)

MAILING TO SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPANTS REGARDING THE SNAP EMPLOYMENT AND TRAINING (SNAP E AND T) VENTURE PROGRAM

<p>Date: February 8, 2013</p>	<p>Subtopics: Mailing, Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Cases not included in the mailing</p>	<p>Revision to the Policy Bulletin:</p> <p>This policy bulletin has been revised to inform staff that the Food Stamp Employment and Training (FSET) Venture II Program has been renamed the Supplemental Nutrition Assistance Program Employment and Training (SNAP E and T) Venture Program.</p> <p>Consequently, all references to FSET have been replaced with SNAP E and T and the FSET Venture Provider Directory as well as the forms associated with the FSET Venture Program have been revised accordingly.</p> <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform staff at Non Cash Assistance SNAP Centers about a mailing that will be sent to SNAP participants between the ages of 16 and 59 who have an employment status code of WA (Work registration required – ABAWD exempt) or WE (Work registration exempt).</p> <p>Individuals between the ages of 16 and 59 who have an employment status code of WE who are exempt from work registration because they are considered disabled (aged/disabled indicator of X on the individual’s line in the WMS budget) or are exempt from work registration because they are employed for at least 30 hours per week or have weekly earnings of at least \$217.50 (30 x the federal hourly minimum wage of \$7.25) will not be included in the mailing.</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

Attachment A has been revised.

The mailing contains a notice, entitled Important Notice To Supplemental Nutrition Assistance Program (SNAP) Participants (**FIA-1062**). The notice informs the participants about the SNAP Employment and Training (SNAP E and T) Venture Program that offers free employment-focused education and training services to assist them in finding employment.

The mailing also includes a directory, entitled “SNAP E and T Venture Provider Directory” (**Attachment A**) that lists the organizations that are participating in the SNAP E and T Venture Program. These organizations specialize in assisting targeted groups of individuals in acquiring skills needed to find work in various industries.

Upon receipt of the **FIA-1062** and **Attachment A**, the participant can decide which vendor he/she would like to work with.

After the participant contacts and meets with the selected vendor, the vendor will enroll the participant in the SNAP E and T Venture Program and have the participant sign the Supplemental Nutrition Assistance Program Employment and Training (SNAP E and T) Venture Enrollment and Consent Form (**FIA-1063**).

The **FIA-1063** informs the participant that he/she has been enrolled with a particular vendor whose services are intended to allow him/her to secure and maintain employment. In addition, the **FIA-1063** has a consent section that informs the participant that the Human Resources Administration (HRA) and the Venture Program provider will, upon his/her consent, share information. If the participant agrees to the sharing of information, he/she must sign the consent section of the form.

During the initial phase of the Venture Program, the program provider will fax signed copies of the **FIA-1063** to Employment and Contract Services (ECS), which will be responsible for scanning and indexing the form into the HRA OneViewer.

If the participant elects not to sign the **FIA-1063** consent form, he/she will not be eligible to participate in the SNAP E and T Venture Program.

If the participant secures employment as a result of the SNAP E and T Venture Program, the program provider will complete the SNAP Employment Declaration (**W-100J**) and fax it to ECS which will scan and index the form into the “**Change in Hours/Wages**” worklist that will be worked on by staff at the Special Projects Change Center (SNAP 25).

Samples of the forms and the directory are attached.

Effective immediately

Attachments:

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

- Attachment A** SNAP Employment and Training Venture Provider Directory
- FIA-1062 (E)** Important Notice To Supplemental Nutrition Assistance Program (SNAP) Participants (Rev. 2/8/13)
- FIA-1062 (S)** Important Notice To Supplemental Nutrition Assistance Program (SNAP) Participants (Spanish) (Rev. 2/8/13)
- FIA-1063 (E)** Supplemental Nutrition Assistance Program Employment and Training (SNAP E and T) Venture Enrollment and Consent Form (Rev. 2/8/13)
- FIA-1063 (S)** Supplemental Nutrition Assistance Program Employment and Training (SNAP E and T) Venture Enrollment and Consent Form (Spanish) (Rev. 2/8/13)

