



# FAMILY INDEPENDENCE ADMINISTRATION


James K. Whelan, Executive Deputy Commissioner

Jill Berry, Deputy Commissioner  
Office of Program Support

Stephen Fisher, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #15-22-EMP

### REVISIONS TO THE FIA SCHOOL/TRAINING ENROLLMENT LETTER (W-700D)

<b>Date:</b> March 19, 2015	<b>Subtopic(s):</b> TAG, Training, Employment
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Training Assessment Group (TAG) staff, as well as Back to Work (B2W) Representatives, that the FIA School/Training Enrollment Letter (<b>W-700D</b>) has been revised to allow data entry directly onto a PDF version of this form.</p> <p>This allows FIA TAG to provide schools with a fillable <b>W-700D</b> form as a template to help schools complete document attendance for Cash Assistance (CA) applicants and participants in a more efficient manner. In addition to being able to enter text directly on the form, schools will have the option of having certain calculations (i.e. total number of supervised homework hours, unsupervised homework hours and class time) automatically calculated on the <b>W-700D</b>.</p> <p>Staff should also note that some formatting changes were made to allow for the automated calculations, but that the content and purpose of the form remains unchanged.</p> <p>To print a blank <b>W-700D</b> for manual use, staff must open the document from eDocs and select "Manual Form" from the drop down menu in the Form Type field (on the top right of the form). This will open a complete blank form that can be printed and provided to the applicant or participant.</p> <p>FIA staff must continue to provide applicants and participants with the printed <b>W-700D</b> in his/her preferred reading language.</p> <p><b>Note:</b> At this time, only the English version is available as an automated form. For all other languages, the manual <b>W-700D</b> must be printed and provided to the student.</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*

**Attachments:**

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

**W-700D**

FIA School/Training Enrollment Letter (Rev. 3/19/15)

**W-700D (S)**

FIA School/Training Enrollment Letter (Spanish) (Rev 3/19/15)

Date: \_\_\_\_\_  
Form Type: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

## FIA School/Training Enrollment Letter

### I. FOR COMPLETION BY STUDENT

Applicant's/Participant's Name: \_\_\_\_\_

#### A. Training-Related Expenses

HRA is not responsible for tuition, books and fees. However, individuals who participate in HRA-approved activities are eligible to receive reimbursement for certain expenses incurred while participating, specifically child care, carfare and certain items if they are required for participation. As an applicant for or participant of Cash Assistance, I understand that I may be entitled to money for carfare and child care only if I attend my program as scheduled.

**Note:** To request child care reimbursement, a separate child care provider enrollment form must be attached.

How much do you spend on carfare each day you attend class? \$ \_\_\_\_\_

Do you need anything special in order to participate in your program?  Yes  No  
(Receipt/bill must be attached.)

If "Yes," explain special need (e.g., uniform): \_\_\_\_\_

Amount of special need: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

#### B. Agreement to Recovery of Engagement Expense Overpayments

Choose one of the following:

- I agree that any engagement expense overpayment be recovered from my Cash Assistance grant.  
 I request that any engagement expense overpayment be recovered from my next or future carfare and/or child care payments.

\_\_\_\_\_  
Cash Assistance Applicant's/Participant's Signature

\_\_\_\_\_  
Date

**C. Notice to Cash Assistance and SNAP Applicants/Participants Regarding Educational Grants and Expenses:**

In accordance with current Social Services law (18 NYCRR §352.16 and §387.11[f]), any educational grant, scholarship or loan that you receive is not counted in determining your eligibility for Cash Assistance and is not considered in determining the amount of your Cash Assistance benefit. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as income for SNAP purposes, but permits us to exclude from this income amounts for tuition, mandatory fees and certain other educational expenses.

In order to determine the correct amount of educational income to count or allow as a deduction in computing your SNAP budget, we require documentation of your educational income and expenses from your school. Please sign the release section below, which authorizes the school to provide us with this information, and have your school complete Section II of this form. After completion, please return this form to the Worker who is handling your case.

**D. Authorization to Release Information**

I authorize the school/program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. In addition, I authorize the release of information for use by HRA for Cash Assistance and SNAP purposes.

