



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN # 13-45-OPE

(This Policy Bulletin Replaces PB #13-32-OPE)

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

<p><b>Date:</b> May 6, 2013</p>	<p><b>Subtopic(s):</b> WEP, ABAWD, Engagement</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p><b>Revision to the Original Policy Bulletin:</b></p> <p>This policy bulletin has been revised 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 16<sup>th</sup> Street that the Automated MetroCard Issuance System (AMIS) has been updated to allow the issuance of MetroCards to Non Cash Assistance (NCA) SNAP participants.</p> <p><b>Purpose:</b></p> <p>The purpose of this policy bulletin is to inform staff about the automated and manual MetroCard issuance processes to be followed when issuing carfare to ABAWDs who have been called in for orientation and enrollment into a Work Experience Program (WEP) assignment.</p> <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 will be notified to attend a one day WEP orientation at 109 East 16th Street. During this orientation, each attendee will be assigned to a Family Independence Administration (FIA) Job Center or SNAP Center to fulfill his/her WEP requirement. At the end of orientation the ABAWD will be provided with a copy of the Able-Bodied Adult Without Dependents (ABAWD) Work Experience Program (WEP)</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

Assignment Letter (**FIA-1095**), which will contain important information concerning his/her assignment. The ABAWD will also receive carfare sufficient for traveling home and to the first attendance at the WEP assignment location. Thereafter, their WEP assignment location will be responsible for providing carfare to them for travel to and from their WEP assignments.

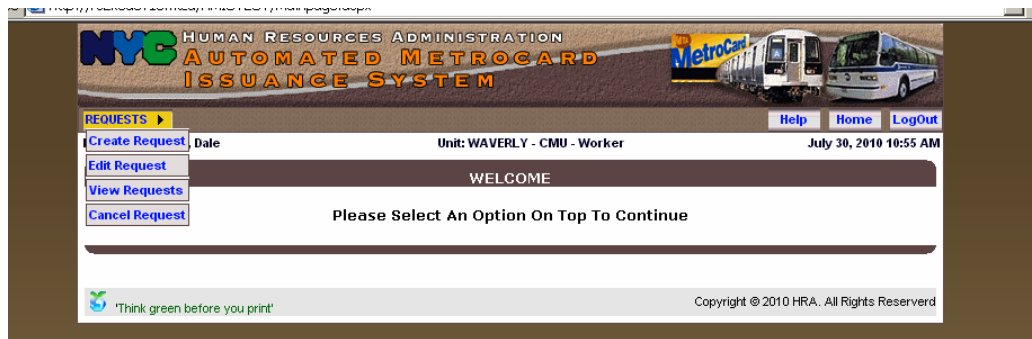
**The Automated MetroCard Issuance Process:**

The WEP Coordinator, who has access to AMIS must follow the automated process described below for the issuance of MetroCards.

WEP Coordinators located in Job Centers and co-located SNAP Centers must use AMIS to issue carfare.

When an ABAWD reports to his/her WEP assignment, the designated WEP coordinator must:

- Check the ABAWD’s identification.
- Review the **FIA-1095** which contains important information about participant’s WEP assignment.