SNAP Employment And Training Venture Provider Directory

Organization	Target Population	Industries/Jobs	Address	Telephone	Hours of Operation
Agudath Israel of America Community Services	<ul style="list-style-type: none"> Unemployed/under employed with limited English proficiency 	<ul style="list-style-type: none"> Healthcare Bookkeeping/clerical Customer service 	225 Broadway New York, NY 10007 4006 18th Avenue Brooklyn, NY 11230	(212) 809-5935 Extension 301	Monday to Thursday: 9:00 AM to 5:30 PM Friday: 9:00 AM to 1:00PM
CAMBA, Inc.	<ul style="list-style-type: none"> Unemployed/under employed adults and parents Young adults (18-24) Immigrants with limited English 	<ul style="list-style-type: none"> Security Customer service Healthcare sector Gourmet foods 	2211 Church Avenue Brooklyn, NY 11230	(718) 282-0108 Extension 79307	Monday to Friday: 9:00 AM to 5:00 PM
Center for Employment Opportunities, Inc.	<ul style="list-style-type: none"> Formerly incarcerated individuals currently on New York State parole 	<ul style="list-style-type: none"> Warehouse operations Construction: OSHA certification 	32 Broadway New York, NY 10004	(212) 422-4430 Extension 203	Monday to Friday: 9:00 AM to 5:00 PM
Central Queens YM & YWHA	<ul style="list-style-type: none"> Unemployed/under employed parents Out of school youth (16-24) Limited English proficiency (Arabic, Chinese, Georgian, Russian, Spanish) 	<ul style="list-style-type: none"> Emergency Medical Technician Customer service Home Health Aide Maintenance Medical billing GED Certified Security Guard Lifeguard Food Service 	67-09 108th Street Forest Hills, NY 11375	(718) 268-5011 Extension 621	Monday to Friday: 9:00 AM to 9:00 PM
Chinatown Manpower Project, Inc.	<ul style="list-style-type: none"> Immigrants with limited English proficiency Youth 	<ul style="list-style-type: none"> Bookkeeping Nursing Assistant Energy Auditor 	70 Mulberry Street, 3rd fl. New York, NY 10013 37-43-77th Street, 2nd fl. Jackson Heights, NY 11372 35-56 159 Street, Flushing, NY 11358	(212) 571-1690	Monday to Friday: 9:00 AM to 5:00 PM
East Harlem Employment Services d/b/a STRIVE	<ul style="list-style-type: none"> Ex-offenders Non-custodial fathers 	<ul style="list-style-type: none"> Green construction Office/Administrative support Customer service 	240 East 123rd Street, 3rd fl. New York, NY 10035	(212) 360-1100	Monday to Friday: 9:00 AM to 5:00 PM
Edith and Carl Marks Jewish Community House of Bensonhurst	<ul style="list-style-type: none"> Limited English proficiency Youth (16-24) Unemployed/under employed parents 	<ul style="list-style-type: none"> CNA Phlebotomy/EKG Accounting Medical billing 	7802 Bay Parkway Brooklyn, NY 11214	(718) 943-6330	Monday to Thursday: 9:00 AM to 5:00 PM Friday: 9:00 AM to 3:00PM

ATTACHMENT A

Organization	Target Population	Industries/Jobs	Address	Telephone	Hours of Operation
El Barrios Operation Fight Back Inc.	<ul style="list-style-type: none"> Limited English proficiency (Spanish) Unemployed/under employed parents 	<ul style="list-style-type: none"> Certified Home Health Aide 	413 East 120th Street, Suite 401 New York, NY 10035	(212) 427-7080	Monday to Friday: 9:00 AM to 5:00 PM
Henry Street Settlement	<ul style="list-style-type: none"> Non-English speakers (especially Asian Americans) Youth Unemployed/under employed parents Non-custodial parents 	<ul style="list-style-type: none"> Retail Food Service Hospitality Security Customer Service 	99 Essex Street, 3rd fl. New York, NY 10002	(212) 478-5400	Monday to Friday: 9:00 AM to 7:00 PM
Highbridge Community Life Center, Inc.	<ul style="list-style-type: none"> Unemployed/under employed parents Young adults (18-24) Limited English proficiency 	<ul style="list-style-type: none"> Nurse Aide 	1438 Ogden Avenue Bronx, NY 10452	(646) 393-9533	Monday to Friday: 9:00 AM to 8:00 PM
LEAP, Inc. d/b/a Brooklyn Workforce Innovations	<ul style="list-style-type: none"> Ex-offenders History of substance abuse Youth (21-25) Unemployed/ under employed parents 	<ul style="list-style-type: none"> Network cable installation CDL Wood worker Security guard 	621 Degraw Street Brooklyn, NY 11217 151 5th Avenue Brooklyn, NY 11217 125 8th Street Brooklyn, NY 11215	Cable installation: (718) 237-2017 Extension 149 CDL Program (718) 237-4846 Woodworker (718) 389-3636 Security Guard (718) 237-2017 Extension 175	Monday to Friday: 9:00 AM to 5:00 PM
Long Beach Adult Learning Center	<ul style="list-style-type: none"> Immigrants with limited English proficiency Youth (16-21) Students with or without a high school diploma 	<ul style="list-style-type: none"> Healthcare Environmental Customer service Retail Office 	Long Beach Adult Learning Center 75 East Walnut Street Long Beach, NY 11561	(516) 897-2268	Monday to Friday: 9:00 AM to 3:00 PM Monday to Wednesday: 6:00 PM to 9:00 PM
Manhattan Educational Opportunity Center – Borough of Manhattan Community College	<ul style="list-style-type: none"> Limited English proficiency Unemployed/under employed 	<ul style="list-style-type: none"> Healthcare Security officers Nonprofit jobs 	State Office Building 163 West 125th Street New York, NY 10027	(212) 961-5881	Monday to Thursday: 9:00 AM to 7:00 PM Friday: 9:00 AM to 5:00PM

