



FAMILY INDEPENDENCE ADMINISTRATION


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POLICY BULLETIN #13-77-OPE

WORK SCHEDULES FOR CHILD CARE AUTHORIZATION

Date:	Subtopic(s):
August 20, 2013	Child Care
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of the policy bulletin is to introduce staff to two new child care forms, the Work Schedule For Child Care (FIA-1100) and the Employer's Verification (FIA-1100a). As required by regulations and social service law, every applicant or participant who is requesting child care assistance must provide his/her work schedule to justify the hours of child care required. Every applicant/participant requesting child care (including Child Care in Lieu of Cash Assistance [CILOCA]) must complete and submit the FIA-1100 in order to receive or continue receiving child care payments. In addition, the Child Care Return Appointment form (W-273NN) has been revised to include the FIA-1100 and the FIA-1100a in the list of forms to be submitted at the child care return appointment.</p> <p>The FIA-1100 and the FIA-1100a must be used at application and recertification and on the six month eligibility mailer. These forms must also be used for an applicant or participant who reports that he/she has new employment or a permanent change (decrease or increase) in work hours.</p> <p>The FIA-1100 is an attestation of the applicant's/participant's work schedule. The FIA-1100a is the employer's verification of the applicant's/participant's work schedule.</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

At the interview, the JOS/Worker must print the **FIA-1100** and the **FIA-1100a**. The applicant/participant must complete the **FIA-1100** on the same day of the interview. If the applicant's/participant's work schedule varies, he/she must enter the schedule most commonly worked. Once the **FIA-1100** is completed by the applicant/participant, it must be scanned and indexed into the POS case record. Child care cannot be authorized until the **FIA-1100** is completed, signed and submitted. If there is a second employed parent or legal guardian of the child, his/her work schedule must also be captured in the same form. The applicant/participant requesting child care must attest to both work schedules.

The **FIA-1100a** must be given to the applicant/participant to take to the employer. One **FIA-1100a** must be given for each employer and for each parent/guardian. The JOS/Worker must make a five day child care return appointment, check the **FIA-1100a** box on the **W-273NN** and give the form to the applicant/participant to return with the completed **FIA-1100a** and other child care provider forms, if required.

When the applicant/participant returns with the **FIA-1100a** completed by the employer, it must be scanned and indexed into the POS case record.

If the applicant/participant fails to return the **FIA-1100a**, the JOS/Worker must mail an **FIA-1100a** to the employer and enclose a business reply envelope. If the **FIA-1100a** is not returned, and the completed **FIA-1100** is filed in the record, no adverse action will be taken.

The **FIA-1100** must also be included with the six month mailer for all participants that are employed full or part time in receipt of child care assistance. If the six month mailer is returned, but the **FIA-1100** is not returned, child care remains in place but outreach to the participant must be made to request the return of the **FIA-1100**.

Effective Immediately

Related Item:

[PD #13-18-EMP](#)

[PD #13-19-ELI](#)

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

Attachments:

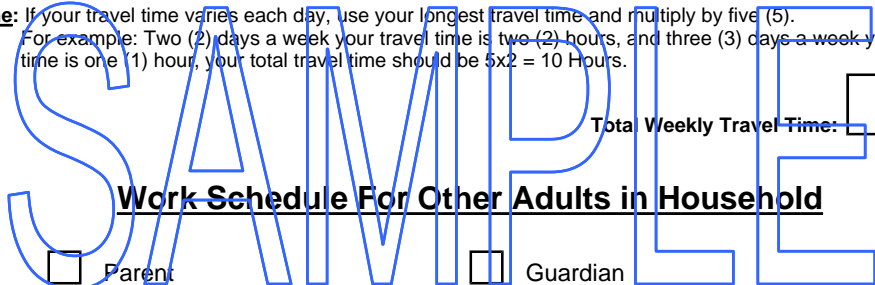
- FIA-1100** Work Schedule for Child Care
- FIA-1100 (S)** Work Schedule for Child Care (Spanish)
- FIA-1100a** Employer's Verification
- W-273NN** Child Care Return Appointment (Rev. 8/20/13)
- W-273NN (S)** Child Care Return Appointment (Spanish)(Rev. 8/20/13)

Work Schedule For Child Care

If you wish to receive or already receive subsidized child care, in order to properly account for your child care needs, please complete this form with information about your employer and your work schedule. If your work schedule changes often, please provide your most commonly worked schedule. You must complete this form to receive child care.