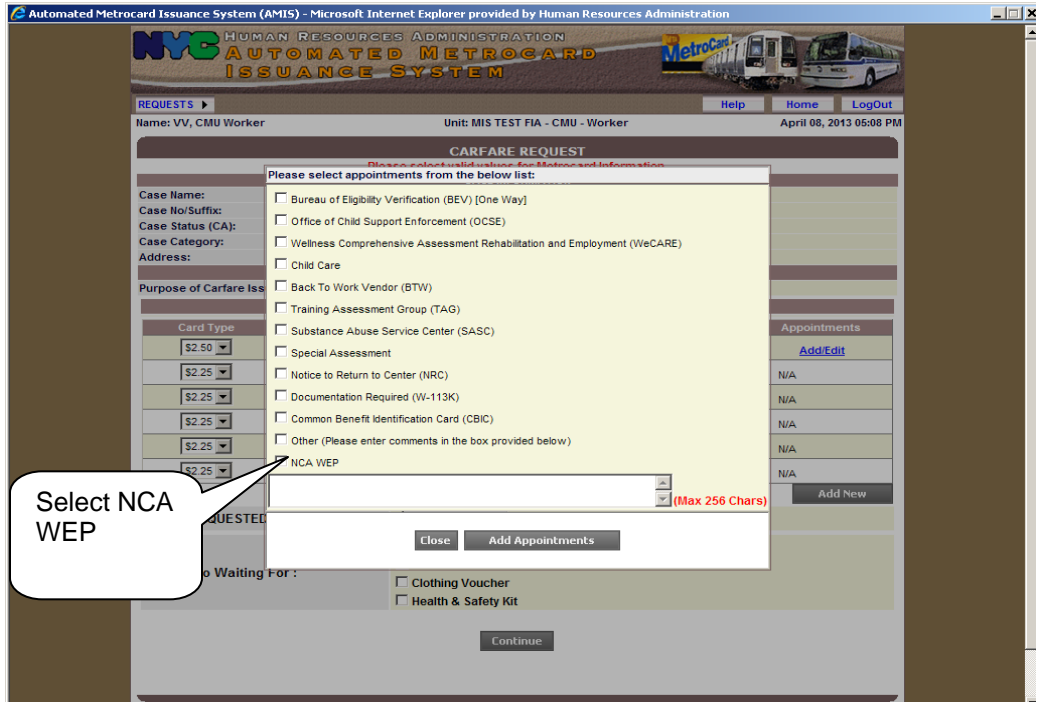
- sign on to AMIS, click **Request** and then click **Create Request** from the drop-down menu
- The Carfare Request screen (shown below) will appear.



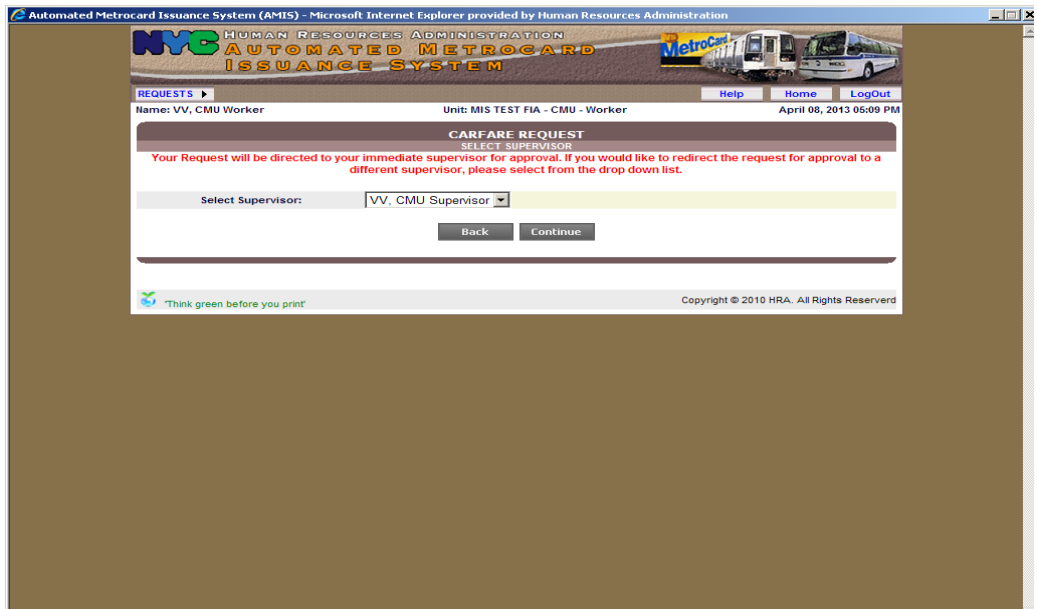
- Enter the participant’s Case No.
- Click **Continue**. The Carfare Request Case Information screen will appear.