ATTACHMENT A

Organization	Target Population	Industries/Jobs	Address	Telephone	Hours of Operation
Northern Manhattan Improvement Corporation	<ul style="list-style-type: none"> • Non-custodial parents • Ex-offenders • Limited literacy and work history • Limited English proficiency 	<ul style="list-style-type: none"> • Healthcare • Building maintenance/ retrofit and weatherization • Retail • Customer service • Security • Office administration 	76 Wadsworth Avenue, 2nd fl. New York, NY 10033	(212) 453-5396	Monday and Thursday: 9:00 AM to 7:00 PM Tuesday, Wednesday, and Friday: 9:00 AM to 5:00 PM
Opportunities for a Better Tomorrow	<ul style="list-style-type: none"> • Unemployed/under employed adults 	<ul style="list-style-type: none"> • Healthcare • Administrative/clerical • GED programs 	280 Wyckoff Avenue Brooklyn, NY 11237	(718) 381-3222	Monday to Friday: 9:00 AM to 4:00 PM
Paraprofessional Healthcare Institute, Inc.	<ul style="list-style-type: none"> • Unemployed/under employed adults (18+) 	<ul style="list-style-type: none"> • Healthcare 	349 East 149th Street Bronx, NY 10451	(718) 928-2060	Monday to Friday: 9:00 AM to 5:00 PM
Per Scholas	<ul style="list-style-type: none"> • Unemployed/under employed parents (18-55) • Formerly incarcerated • History of substance abuse • Disconnected youth (16-24) • English language learners 	<ul style="list-style-type: none"> • Computer & information technology 	804 East 138th Street, 2nd fl. Bronx, NY 10454	(718) 991-8400 Extension 245	Monday to Friday: 8:30 AM to 5:30 PM
St. Nicks Alliance	<ul style="list-style-type: none"> • Ex-offenders • Limited English proficiency 	<ul style="list-style-type: none"> • Environmental Remediation/Technician • Delivery and transportation • ESL/GED/ABE 	790 Broadway Brooklyn, NY 11206	(718) 302-2057 Extension 200	Monday to Friday: 9:00 AM to 9:00 PM
The Fortune Society	<ul style="list-style-type: none"> • Ex-offenders 	<ul style="list-style-type: none"> • Green construction • Building performance • Environmental remediation 	29-76 Northern Blvd. LIC, NY 11101	(347) 510-3439 (347) 510-3687 (718) 517-7943	Monday to Friday: 9:00 AM to 5:00 PM
Year Up, Inc.	<ul style="list-style-type: none"> • Disconnected young adults unemployed/under employed (18-24) • High School diploma/ GED holders 	<ul style="list-style-type: none"> • IT Helpdesk Technician • Financial operations analyst • Quality Assurance software tester 	55 Exchange Place New York, NY 10005 9 Dekalb Avenue Brooklyn, NY 11201	(212) 785-3340 Extension 1338	Monday to Friday: 8:30 AM to 6:00 PM

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

Important Notice To Supplemental Nutrition Assistance Program (SNAP) Participants

We are pleased to inform you about the opportunity to receive **free** employment-focused education and training services through the Supplemental Nutritional Assistance Program Employment and Training (SNAP E and T) Venture Program.

This program provides services that will help you gain skills that employers seek in today's job market. Various organizations throughout New York City have been selected to provide Supplemental Nutritional Assistance Program (SNAP E and T) participants like you, these opportunities.

All you have to do to take advantage of these **free** services is to visit one of the many participating organizations listed on the attached SNAP E and T Venture Provider Directory. Many of these organizations specialize in assisting targeted groups of individuals (e.g., young adults and unemployed/underemployed parents) and targeted industries of employment (e.g. construction and healthcare).

If you have any questions about the services provided by any of the organizations on the attached directory, you may call them directly or visit them during their hours of operation. When you contact any of the participating organizations, please tell them that you are interested in the **SNAP E and T Venture Program** and that you are currently receiving Supplemental Nutritional Assistance Program (SNAP) benefits.

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

Aviso Importante A los Participantes del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Nos complace informarle de la oportunidad de recibir servicios **gratuitos** de educación y capacitación mediante el Programa de "Venture" de Empleo y Capacitación del Programa de Asistencia de Nutrición Suplementaria (Supplemental Nutrition Assistance Program Employment and Training [SNAP E and T] Venture Program).

