



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #14-19-OPE

OBSOLETION OF FORM W-364B

| Date: February 19, 2014 | Subtopic(s): Form |
|---|---|
| <p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p> | <p>The purpose of this policy bulletin is to inform all staff that the following form is now obsolete because it is either no longer used and/or the intended process is no longer in effect:</p> <ul style="list-style-type: none"> • Employment Development Plan Central Work Experience Program (CWEP) (W-364B) <p>Center Directors must ensure that all previous versions of the form and its multilingual equivalents are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>W-364B Employment Development Plan Central Work Experience Program (CWEP)(Obsolete)</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



Employment Development Plan
CENTRAL WORK EXPERIENCE PROGRAM (CWEP)

Participant Information

| | | | |
|--------------------|--------------------|-----|-----------------------|
| Participant's Name | Case Number | Age | Home Telephone Number |
| | | | () - |
| IS/Job Center | WEP Start Date | | |
| | | | |
| ESP/SAP Vendor | ESP/SAP Start Date | | |
| | | | |

WEP Schedule

| Week | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| A | | | | | |
| B | | | | | |

Prior Work History

1. Date of Employment: _____ Name of Company: _____
 Job Title: _____ Salary: \$ _____ Company Telephone Number: _____

Address: _____
 No. Street/Avenue Floor Borough City State Zip Code

2. Date of Employment: _____ Name of Company: _____
 Job Title: _____ Salary: \$ _____ Company Telephone Number: _____

Address: _____
 No. Street/Avenue Floor Borough City State Zip Code

Education

Please check one: No High School High School/GED Some College 2 yr. College 4 yr. College

Goal Setting

- Employment Goal
- Identification of Barriers
- Minimize or Eliminate Barriers
- Evaluate Outcomes
- Reset Goals

Based on this goal setting technique, please indicate how the participant will achieve his or her goals. Include deadlines for meeting expectations.

"Ladders to Success" Assignment Rating

Please check one: Tier - 1 Tier - 2 Tier - 3 Tier - 4 Tier - 5

Signature of Field Monitor: _____ Date: _____