The screenshot shows the 'Automated Metrocard Issuance System (AMIS)' interface. At the top, it says 'HUMAN RESOURCES ADMINISTRATION AUTOMATED METROCARD ISSUANCE SYSTEM'. Below this, there's a 'REQUESTS' section with a dropdown arrow. The user information shows 'Name: VV, CMU Worker' and 'Unit: MIS TEST FIA - CMU - Wo'. The main section is titled 'CARFARE REQUEST' and contains 'CASE INFORMATION' with fields for Case Name (PINCKNEY, GEORGE), Case No/Suffix (00000000A-01), Case Status (CA) (NA), Case Category (FS), and Address (487 CARLTON AVENUE). Below this is 'CARFARE INFORMATION' with 'Purpose of Carfare Issuance/Appointments: N/A'. The core of the form is a table for 'No of Metrocards' with columns: Card Type, No of Cards, Sub-Total, Name of Person, and Appointments. The first row has '\$2.50' in Card Type, 'Select One' in No of Cards, '\$' in Sub-Total, 'Select One' in Name of Person, and 'N/A' in Appointments. There are five more rows with the same structure. Below the table is a 'TOTAL REQUESTED:' field with '\$' and an input box. To the right is an 'Add' button. At the bottom, there are checkboxes for 'EBT Card', 'Client Also Waiting', 'Check', 'Clothing Voucher', and 'Health & Safety Kit', followed by a 'Continue' button. Four callout boxes provide instructions: 1) 'Select \$2.50 from the Card Type drop-down menu' points to the first Card Type dropdown. 2) 'Select the number of cards equal to the number of trips the participant must make.' points to the first 'No of Cards' dropdown. 3) 'Select the ABAWD's name' points to the first 'Name of Person' dropdown. 4) 'Click Add/Edit (displayed after the name is selected) to select the reason for the appointment' points to the 'Add' button.

- Select \$2.50 from the **Card Type** drop down menu
- Select the number of cards from the **No of Cards** drop down menu (the total combined amount issued through the multiple cards should not exceed \$20)
- Select the ABAWD's name from the **Name of Person** drop-down menu
- Select **ADD/EDIT** (Add/Edit is displayed after the name is selected) to select the purpose for carfare
- Click **Continue**. A drop-down menu will appear.



- From the drop-down menu select **NCA WEP** and then click the **Add Appointments** button.
- Click **Continue**. The Select Supervisor screen will appear next.



- Select the Supervisor who will approve the carfare request
- Click **Continue**. The Submit Carfare Request screen will appear

Automated Metrocard Issuance System (AMIS) - Microsoft Internet Explorer provided by Human Resources Administration

NYC HUMAN RESOURCES ADMINISTRATION  
**AUTOMATED METROCARD ISSUANCE SYSTEM**

REQUESTS ▾ Help Home LogOut

Name: VV, CMU Worker Unit: MIS TEST FIA - CMU - Worker April 08, 2013 05:10 PM

**SUBMIT CARFARE REQUEST**  
 Please Confirm Your Request

Case Information

Request Date: 04/08/2013 05:09 PM  
 Case Name: PINCKNEY, GEORGE  
 Case No/Suffix: 00000000A-01  
 Case Status (CA): N/A  
 Case Category: FS  
 Address: 487 CARLTON AVENUE, APT 12FBROOKLYN - 11238

Carfare Authorization

Purpose of Carfare Issuance/Appointments: PINCKNEY, GEORGE - WU36872B  
 NCA WEP

Metrocards Information

Card Type	No of Cards	Sub-Total	Name of Person	Appointments
\$2.50	8	\$20.00	PINCKNEY, GEORGE - WU36872B	<a href="#">View - 1</a>

