



# FAMILY INDEPENDENCE ADMINISTRATION


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## POLICY BULLETIN #13-115-OPE

### CHANGE IN WEP HOURS

<b>Date:</b> December 20, 2013	<b>Subtopic(s):</b> Forms
<p>  This procedure can now be accessed on the FIAweb.           </p>	<p>The purpose of this policy bulletin is to inform Work Experience Management (WEM) staff located at 109 East 16th Street of the following notices that were created to inform Cash Assistance (CA) Work Experience Program (WEP) participants when there is a change in their WEP hours, and Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) WEP participants when there is a continuation or a change in their WEP hours. This policy bulletin is informational for all other staff.</p> <p><u>New Forms:</u></p> <ul style="list-style-type: none"> <li>• Notice of Continued or Change in Work Experience Program Schedule for Supplemental Nutrition Assistance Program Participants (<b>FIA-1095b</b>)</li> <li>• Notice of Change in Assigned Work Experience Program Hours for Cash Assistance Participants (<b>FIA-1095c</b>)</li> </ul> <p><u>Use of Forms:</u></p> <ul style="list-style-type: none"> <li>• Form <b>FIA-1095b</b> must be used for NCA SNAP WEP participants when:             <ul style="list-style-type: none"> <li>▪ there is a change in their assigned WEP hours, or</li> <li>▪ their initial three month WEP assignment has expired</li> </ul> </li> <li>• Form <b>FIA-1095c</b> must be used for CA WEP participants when:             <ul style="list-style-type: none"> <li>▪ there is a change in their assigned WEP hours</li> </ul> </li> </ul> <p>The completed forms must be scanned and indexed into HRA One Viewer.</p> <p>Samples of the forms are attached.</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

*Effective Immediately*

**Related Items:**

PD #13-05-ELI Able-Bodied Adults Without Dependents  
PB #13-45-OPE Carfare Distribution Process for ABAWD  
Work Experience Program (WEP) Participants

**Attachments:**

 Please use Print on Demand to obtain copies of forms.

**FIA-1095b (E)** Notice of Continued or Change in Work Experience Program Schedule for Supplemental Nutrition Assistance Program Participants  
**FIA-1095b (S)** Notice of Continued or Change in Work Experience Program Schedule for Supplemental Nutrition Assistance Program Participants (Spanish)  
**FIA-1095c (E)** Notice of Change in Assigned Work Experience Program Hours for Cash Assistance Participants  
**FIA-1095c (S)** Notice of Change in Assigned Work Experience Program Hours for Cash Assistance Participants (Spanish)

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

Case Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Center: \_\_\_\_\_

### Notice of Continued or Change in Work Experience Program Schedule for Supplemental Nutrition Assistance Program Participants

You are participating in a Work Experience Program (WEP) activity. The assigned hours are determined by the amount of your Supplemental Nutrition Assistance Program (SNAP) benefit divided by the higher of the State or Federal minimum wage. If there is more than one Able Bodied Adult Without Dependents (ABAWD) also participating in a WEP activity, the maximum allowable WEP hours for the entire household is divided equally among those individuals.

Your assigned number of monthly work hours for the next three months remains the same at \_\_\_\_\_

There was a change in one of the factors used to determine your maximum allowable WEP hours. Therefore, the total number of hours per month that you are required to participate in a WEP activity in order to meet the ABAWD requirements has changed.

Previous hours \_\_\_\_\_ Increase or Decrease \_\_\_\_\_ New Hours \_\_\_\_\_

Your new WEP activity schedule below is effective \_\_\_\_\_

SAMPLE

THREE MONTH SCHEDULE					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Date(s)</b>					
<b>Arrival time</b>					
<b>Departure time</b>					
<b>Total hours</b>					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Date(s)</b>					
<b>Arrival time</b>					
<b>Departure time</b>					
<b>Total hours</b>					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Date(s)</b>					
<b>Arrival time</b>					
<b>Departure time</b>					
<b>Total hours</b>					

I have received a copy of this assignment.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Fecha: \_\_\_\_\_  
 Número del Caso: \_\_\_\_\_  
 Nombre del Participante: \_\_\_\_\_  
 Centro: \_\_\_\_\_

### Aviso de Continuación o Cambio en el Horario del Programa de Experiencia Laboral para los Participantes del Programa de Asistencia de Nutrición Suplementaria

