



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #13-21-EMP

(This Policy Bulletin Replaces: CD #90-29, CD #90-45, Memo 05-30-1990, CD #90-86, CD #92-10, CD #96-137, CD #10-38, PD #02-42-EMP, PD #03-46-EMP, PD #03-59-EMP, PB #03-99-OPE, PB #04-77-EMP, PB #04-195-EMP, PB #05-36-SYS, PB #05-56-OPE, PB #07-50-EMP, PB #08-129-OPE, PB #09-61-OPE, PB #11-15-OPE)

TRANSITION TO B2W COMPLETE

Date: March 11, 2013	Subtopic: Employment																								
<p> This procedure can now be accessed on the FIAweb.</p> <p>Refer to PB #12-111-EMP for more information on the termination of BEGIN.</p>	<p>The purpose of this Policy Bulletin is to inform staff that the transition to the Back to Work (B2W) program has been completed. As a result, the Begin Employment Gain Independence Now (BEGIN) and Back to Work (BTW) programs were terminated effective December 31, 2012.</p> <p>The termination of the BEGIN program renders the following Center Director Memos, Policy Bulletins, Policy Directives, and forms obsolete:</p> <table border="0"> <tr> <td>CD #90-29</td> <td>Issuance of PWP/ WEP/ BEGIN Payments</td> </tr> <tr> <td>CD #90-45</td> <td>Correct Closing Code for BEGIN Participants</td> </tr> <tr> <td>Memo 05-30-1990</td> <td>BEGIN Referrals</td> </tr> <tr> <td>CD #90-86</td> <td>BEGIN Program</td> </tr> <tr> <td>CD #92-10</td> <td>Opening of BEGIN Sites</td> </tr> <tr> <td>CD #96-137</td> <td>Transfer of Applicant Job Search to BEGIN Sites for ADC Applicants</td> </tr> <tr> <td>PD #02-42-EMP</td> <td>BEGIN VoWS Program</td> </tr> <tr> <td>PD #03-46-EMP</td> <td>Referrals to BEGIN Managed Programs</td> </tr> <tr> <td>PD #03-59-EMP</td> <td>Referrals to BEGIN/CUNY Immersion</td> </tr> <tr> <td>PB #03-99-OPE</td> <td>BEGIN Managed Programs Mandatory Appointment Form (W-502A)</td> </tr> <tr> <td>PB #04-77-EMP</td> <td>BEGIN Managed Programs Referrals to CASAC</td> </tr> <tr> <td>PB #04-195-EMP</td> <td>Safety Net Cash Assistance (SNCA) Participant Referral to BEGIN Programs</td> </tr> </table>	CD #90-29	Issuance of PWP/ WEP/ BEGIN Payments	CD #90-45	Correct Closing Code for BEGIN Participants	Memo 05-30-1990	BEGIN Referrals	CD #90-86	BEGIN Program	CD #92-10	Opening of BEGIN Sites	CD #96-137	Transfer of Applicant Job Search to BEGIN Sites for ADC Applicants	PD #02-42-EMP	BEGIN VoWS Program	PD #03-46-EMP	Referrals to BEGIN Managed Programs	PD #03-59-EMP	Referrals to BEGIN/CUNY Immersion	PB #03-99-OPE	BEGIN Managed Programs Mandatory Appointment Form (W-502A)	PB #04-77-EMP	BEGIN Managed Programs Referrals to CASAC	PB #04-195-EMP	Safety Net Cash Assistance (SNCA) Participant Referral to BEGIN Programs
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PB #05-36-SYS	NYCWAY Update: New Action Code for Same-Day Referrals to On-Site BEGIN Workers
PB #05-56-OPE	BEGIN Referral Letter for PRIDE Participants
PB #07-50-EMP	Revisions to the BEGIN Program Referral Letter (W-573XX)
PB #09-61-OPE	Revisions to the BEGIN Managed Program Assignment Information Summary (W-573R) Form
PB #11-15-OPE	BEGIN Managed Program Contract
EXP-78FF	BEGIN Reassessment Referral Letter
W-573R	BEGIN Managed Program Assignment Information
W-573VV	Assessment Outcome Participant Accepted by BEGIN
W-573XX	BEGIN Program Referral Letter

Refer to [PB #13-03-EMP](#) for more information on the termination of BTW.

