



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #13-76-OPE

(This Policy Bulletin Replaces PB #03-93-OPE and PB #08-147-OPE)

### REVISIONS TO W-131N, W-364A, AND W-680J

<b>Date:</b> August 26, 2013	<b>Subtopic:</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Cash Assistance (CA) and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) and Central Work Experience Program (CWEP) staff that the following forms have been revised to conform with the Agency's most current terminology and logo.</p> <ul style="list-style-type: none"> <li>• Supplemental Nutrition Assistance Program Claim Payment Control Card (<b>W-131N</b>)</li> <li>• New Start WEP Determination Form Central Work Experience Program (CWEP) (<b>W-364A</b>)</li> <li>• Job Center POS Application Log (<b>W-680J</b>)</li> </ul> <p>In addition, the following revisions were made to <b>W-364A</b>:</p> <ul style="list-style-type: none"> <li>• The following options were removed:             <ul style="list-style-type: none"> <li>- Carfare availability</li> <li>- Child care services</li> <li>- Foster care exemption</li> </ul> </li> <li>• Two (2) of the orientation locations, MICSA (901) and OFO (821), were removed.</li> </ul> <p>Job Center Directors, NCA SNAP Center Directors and WEP Directors must ensure that all previous versions of the form are removed from circulation and recycled.</p> <p>Samples of the forms are attached.</p> <p><i>Effective Immediately</i></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

**Related Item:**

[PD #01-30](#)  
[PB #01-88-SYS](#)

**Attachments:**

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

- W-131N** Supplemental Nutrition Assistance Program Claim Payment Control (Rev. 8/26/13)
- W-364A** New Start WEP Determination Form Central Work Experience Program (CWEP) (Rev. 8/26/13)
- W-364A (S)** New Start WEP Determination Form Central Work Experience Program (CWEP) (Spanish) (Rev. 8/26/13)
- W-680J** Job Center POS Application Log (Rev. 8/26/13)



**New Start WEP Determination Form**  
Central Work Experience Program (CWEP)

New Start Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
First M.I. Last

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

The above-named participant reported to the New Start orientation but was not assigned. The reason(s) for this is/are:

Please check one:

- Medical reasons (documentation attached).
- Family care exemption (documentation attached).
- Participant reported to orientation but refused the assignment.
- Other (specify): \_\_\_\_\_

**SAMPLE**

Participant rescheduled to start on: \_\_\_\_\_

Date

Please report to:

**FIA (649)**  
FIA Central WEP Orientation  
109 East 16th Street  
9th Floor/Room A  
New York, NY 10003  
(212) 835-7104 or 8331

Reporting time (please check one):  9:00 AM  1:00 PM  
Employed:  Part-time  Full-time

<b>Date Started</b>	<b>Job Title</b>	<b>Salary</b>	<input type="checkbox"/> Per Annum		
			<input type="checkbox"/> Per Hour		
<b>Name of Employer</b>				<b>Telephone Number</b>	
<b>Address</b>					
<b>City</b>			<b>Borough</b>	<b>State</b>	<b>Zip Code</b>

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Formulario de Determinación de Nuevo Inicio (New Start) de WEP Programa de Experiencia Laboral Central (CWEP)

Nueva Fecha de Inicio: \_\_\_\_\_

Nombre y Apellido del Participante: \_\_\_\_\_  
Nombre I. Apellido

Número del Caso: \_\_\_\_\_

El participante mencionado arriba, se presentó a la orientación de New Start, pero no fue asignado(a).  
La(s) razón(es) por esto es/son:

Favor de marcar una opción:

- Razones médicas (documentación adjunta).
- Exención de cuidado familiar (documentación adjunta).
- El participante se presentó a la orientación pero rechazó la asignación.
- Otro caso (especifique): \_\_\_\_\_  
\_\_\_\_\_

El participante está reprogramado para comenzar el: \_\_\_\_\_ Fecha

Favor de presentarse al siguiente local:

**FIA (649)**

FIA Central WEP Orientation  
109 East 16th Street  
9vo Piso/Cuarto A  
New York, NY 10003  
(212) 835-7104 o 8331

Hora de Presentarse (favor de marcar una opción):

9:00 AM

1:00 PM

Empleado:

Tiempo parcial

Tiempo completo

Fecha de Inicio	Función	Salario	<input type="checkbox"/> Anualmente		
			<input type="checkbox"/> Por Hora		
Nombre del Empleador		Número de Teléfono			
Dirección					
Ciudad	Condado	Estado	Código Postal		

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

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

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

Completed by: \_\_\_\_\_

### Job Center POS Application Log

Report date: \_\_\_\_\_

Page: \_\_\_\_\_ of: \_\_\_\_\_

①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪
Log-In Time	Last Name	First Name	Social Security Number	Date of Birth	Receptionist Disposition	List Emergencies	Language	Need of an Interpreter	Case Number	Case Establishment Deposition
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		

SAMPLE

Notes:

- 1. Log-In Time
- 2. Last Name
- 3. First Name
- 4. Social Security Number
- 5. Date of Birth

- 6. Receptionist Disposition:**
- a. Refer to Case Establishment Unit;
  - b. Referral for out of territory zip code with no emergency;
  - c. Referral for case in SI/AC status;
  - d. Left Center;
  - e. Cancel entry for not applying for any services;
  - f. Cancel entry for fair hearing ATC;
  - g. Cancel entry for closed in error and/or;
  - h. Cancel entry for administrative reasons.

- 7. Emergencies:**
- a. Without items necessary for health and safety;
  - b. Utility disconnect notice within 72 hours or service already terminated;
  - c. No fuel for heating in a cold weather period;
  - d. Threat of eviction;
  - e. No food or money to buy food;
  - f. Victim of domestic violence;
  - g. Fire or other disaster;
  - h. No place to stay/Homeless or;
  - i. None.

**8. Language** (enter applicant's primary language)

- 9. Need of an Interpreter** (check Yes or No)
- 10. Case Number** (as given by the applicant)
- 11. Case Establishment Disposition:**
- a. Completed CEU;
  - b. Left Center for no answer after third call at the end of day;
  - c. Left Center for other reason;
  - d. Withdraw CA;
  - e. Withdraw MA;
  - f. Withdraw SNAP;
  - g. Refer to MA and/or;
  - h. Refer to NCA SNAP.