Applicant/Participant's Name:							Cash Assistance Case Number:	
Employer's Name:								
Employer's Address:								
Weekly Schedule								
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Start Time:								
End Time:								Total Weekly hours worked:
Number of hours worked:								

Total Weekly Travel Time: If your travel time varies each day, use your longest travel time and multiply by five (5). For example: Two (2) days a week your travel time is two (2) hours, and three (3) days a week your travel time is one (1) hour, your total travel time should be $5 \times 2 = 10$ Hours.



Total Weekly Travel Time:

Work Schedule For Other Adults in Household

Relationship to Child: Parent Guardian

Applicant/Participant's Name:							Cash Assistance Case Number:	
Employer's Name:								
Employer's Address:								
Weekly Schedule								
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Start Time:								
End Time:								Total Weekly hours worked:
Number of hours worked:								

Total Weekly Travel Time: If your travel time varies each day, use your longest travel time and multiply by five (5). For example: Two (2) days a week your travel time is two (2) hours, and three (3) days a week your travel time is one (1) hour, your total travel time should be $5 \times 2 = 10$ Hours.

Total Weekly Travel Time:

I swear or affirm that the Information on this form is true and correct.

Applicant/Participant's Signature: _____ **Date:** _____

Horario de Trabajo para Cuidado Infantil

Si usted desea recibir o ya está recibiendo cuidado infantil subvencionado, a fin de rendir cuenta de sus necesidades de cuidado infantil, favor de llenar este formulario con información sobre su empleador y su horario de trabajo. Si su horario de trabajo cambia a menudo, favor de proporcionar su horario más comúnmente trabajado. Usted debe llenar este formulario para recibir cuidado infantil.

Nombre del Solicitante/Participante:				Núm. del Caso de Asistencia en Efectivo:			
Nombre del Empleador:							
Dirección del Empleador:							
Horario Semanal							
Días	lunes	martes	miércoles	jueves	viernes	sábado	domingo
Hora de comienzo:							
Hora final:							
Número de horas trabajadas:							Total de Horas Trabajadas Semanales:

Total del tiempo de viaje semanal: Si su tiempo de viaje varía cada día, use su tiempo de viaje más largo y multiplique por cinco (5). Por ejemplo: Dos (2) días a la semana usted viaja dos (2) horas, y tres (3) días a la semana, viaja una (1) hora, el total de su tiempo de viaje debe ser $5 \times 2 = 10$ Horas.

Total del Tiempo de Viaje:

Horario de Trabajo de Otros Adultos en el Hogar

Relación con el Niño: Padre/madre Tutor

Nombre del Solicitante/Participante:				Núm. del Caso de Asistencia en Efectivo:			
Nombre del Empleador:							
Dirección del Empleador:							
Horario Semanal							
Días	lunes	martes	miércoles	jueves	viernes	sábado	domingo
Hora de comienzo:							
Hora final:							
Número de horas trabajadas:							Total de Horas Trabajadas Semanales:

Total del tiempo de viaje semanal: Si su tiempo de viaje varía cada día, use su tiempo de viaje más largo y multiplique por cinco (5). Por ejemplo: Dos (2) días a la semana usted viaja dos (2) horas, y tres (3) días a la semana, viaja una (1) hora, el total de su tiempo de viaje debe ser $5 \times 2 = 10$ Horas.