TOTAL REQUESTED: \$20.00  
 Client Also Waiting For : N/A

Back Submit Request

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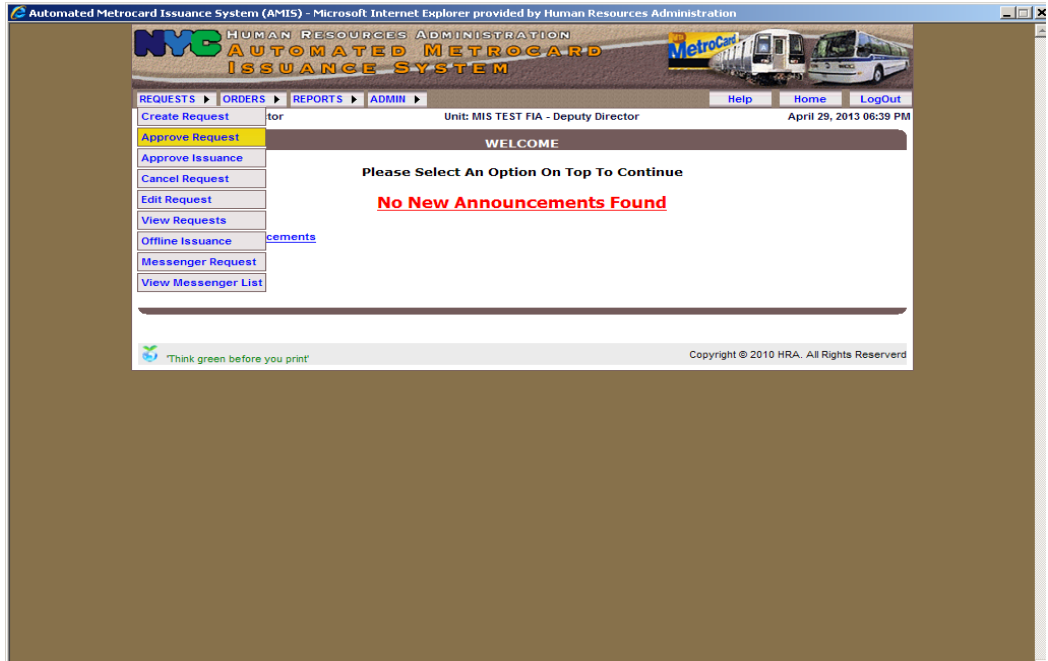
- Click the **Submit Request** button.

Once submitted, the carfare will be sent to the Supervisor for approval.

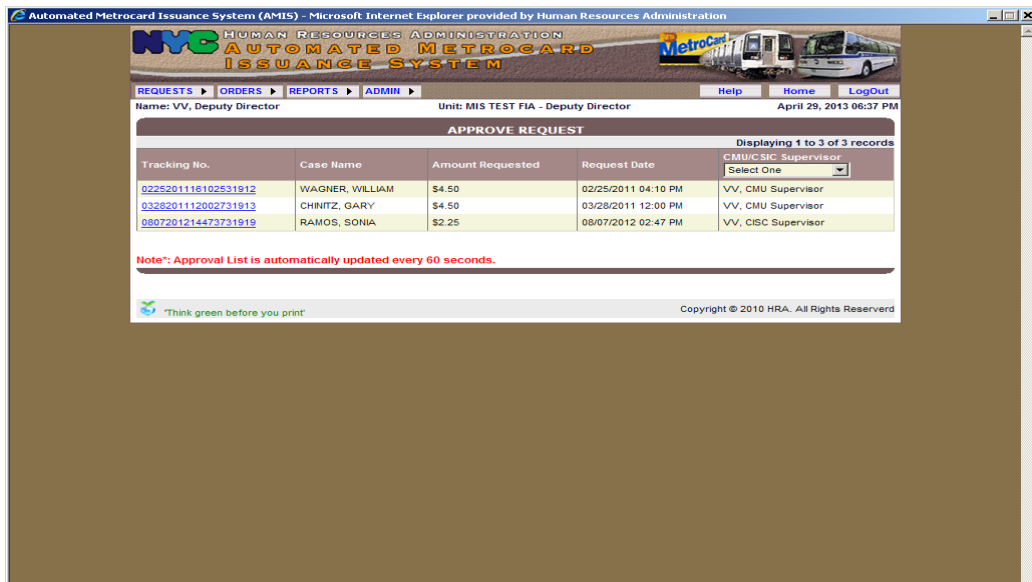
**Note:** The WEP Coordinator or designee must escort the SNAP WEP intern to the Job Center D&C Unit to retrieve the MetroCards.