The termination of the BTW program renders the following Center Director Memo, Policy Bulletin and forms obsolete:

CD #10-38	BTW Referrals
PB #08-129-OPE	BTW Shelter Initiative (“H”) Voluntary Assignment Form (M-75Q)
FIA-1086	Transition to Back to Work (B2W) Vendor
FIA-1086a	Transition to Back to Work (B2W) Vendor
FIA-1086b	Information About Your Literacy Services
FIA-1086f	Referral to Back to Work (B2W) Vendor
FIA-1086g	Cancellation of Back to Work (BTW) Appointment
W-502	Referral to Back to Work (BTW) Vendor
W-500BB	Appointment with FIA OutStationed Worker at Back to Work (BTW)
M-75Q	BTW Shelter Initiative (H) Voluntary Assignment

Job Center Directors, Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center Directors and Out-Stationed Workers (OSWs) must ensure that all obsolete forms are removed from circulation and recycled. (This includes the Spanish and all other multilingual versions of the forms.)

Copies of the obsolete forms are attached.


Effective Immediately

Related Items:

[PB #12-111-EMP](#)

[PB #13-03-EMP](#)

Attachments:

 Please use Print on Demand to obtain copies of forms.

EXP-78FF	BEGIN Reassessment Referral Letter
W-573R	BEGIN Managed Program Assignment Information
W-573VV	Assessment Outcome - Participant Accepted by BEGIN
W-573XX	BEGIN Program Referral Letter
FIA-1086	Transition to Back to Work (B2W)
FIA-1086a	Transition to Back to Work (B2W)
FIA-1086b	Information About Your Literacy Services
FIA-1086f	Referral to Back to Work (B2W) Vendor
FIA-1086g	Cancellation of Back to Work (BTW) Appointment
W-502	Referral to Back to Work (BTW) Vendor
W-500BB	Appointment With Out-Stationed Worker at Back Work (BTW)
M-75Q	BTW Shelter Initiative (H) Voluntary Assignment



Date: _____
Case Number: _____
Case Name: _____

BEGIN Reassessment Referral Letter

A review of your case by your Personal Roads for Individual Development and Employment (PRIDE) vendor has determined that you have progressed to the point where another program may be better suited to meet your employment needs. Thus you have been scheduled for an appointment at Begin Employment Gain Independence Now (BEGIN) Reassessment.

The BEGIN caseworker will assess your education and work experience as well as your employment goals. The worker will also assist you in identifying the program most suited to your employment needs.

Appointment Date: _____ Time: 9:00AM Telephone Number: (212) 868-0571

Location: **THE BEGIN REASSESSMENT UNIT: 450 West 41st Street, 5th Floor
Manhattan, New York City**

Travel Directions: Trains: 1, 9, 2, 3 to 42nd Street & Times Square or A to 42nd Street and 8th Avenue or 4, 5, 6 to 42nd Street & Grand Central, then take the Shuttle Train to Times Square. Walk west to 41st Street between 9th & 10th Avenue. Buses: #11 downtown on 9th Avenue to 42nd Street or #11 uptown on 10th Avenue to 42nd Street or Crosstown #42 to 10th Avenue.

This is a mandatory engagement appointment. Failure to comply with this appointment may result in the reduction of your public assistance benefits.

Name: _____

Date: _____

Case Number: _____

Case Name: _____

Program Start Date: _____

Program End Date: _____

BEGIN Managed Program Assignment Information Summary

This form confirms your enrollment in BEGIN Managed Programs. Based on your educational assessment during orientation, you have been assigned to the following _____

Program: _____	Class Code: _____
Address: _____	Class Start Date: _____
Teacher's Name: _____	Room Number: _____
Caseworker's Name: _____	Telephone Number: _____
Your class schedule is as follows:	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

OBSOLETE

Based on your work interest and experience, you have selected and been assigned to the approved Work site Agency listed below:

Work site Agency: _____	
Address: _____	
Work site Supervisor: _____	Telephone Number: _____
Reporting Date: _____	Time: _____
Special Reporting Instructions: _____	
Directions: _____	
You have been assigned to work in the position of _____	
You will report to your work site on the following days:	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Participant Acknowledgement

If for some reason I cannot report to my work site on any scheduled day, I will call my **Work site Supervisor** at the **telephone number listed above**. If for some reason, I cannot attend class, I will call my **Caseworker** at the **telephone number listed below**. I understand that my participation is mandatory and that I must make every effort to maintain 100% attendance. I further understand that failure to comply with this program in any way will result in a reduction or termination of my cash assistance benefits. I agree to call my Caseworker to assist me with any problems I may experience that might interfere with my complying with HRA/BEGIN Managed Programs' policies and procedures.

Participant Signature: _____

Date: _____

Caseworker Signature: _____

Telephone Number: _____

Form W-573VV
8/28/01

BEGIN Central Reassessment Center
248 Duffield Street, 5th floor
Brooklyn, NY 11201



The **CITY** of **NEW YORK**
Human Resources Administration
Family Independence Administration

ESP Vendor: _____

Fax Number: _____

Participant Name: _____

Case Number: _____

Date: _____

Worker telephone: **(718) 222-5522**

OBSOLETE
Assessment Outcome: Participant Accepted by BEGIN

Dear ESP Vendor:

The above-named participant has kept his/her appointment at the BEGIN Reassessment Center on

_____ day

_____ date

at _____

_____ time

This is to inform you that upon completion of our assessment process we have made the determination to send this participant to a BEGIN Managed Program which will support his/her employment goal with increased literacy and/or English skills. Therefore, the participant will not return to you, but remain with BEGIN. We are taking the necessary action in NYCWAY to accomplish this outcome.

If there are any questions, please call me directly at the number given above.

Sincerely,

Fitzroy Lowe, Supervisor
Reassessment Center



Date: _____
Case Number: _____
Case Name: _____
Telephone: _____
Job Center: _____

BEGIN Program Referral Letter

The BEGIN Managed Programs coordinate services to help public assistance participants acquire basic literacy and vocational skills and to successfully transition from welfare to work. Based upon the completion of your educational testing and/or Employability Plan at your current activity you have been assigned to the BEGIN Program described below.

If you have children, it is important that you continue the child care arrangements that are already in place for them. However, if there is a problem with your child care, you must immediately inform your JOS/Worker and request a child care provider enrollment form and any other needed documents. Follow the instructions your Worker gives you regarding an appointment to return the completed forms. In order to avoid delays or disruption in services, all child care arrangements should be completed at least one week before your assignment start date.

OBSCOLET

The BEGIN

1

You will receive carfare and child care as long as you are fully participating in the program. Your appointment is indicated below:

Appointment Date: _____ Time: _____ Telephone: _____
Location Name: _____
Address: _____

City: _____ State: _____ Zip: _____

(see next page)

Travel Directions:

2

If you are unable to keep this appointment, please call the telephone number above prior to your reporting time to arrange for a new appointment.

3

OBSOLETE

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Transition to Back to Work (B2W) Vendor

Beginning January 1, 2013, HRA will launch our new Back to Work (B2W) program. The new B2W replaces the current Back to Work (BTW) program, which ends December 31, 2012.

B2W vendors offer job placement, literacy services, and retention services for you to use as a resource to assist you in gaining employment. HRA placed over 85,000 participants in jobs in 2011 and is very committed to working with the new B2W vendors in supporting your efforts to attain self-sufficiency.

What this means for your current assignment:

State law requires that you participate in continuous job search and other work-related activities as a condition of eligibility for cash assistance; therefore you are **mandated to continue with your current Back to Work (BTW) vendor until 12/29/12.**

Please note that your current WEP assignment, if you have one, remains unchanged and you must continue to report to that assignment.

What this means for your new assignment:

As a result of a change in vendors, you must report to your newly assigned B2W vendor at the location listed below on the scheduled date and time indicated. Please remember that you are not allowed to bring any children with you when you report to the B2W vendor.