Total del Tiempo de Viaje:

Juro y afirmo que la información en este formulario es verídica y correcta.

Firma del Solicitante Participante: _____ Fecha: _____

Employer's Verification

Employee's Name: _____

In order to receive New York City Child Care, your employee listed above must provide this agency with a work schedule verified by his/her employer. Please complete your employee's work schedule in the spaces below. If your employee works a variable schedule, please fill in his/her most commonly worked schedule.

Work Schedule For Child Care

SAMPLE

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Weekly Schedule							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							
Number of hours worked:							Total Weekly Hours Worked

The above schedule is (please check one):

- Standard Variable

Employer or Employer Designee's Signature: _____ Date: _____

Title: _____ Phone number: _____

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

Child Care Return Appointment

Please return for the following reason(s)

I. CHILD CARE IS NEEDED

133S (Participant/Sanctioned Individual)

933S (Applicant)

Documents required:

II. ADDITIONAL INFORMATION IS NEEDED

133D (Participant/Sanctioned Individual)

933D (Applicant)

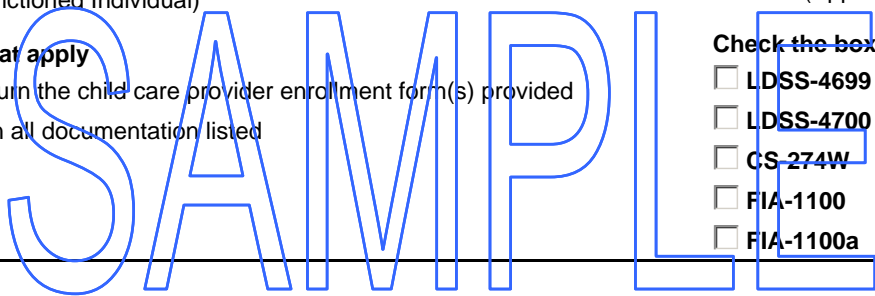
Check the boxes that apply

- Complete and return the child care provider enrollment form(s) provided
- Secure and return all documentation listed

Check the boxes that apply

- LDSS-4699**
- LDSS-4700**
- CS-274W**
- FIA-1100**
- FIA-1100a**

Documents required:



I will bring the above-mentioned documentation with me to my new appointment.

I will return to this **mandatory engagement appointment** on:

Appointment Date: _____ Time: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

This is a mandatory engagement appointment. Failure to keep this appointment may result in a reduction in your Cash Assistance and/or SNAP benefits. Please call the telephone number above if you need to reschedule this appointment.

You must report to the Job Center with this form.

Applicant's/Participant's/Sanctioned Individual's Signature

Date

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro de Trabajo: _____

Cita de Vuelta de Cuidado Infantil
Favor de regresar por la(s) siguiente(s) razón(es)

I. SE NECESITA CUIDADO INFANTIL

133S (Participante/Persona Sancionado[a])

933S (Solicitante)

Documentos necesarios:

II. SE NECESITA INFORMACIÓN ADICIONAL

133D (Participante/Persona Sancionado[a])

933D (Solicitante)

Marque las casillas que correspondan

- Llene y devuelva el formulario(s) de inscripción del proveedor de cuidado infantil
- Consiga y devuelva toda la documentación listada

Marque las casillas que correspondan

- LDSS-4699
- LDSS-4700
- CS-274W
- FIA-1100
- FIA-1100a

Documentos necesarios:

Traeré toda la documentación mencionada más arriba a mi nueva cita.

Regresaré a esta **cita de participación obligatoria** el:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Ésta es una cita de participación obligatoria. El no cumplir con esta cita puede resultar en una reducción de sus beneficios de Asistencia en Efectivo y/o SNAP. Favor de llamar al número de teléfono más arriba si necesita reprogramar esta cita.

Usted tiene que presentarse al Centro de Trabajo con este formulario.

Firma del Solicitante/Participante/Persona Sancionado(a)

Fecha