## Supervisor Approval Process.

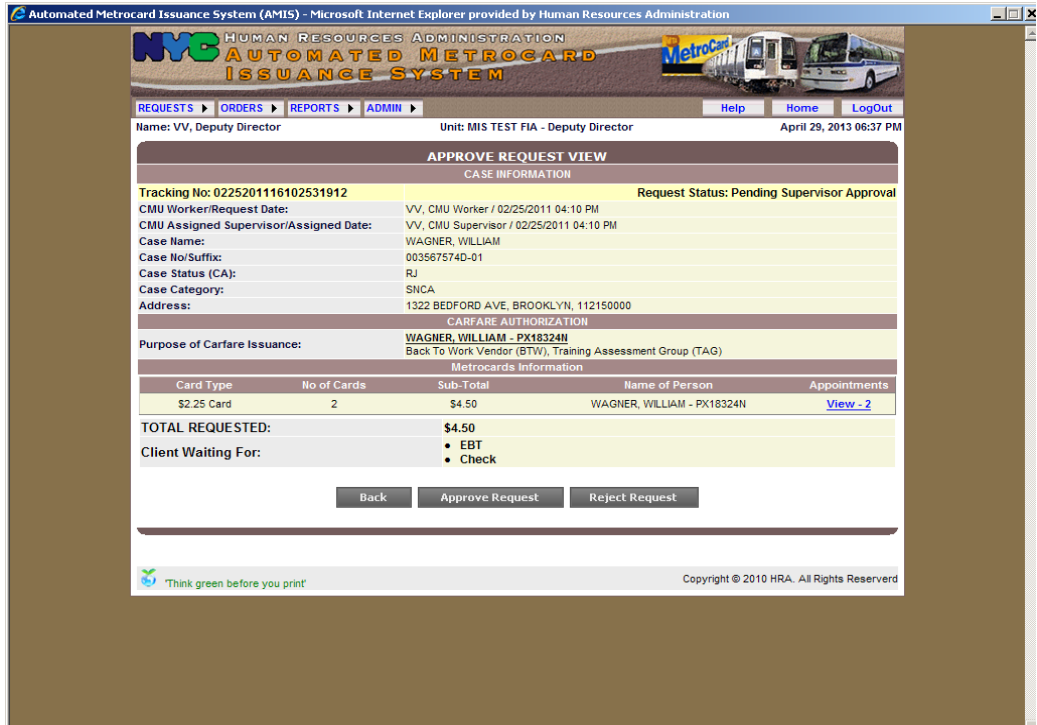
Supervisors who are responsible to approve carfare issuance requests must follow the directions provided in the screens which appear below.