This is a mandatory appointment. If you do not keep your appointment or do not participate as required, your Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) benefits may be sanctioned for a specific period of time. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid. If you have an emergency or need to reschedule this appointment, please call the telephone number listed below prior to your reporting time to arrange another appointment

Appointment Date: _____ Time: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

Date: _____

Case Number: _____

Case Name: _____

Transition to Back to Work (B2W) Vendor

Beginning January 1, 2013, HRA will launch our new Back to Work (B2W) program. The new B2W replaces the current Back to Work (BTW) program, which ends December 31, 2012.

B2W vendors offer job placement, literacy services and retention services for you to use as a resource to assist you in gaining employment. HRA is very committed to working with the new B2W vendors in supporting your efforts to attain self-sufficiency.

What this means for your current assignment:

As a condition of eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits, you as a Non Cash Assistance SNAP participant are required by federal and state law and regulations to participate in a SNAP Employment and Training (SNAP E&T) program. The program may consist of work, training, and job search activities. You are **mandated to continue your participation with your assigned SNAP E&T and Work Experience Program (WEP) until 12/14/12.**

What this means to you:

As a result of a change in vendors, you will temporarily be de-assigned. You will receive a new assignment in the mail with instructions on when and where to report. You will also receive a new WEP assignment from your new B2W vendor.

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Information About Your Literacy Services

Beginning January 1, 2013, HRA will launch our new Back to Work (B2W) program. The new B2W replaces the current Back to Work (BTW) program as well as the Begin Employment Gain Independence Now (BEGIN) program.

B2W vendors will prepare you for work by providing an option of four different literacy tracks each designed to maximize your current skill set. HRA is committed to working with the new B2W vendors in supporting your efforts to attain self-sufficiency.

What this means for you:

If you are currently in BEGIN and Work Experience Program (WEP):

As of the date of this notice, all BEGIN-related activities (including BEGIN assignment and BEGIN-associated WEP assignment) are terminated. Your attendance and participation with BEGIN and any associated WEP assignment are no longer required.

Before the start of B2W, should you be eligible, you may be given a new WEP assignment to replace your BEGIN-associated WEP assignment.

You will receive an appointment notice in the mail requiring you to report to a newly assigned B2W vendor. All necessary information will be included on that appointment letter.

If you have an appointment scheduled to start BEGIN:

As of the date this notice, your appointment is cancelled. You will receive an appointment notice in the mail requiring you to report to a newly assigned B2W vendor. All necessary information will be included on that appointment letter.

If you have indicated that you would like to receive literacy services but have not yet been scheduled for an appointment:

You will receive an appointment notice in the mail requiring you to report to a newly assigned B2W vendor. All necessary information will be included on that appointment letter.

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Referral to Back to Work (B2W) Vendor

You are being referred to a Back to Work (B2W) vendor. B2W provides over a dozen different services for you to find and keep a job. B2W providers offer job placement, literacy services, and retention services. We hope that you will fully use the resources made available to you in B2W to assist you in gaining employment. HRA placed over 85,000 participants in jobs in 2011 and is very committed in supporting you to attain self-sufficiency.

You must report to your B2W assigned vendor on the date, time and at the location listed below. Please remember that you are not allowed to bring any children with you when you report to the B2W vendor.

State law requires that you participate in continuous job search and other activities as a condition of eligibility for Cash Assistance.

This is a mandatory appointment. If you do not keep your appointment or do not participate as required, your application for Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) benefits may be denied. If you are a recipient of Cash Assistance or SNAP benefits, your Cash Assistance and SNAP benefits may be reduced or your case may be closed. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid. If you have an emergency or need to reschedule this appointment, please call the telephone number listed below prior to your reporting time to arrange another appointment.

Appointment Date: _____ Time: _____ Telephone: _____

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Cancellation of Back to Work (BTW) Appointment

Beginning January 1, 2013, HRA will launch our new Back to Work (B2W) program. The new B2W replaces the current Back to Work (BTW) program, which ends December 31, 2012.

B2W vendors offer job placement, literacy services, and retention services for you to use as a resource to assist you in gaining employment. HRA placed over 85,000 participants in jobs in 2011 and is very committed to working with the new B2W vendors in supporting your efforts to attain self-sufficiency.

