



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #13-32-OPE

CARFARE DISTRIBUTION PROCESS FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WORK EXPERIENCE PROGRAM (WEP) PARTICIPANTS

| Date: April 5, 2013 | Subtopic(s): WEP, ABAWD, Engagement |
|--|---|
| <p> This procedure can now be accessed on the FIAweb.</p> | <p>The purpose of this policy bulletin is to inform Job Center staff, Supplemental Nutrition Assistance Program (SNAP) staff in SNAP Centers co-located with Job Centers and Work Experience Management (WEM) staff located at 109 East 16th Street, about the processes to follow when issuing carfare to ABAWDs who have been called in for orientation and enrollment into a Work Experience Program (WEP) assignment.</p> <p>In addition, this policy bulletin introduces two new forms:</p> <ul style="list-style-type: none"> • The Able-Bodied Adults Without Dependents (ABAWD) Work Experience (WEP) Assignment Letter (FIA-1095) which has been created to provide individuals with important information regarding their WEP assignment. • The NCA WEP Carfare Log (FIA 1095a) which has been developed for use in D&C locations to track information concerning the disbursement of carfare to WEP interns. <p>In order to maintain eligibility for SNAP benefits, an ABAWD may participate in a WEP assignment for the number of hours equal to his/her monthly SNAP grant divided by the higher of the state or federal minimum wage, or by his/her hourly salary, if employed.</p> <p>Certain ABAWDs have been notified to attend a one day WEP orientation at 109 East 16th Street, New York. During this orientation, each attendee will be assigned to an FIA Job Center or Supplemental Nutrition Assistance Program (SNAP) Center to fulfill his/her WEP requirement. At the end of orientation they will be provided with a copy of the FIA-1095 form which will contain important information concerning their assignment. They will also</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

receive carfare sufficient for their travel home and to their first attendance at their WEP assignment location. Thereafter, their WEP assignment location will be responsible to provide carfare to reimburse them for travel to and from their WEP assignments.

When an ABAWD initially attends his/her WEP assignment, he/she will meet a designated WEP coordinator, who must:

- check the ABAWD's identification.
- provide him/her with an overview of expected tasks.
- complete the Carfare Authorization (**W-719G**) form. The fields of the **W-719G** are to be filled with the information requested. The exception will be the "Serial No." field in which the notation "NCA WEP" should be entered. The D&C Actions space should be left for completion by D&C staff. Please note that the WEP intern **should not be** handed the **W-719G** form under any circumstance.
- escort or direct a designated staff member to escort the WEP intern to the Distribution and Collections (D&C) Unit in the Job Center.

The D&C Supervisor must:

- check the Welfare Management System (WMS) to ensure that the WEP intern is a recipient of SNAP benefits only.
- complete the D&C Actions space on the **W-719G**.
- complete the NCA WEP Carfare Log (**FIA-1095a**) based on information contained on forms **W-719G** and **FIA-1095**.
- verify the WEP intern's identification and have him/her sign the **FIA-1095a** and **W-719G**.
- disburse MetroCards to the WEP intern.
- retain a copy of the **FIA-1095a** and original **W-719G** in D&C.

Effective Immediately

Reference:

NYS TA and SNAP Employment Policy Manual

Related Items:

[PD #13-05-ELI](#)

Family Independence Administration Disbursement and Collection (D&C) Manual

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

Attachments:

- FIA-1095(E)** Able-Bodied Adult Without Dependents (ABAWD) Work Experience Program (WEP) Assignment Letter
- FIA-1095(S)** Able-Bodied Adult Without Dependents (ABAWD) Work Experience Program (WEP) Assignment Letter
- FIA-1095a** NCA WEP Carfare Log
- W-719G** Carfare Authorization

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

Able-Bodied Adult Without Dependents (ABAWD) Work Experience Program (WEP) Assignment Letter

You have been assigned to an Able-Bodied Adult Without Dependents (ABAWD) Work Experience Program (WEP) activity. The total number of hours you are required to participate in this activity every month is _____ hours. You will receive carfare at your WEP Assignment. **For travel directions, please call 511.** Please bring a Photo ID and your Human Resources Administration Common Benefit Identification Card (CBIC) card.

| WORK EXPERIENCE PROGRAM (WEP) ASSIGNMENT | |
|--|--------------------------|
| WEP Start Date: | Monthly WEP hours: _____ |
| Name of WEP Site: | WEP Site Code: _____ |
| WEP Site Address: | _____ |
| Contact Person: | Telephone: _____ |

