




FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures


POLICY BULLETIN #14-76-OPE

REVISIONS TO THE VERIFICATION OF ASSISTANCE FORM (W-700U)

Date: July 17, 2014	Subtopic(s): Form
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff that the Verification of Assistance form (W-700U) has been revised as follows:</p> <ul style="list-style-type: none"> • The logo and Agency terminology have been updated. • The form can now be used to verify both Cash Assistance (CA) and SNAP benefits. • A new column titled ‘Is Individual Active?’ has been added, allowing staff to indicate the CA and SNAP status for each household member. • The following fields have also been added: <ul style="list-style-type: none"> ▪ Status of the SNAP case; ▪ Total amount of SNAP benefits received in the previous twelve months; ▪ Next CA recertification date; and ▪ Next SNAP recertification date. <p>As a result of these revisions, the W-700U will now be used as a multi-purpose financial verification form. Applicants/participants who request verification of CA and/or SNAP assistance for entities such as the United States Citizenship and Immigration Services (USCIS), college financial aid programs, etc. must receive a completed W-700U.</p> <p>Applicants/participants who request verification of assistance over the phone should continue to be directed to call the Budget Hotline at (718) 722-8009 for an automated budget letter.</p> <p>Center Directors must ensure that all previous versions of the form are removed from circulation and recycled. A sample of the revised form is attached.</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

Effective Immediately.

 Please use Print on Demand to obtain copies of forms.

Attachment:

W- 700U

Verification of Assistance (Rev.7/17/14)

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

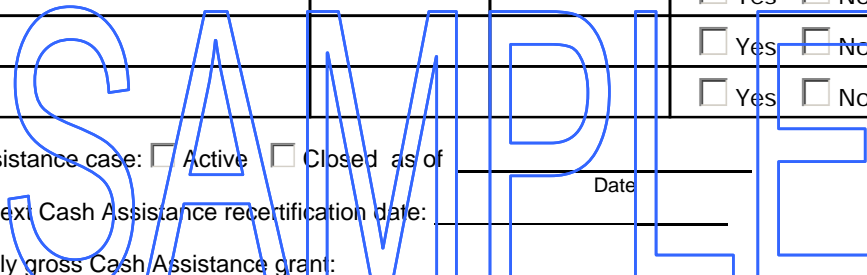
Verification of Assistance

_____ First Name _____ M.I. _____ Last Name _____

has requested this Administration to provide the following:

1. Household composition:

Name	Relationship	Date of Birth	Is Individual Active?	
			CA	SNAP
			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



2. Status of Cash Assistance case: Active Closed as of _____ Date _____
If Active, indicate next Cash Assistance recertification date: _____
Current semimonthly gross Cash Assistance grant: _____

3. Total amount of Cash Assistance received in the previous 12 months by the household:

From: _____ To: _____
Total gross amount received: _____
(Attach WMS printouts, if necessary.)

4. Status of Supplemental Nutrition Assistance Program (SNAP) case: Active Closed as of _____ Date _____

If Active, indicate next SNAP recertification date: _____

5. Total amount of SNAP benefits received in the previous 12 months by the household:

From: _____ To: _____
Total gross amount received: _____
(Attach WMS printouts, if necessary.)

Agency Representative Signature Date

Supervisor Signature Date