If you have an appointment scheduled to start BTW:

As of the date of this notice, your appointment is cancelled. You will receive an appointment notice in the mail requiring you to report to a newly assigned B2W vendor. All necessary information will be included on that appointment letter.

Please note that your current WEP assignment, if you have one, remains unchanged and you must continue to report to that assignment.

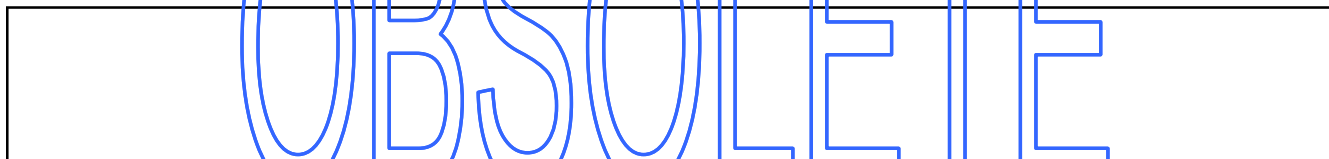
Please remember that the appointment letter you receive will be a mandatory appointment. If you do not keep or do not participate as required, your Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) benefits may be sanctioned for a specific period of time. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Referral to Back to Work (BTW) Vendor

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

State law requires that you participate in continuous job search and other work activities as a condition of eligibility for Cash Assistance.



You must report for your BTW orientation or to your BTW assigned vendor on the date, time and at the location listed below. Please remember that you are not allowed to bring any children with you when you report to the BTW vendor.

This is a mandatory appointment. If you do not keep this appointment or do not participate as required, your application for Cash Assistance may be denied or your current Cash Assistance and/or SNAP benefits may be reduced for a specific period of time or your Cash Assistance benefits will remain reduced or your Cash Assistance case may be closed. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid. This appointment can only be rescheduled in cases of emergency; all emergencies must be documented. If you are unable to keep this appointment, please call the telephone number listed below prior to your reporting time to arrange another appointment.

Appointment Date: _____ Time: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions: _____



Date: _____
Case Number: _____
Case Name: _____
Center: _____
Action Code: _____

Appointment with FIA Outstationed Worker at Back to Work (BTW)

You have an appointment with a Family Independence Administration (FIA) Outstationed Worker at the Back to Work (BTW) vendor to discuss:

- Medical Barriers/WeCARE
- Substance Abuse/Credentialed Alcohol and Substance Abuse Counselor (CASAC)
- Needed at Home Barrier
- Special Assessment
- Employment Plan
- Other: _____

OBSCLETE

Please bring any required documents with you. Your appointment is scheduled for:

Appointment Date: _____ Time: _____ Telephone: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory appointment. If you are unable to keep this appointment for a documented reason, please call the Worker at the telephone number listed above. Failure to keep this appointment or to cooperate with employment requirements may result in the reduction or loss of your public assistance benefits.

Date: _____
Case Name: _____
Case Number: _____
Job Center: _____

Back-to-Work (BTW) Special Shelter Initiative ("H") Voluntary Assignment

To be completed by Participant

I am interested in enrolling with the following Back-to-Work (BTW) program.

Name _____ Contact Code _____

I am not currently assigned to another HRA-approved work activity. I understand that my voluntary BTW assignment will last six weeks. My assignment will require participation in a training program or diligent job search to help me secure employment.

Participant Name _____

Participant Signature _____ Date _____

To be completed by BTW Representative

I have met with the above-named participant, and he/she has expressed an interest in receiving services. I understand that my organization is not authorized to commence services with this participant until the participant has completed and signed this form and the "H" assignment has been entered in the NYCWAY Case Management System.

- I have checked NYCWAY to confirm that the above-named participant is not currently engaged in any other HRA-approved work activity.

I have reviewed this request for assignment to the BTW program referenced above.

- I have enrolled the participant in the requested BTW program.
- I have not enrolled the participant in the requested BTW program.

Date "H" Code Entered: _____

BTW Vendor Name _____ Phone Contact _____

BTW Vendor Signature _____ Date _____