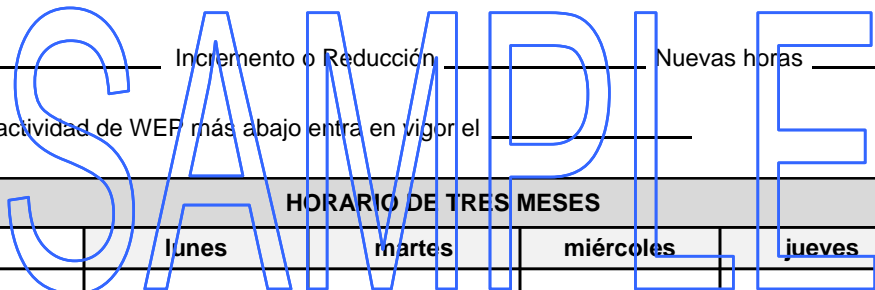
Usted está participando en una actividad del Programa de Experiencia Laboral (WEP). Las horas asignadas se determinan por la cantidad de sus beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) dividida por la mayor de las cantidades del salario mínimo Estatal o Federal. Si hay más que un Adulto Sano sin Dependientes (ABAWD) participando en una actividad de WEP, el máximo permisible de las horas para todo el hogar se divide igualmente entre esas personas.

Su número asignado de horas laborales mensuales para los próximos tres meses sigue el mismo, o sea \_\_\_\_\_

Se ha cambiado uno de los factores usados para determinar el máximo de sus horas laborales de WEP. Por lo tanto, se ha cambiado el total del número de horas mensuales que usted tiene que participar en una actividad de WEP para reunir los requisitos de ABAWD.

Horas anteriores \_\_\_\_\_ Incremento o Reducción \_\_\_\_\_ Nuevas horas \_\_\_\_\_

Su horario nuevo de actividad de WEP más abajo entra en vigor el \_\_\_\_\_



HORARIO DE TRES MESES					
	lunes	martes	miércoles	jueves	viernes
<b>Fecha(s)</b>					
<b>Hora de llegada</b>					
<b>Hora de salida</b>					
<b>Total de horas</b>					
	lunes	martes	miércoles	jueves	viernes
<b>Fecha(s)</b>					
<b>Hora de llegada</b>					
<b>Hora de salida</b>					
<b>Total de horas</b>					
	lunes	martes	miércoles	jueves	viernes
<b>Fecha(s)</b>					
<b>Hora de llegada</b>					
<b>Hora de salida</b>					
<b>Total de horas</b>					

He recibido una copia de esta asignación.

Firma del Participante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Center: \_\_\_\_\_

### Notice of Change in Assigned Work Experience Program Hours for Cash Assistance Participants

Your assigned hours per week will be changed effective \_\_\_\_\_.

Previous hours assigned \_\_\_\_\_  
Increased / decreased hours \_\_\_\_\_  
New hours assigned \_\_\_\_\_

**SAMPLE**

Your new weekly work schedule is as follows:	
days of 2 hours =	hours (9:30 AM to 11:30 AM)
days of 3 hours =	hours (9:30 AM to 12:30 PM)
days of 4 hours =	hours (9:30 AM to 1:30 PM)
days of 5 hours =	hours (9:00 AM to 3:00 PM)
days of 6 hours =	hours (9:00 AM to 4:00 PM)
days of 7 hours =	hours (9:00 AM to 5:00 PM)
<b>TOTAL WEEKLY HOURS:</b>	

Fecha: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Participante: \_\_\_\_\_

Centro: \_\_\_\_\_

### Aviso de Cambio en las Horas del Programa de Experiencia Laboral Asignadas para los Participantes de Asistencia en Efectivo

Sus horas semanales asignadas se cambiarán a partir del \_\_\_\_\_.

Horas asignadas anteriores \_\_\_\_\_  
Horas incrementadas / reducidas \_\_\_\_\_  
Nuevas horas asignadas \_\_\_\_\_

**SAMPLE**

Su nuevo horario semanal de trabajo es el siguiente:	
días de 2 horas =	horas (9:30 AM a 11:30 AM)
días de 3 horas =	horas (9:30 AM a 12:30 PM)
días de 4 horas =	horas (9:30 AM a 1:30 PM)
días de 5 horas =	horas (9:00 AM a 3:00 PM)
días de 6 horas =	horas (9:00 AM a 4:00 PM)
días de 7 horas =	horas (9:00 AM a 5:00 PM)
<b>TOTAL DE HORAS SEMANALES:</b>	