Este programa brinda servicios que le ayudarán a adquirir aptitudes que los empleadores necesitan en el actual mercado laboral. Varias organizaciones en toda la Ciudad de Nueva York han sido seleccionadas para brindar estas oportunidades a todos los participantes, como usted, del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Lo único que le toca hacer a usted para aprovecharse de estos servicios **gratuitos** es visitar una de las varias organizaciones participantes listadas en el adjunto Directorio de SNAP E and T de Proveedores de "Venture" (SNAP E and T Venture Provider Directory). Muchas de estas organizaciones se especializan en asistencia a grupos específicos (p.ej., jóvenes adultos y padres/madres desempleados/subempleados) e industrias específicas de empleo (p.ej., construcción y atención de salud).

Si usted tiene cualquier pregunta sobre los servicios brindados por cualquier de las organizaciones en el directorio adjunto, puede llamarlas directamente o visitarlas durante horas laborables. Al comunicarse con cualquier de las organizaciones participantes, favor de indicar que usted está interesado(a) en el Programa de "Venture" para SNAP E and T (**SNAP E and T Venture Program**) y que usted actualmente recibe beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Date: _____

Case Number: _____

Case Name: _____

SNAP Center: _____

Supplemental Nutrition Assistance Program Employment and Training (SNAP E and T) Venture Enrollment and Consent Form

Provider/Program Name: _____

Participant's Name: _____

This is to inform you that you have been enrolled as a participant in the above referenced Supplemental Nutrition Assistance Program Employment and Training (SNAP E and T) Venture Program.

Your participation in this SNAP E and T Venture Program is supported in whole or in part by federal SNAP E and T funds.

Your participation in the education/training services provided by the SNAP E and T Venture provider is intended to help you gain skills that will improve your ability to secure and/or maintain employment.

****Important Consent Information – Please Read and Sign Below****

I give my consent and fully understand that the Human Resources Administration (HRA) will provide to _____ (Contractor) limited participant-identifiable information and data about me for

verification of my identification, eligibility for the SNAP E and T Venture Program, and my employment status, as well as for tracking and follow-up purposes. This data may include my name, address, telephone number, the last four digits of my Social Security number, my SNAP Case status, and related recertification dates.

I understand that any changes in my employment status and/or income that occur during or after my participation in this program will be reported to HRA by the training provider and could result in changes to my current SNAP or Cash Assistance benefits.

I also understand that I must report to HRA changes in my employment status and/or income in accordance with SNAP reporting requirements.

I also understand that if I elect to not sign the consent form, I will not be eligible to participate in the SNAP E and T Venture Program until such time that I agree to sign the consent form.

Participant's Signature

Date

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

Formulario de Consentimiento e Inscripción del Programa de "Venture" para el Programa de Asistencia de Nutrición Suplementaria de Empleo y Capacitación (SNAP E y C)

Proveedor/Nombre del Programa: _____

Nombre del Participante: _____

El presente es para informarle que usted ha sido inscrito(a) como participante en el antedicho Programa de "Venture" para el Programa de Asistencia de Nutrición Suplementaria para Empleo y Capacitación (SNAP E y C).

Su participación en este Programa de "Venture" para SNAP E y C es financiada del todo o en parte por los fondos federales de SNAP E y C.

Su participación en los servicios de capacitación/educación proporcionados por el Programa de "Venture" para SNAP E y C tiene el propósito de ayudarle a obtener aptitudes que le ayuden a mejorar su capacidad de asegurar y/o mantener empleo.

****Información Importante de Consentimiento – Favor de Leer y Firmar Más Abajo****

Doy mi consentimiento y entiendo plenamente que la Administración de Recursos Humanos (Human Resources Administration – HRA) proveerá a _____ (Contratista) información limitada identificable sobre el

participante y datos míos propios para comprobar mi identidad, elegibilidad para el Programa de "Venture" para SNAP E y C, y mi estado de empleo, al igual que para efectos de seguimiento. Estos datos pueden incluir mi nombre, dirección, número de teléfono, los últimos cuatro dígitos de mi número de Seguro Social, el estado de mi caso de SNAP, y fechas relacionadas con recertificación.

Entiendo que cualquier cambio en mi estado de empleo y/o ingreso que ocurran durante o después de mi participación en este programa serán reportados a la HRA por el proveedor de capacitación y pueden resultar en cambios a mis beneficios actuales de SNAP o Asistencia en Efectivo.

Entiendo además que debo reportar a la HRA cambios en mi estado de empleo y/o ingreso conforme a los requisitos de seguimiento de SNAP.

Entiendo además que si opto por no firmar el formulario de consentimiento, no seré elegible para participar en el Programa de "Venture" para SNAP E y C hasta que acuerdo firmar el formulario de consentimiento.

Firma del Participante

Fecha