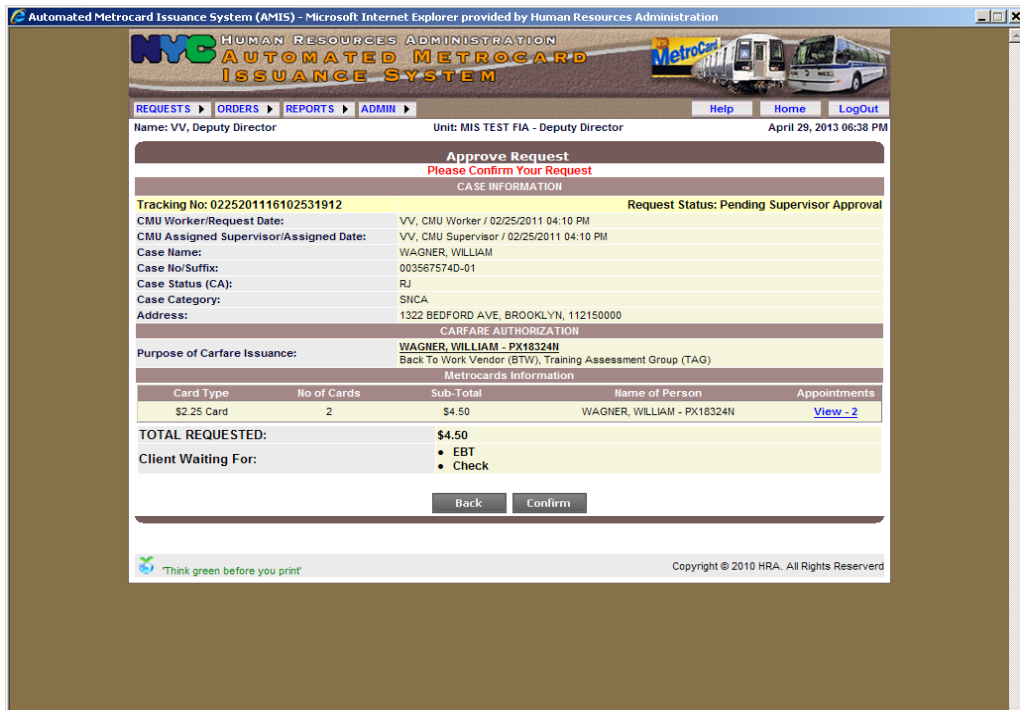
- Click **Approve Request** from the Request drop-down on the Welcome screen. The Approve Request screen will appear.



- Select the case by Clicking on the **Tracking No.**. The Approve Request View screen will appear.



- Click **Approve Request**. The Approve Request screen will appear.



- Click **Confirm**. The following screen will appear to indicate successful processing of the carfare request.





- Click **Approve Another** to return to the first Approve Request screen (listing of pending approval requests).

### D&C Process

See Disbursement and Collection (D&C) Manual, Section III.

The D&C Supervisor must:

- Check the Welfare Management System (WMS) to ensure that the WEP intern is a recipient of SNAP benefits only.
- Verify the WEP intern's identification.
- Click **Activate Signature Pad** and obtain WEP intern's signature.
- Disburse MetroCards to the WEP intern.



## The Manual MetroCard Issuance Process

WEP Coordinators and D&C staff must use the Manual MetroCard Issuance Process if they **do not** have AMIS access.

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

WEP Coordinators not located in a Job Center or co-located SNAP Center must issue carfare through the manual process

- Check the ABAWD's identification
- Review the **FIA-1095** which contains important information about the participant's WEP assignment.
- 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 D&C Unit in the Job Center.

The D&C Supervisor must:

- Check 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*

### References:

NYS TA and SNAP Employment Policy Manual  
Disbursement and Collection (D&C) Manual

### Related Items:

[PD #13-05-ELI](#) Family Independence Administration Disbursement and Collection (D&C) Manual

**Attachments:**

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

- 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 (Rev. 8/16/10)

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) _____		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.)
Total Cost of Transportation \$ _____		
Applicant/Participant's Signature _____ Date _____		D&C Actions:
Worker's Signature _____ Title _____ Date _____		Amount Issued _____
Supervisor's Signature (for other than public transportation) _____ Date _____		Date Issued _____
		Applicant/Participant's Signature _____
		D&C Worker's Signature _____ Title _____ Date _____

SAMPLE