SAMPLE

| THREE MONTH SCHEDULE | | | | | |
|-----------------------|--------|---------|-----------|----------|--------|
| APRIL | Monday | Tuesday | Wednesday | Thursday | Friday |
| Date | | | | | |
| Arrival time | | | | | |
| Departure time | | | | | |
| Total hours | | | | | |
| Number of Metro Cards | | | | | |
| MAY | Monday | Tuesday | Wednesday | Thursday | Friday |
| Date | | | | | |
| Arrival time | | | | | |
| Departure time | | | | | |
| Total hours | | | | | |
| Number of Metro Cards | | | | | |
| JUNE | Monday | Tuesday | Wednesday | Thursday | Friday |
| Date | | | | | |
| Arrival time | | | | | |
| Departure time | | | | | |
| Total hours | | | | | |
| Number of Metro Cards | | | | | |

I have received a copy of this assignment and carfare for my return trip home and to my arrival for my assignment on _____.

Participant Signature: _____ Date: _____

FAILURE TO KEEP THIS APPOINTMENT OR FAILURE TO PARTICIPATE AS REQUIRED
MAY RESULT IN THE REDUCTION/TERMINATION OF YOUR SNAP BENEFITS

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

Carta de Asignación del Programa de Experiencia Laboral (WEP) para Adultos Sanos sin Dependientes (ABAWD)

Usted ha sido asignado(a) a una actividad del Programa de Experiencia Laboral (WEP) para Adultos Sanos Sin Dependientes (ABAWD).

El número total de horas mensuales que usted está obligado(a) a participar en esta actividad es _____.

Usted recibirá dinero para transporte en su Asignación de WEP. **Para indicaciones de viaje favor de llamar al 511.**

Favor de traer una identificación con foto al igual que su Tarjeta de Identificación de Beneficios Comunes (CBIC) de la Administración de Recursos Humanos.

| ASIGNACIÓN DEL PROGRAMA DE EXPERIENCIA LABORAL (WEP) | | | |
|--|-------------------------|-------------------------|--|
| Fecha de Comienzo de WEP: | Horas Mensuales de WEP: | Código de Local de WEP: | |
| Nombre del Local de WEP: | | | |
| Dirección del Local de WEP: | | | |
| Persona Contacto: | | Teléfono: | |

SAMPLE

| HORARIO TRIMENSUAL | | | | | |
|-----------------------|-------|--------|-----------|--------|---------|
| ABRIL | lunes | martes | miércoles | jueves | viernes |
| Fecha | | | | | |
| Hora de entrada | | | | | |
| Hora de salida | | | | | |
| Horas totales | | | | | |
| Número de Metro Cards | | | | | |
| MAYO | lunes | martes | miércoles | jueves | viernes |
| Fecha | | | | | |
| Hora de entrada | | | | | |
| Hora de salida | | | | | |
| Horas totales | | | | | |
| Número de Metro Cards | | | | | |
| JUNIO | lunes | martes | miércoles | jueves | viernes |
| Fecha | | | | | |
| Hora de entrada | | | | | |
| Hora de salida | | | | | |
| Horas totales | | | | | |
| Número de Metro Cards | | | | | |

He recibido una copia de esta asignación al igual que dinero para transporte para mi viaje de vuelta a la casa y para mi entrada a la asignación de WEP el _____.

Firma del Participante: _____ Fecha: _____

NCA WEP Carfare Log

| # | CASE NUMBER | CASE NAME | CARFARE AMOUNT | PARTICIPANT SIGNATURE | DATE OF DISTRIBUTION | SITE LOCATION | COMMENTS |
|----|-------------|-----------|----------------|-----------------------|----------------------|---------------|----------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |

SAMPLE

Serial No.: _____

Carfare Authorization

| | | |
|---|----------|---|
| Case Name: | | Case No. or Soc. Sec. No.: |
| Address: | | |
| Purpose of Visit to Center: | | |
| No. of Persons Requesting Carfare | _____ | If double fare, substantiate (e.g. bus line and bus no.) |
| Cost Per Person (round trip) | _____ | |
| Total Cost of Transportation | \$ _____ | If other than public transportation, document (Staple receipt to this form; receipt must include date of trip, amount of fare, driver's signature and Hack License No.) |
| Applicant/Participant's Signature | Date | D&C Actions: |
| Worker's Signature | Title | Amount Issued _____ |
| | Date | Date Issued _____ |
| Supervisor's Signature (for other than public transportation) | Date | Applicant/Participant's Signature _____ |
| | | D&C Worker's Signature |
| | | Title |
| | | Date |

SAMPLE