**The Student must authorize School/Training Program to complete Section II and release information to HRA.**

\_\_\_\_\_  
Applicant's/Participant's Signature

\_\_\_\_\_  
Date

**II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE**

**A. Student Information**

Applicant's/Participant's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

School/Program Name: \_\_\_\_\_

Course of Study/Major: \_\_\_\_\_

Is this a Graduate Program or higher?  Yes  No

Does this educational program involve any distance learning or online educational coursework?  Yes  No

Vendor Code: \_\_\_\_\_

Skill Code: \_\_\_\_\_

Semester Start Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_

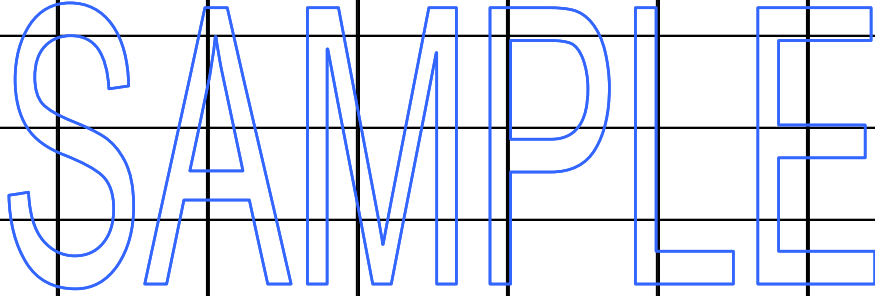
Enrollment Start Date: \_\_\_\_\_

(if different from Semester Start Date above)

If this is a re-enrollment, is the student maintaining a "C" average or above?  Yes  No

**B. Student Weekly Activity Schedule**

(For class hours, write "CL" in the corresponding box; for laboratory, "LAB"; for Federal Work Study (FWS), "FWS"; for internship or externship write "INT"; or for supervised homework, "SH". For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
8:00 AM – 9:00 AM								
9:00 AM – 10:00 AM								
10:00 AM – 11:00 AM								
11:00 AM – 12:00 PM								
12:00 PM – 1:00 PM								
1:00 PM – 2:00 PM								
2:00 PM – 3:00 PM								
3:00 PM – 4:00 PM								
4:00 PM – 5:00 PM								
Evenings (Specify hrs in box)								
<b>Total Weekly Hours</b>								

**C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor and Skill Code.**

	Vendor and Skill Code	Number of Hours
1. Number of internship/externship hours per week this semester.	_____	_____
2. Number of FWS hours per week this semester.	_____	_____
3. Total number of internship/externship and FWS hours per week this semester (add lines 1 and 2).	_____	_____

- 1. Total weekly classroom and lab hours: \_\_\_\_\_
- 2. Homework\* and/or study time:
  - a. Supervised homework: \_\_\_\_\_
  - b. Unsupervised homework\*\*: \_\_\_\_\_
- 3. Total from II. C ., line 3 (above): \_\_\_\_\_
- 4. Total of lines 1, 2a, 2b, and 3 (total activity hours): \_\_\_\_\_

**\*Note:** For clients in approved programs, HRA will count all hours of supervised homework as well as up to one hour of un-supervised homework for every one hour of class time/credit hours, as required by the student's educational program, toward the individual's hours of engagement. However, the total homework time counted for participation cannot exceed the total hours of homework required (supervised) and/or advised (unsupervised) by the educational program.

SAMPLE

**TOTAL weekly homework and/or study hours expected:** \_\_\_\_\_

\*\*While New York law generally provides for up to 2 hours of homework/study time for every 1 credit/hour of post-secondary education, only 1 hour of homework per 1 credit/hour can be counted toward HRA's activity requirements (i.e., 15 credits/hours per semester = maximum of 15 unsupervised homework hours).



**Is the student receiving money directly from you for:**

	Weekly Amount	Source
Carfare? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
Child Care? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____

**D. Breakdown of Expenses**

<b>Tuition</b>	⌘
<b>Loan origination and insurance fees</b>	⌘
<b>Books</b>	⌘
<b>Meals Purchased at school</b>	⌘
<b>Transportation to and from school</b>	⌘
<b>Supplies</b>	⌘
<b>Child care</b>	⌘
<b>Personal expenses (specify):</b>	⌘
<b>Living Expenses (specify):</b>	⌘
<b>Total Expenses</b>	⌘

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

<b>Non-Title IV Funded Educational Grants, Loans and Scholarships</b>	
Private scholarships (specify in the spaces below)	
1.	⌘
2.	⌘
3.	⌘
4.	⌘
<b>SEEK Program</b>	⌘
<b>College Discovery Program</b>	⌘
<b>Other (specify):</b>	⌘
<b>Total of Non-Title IV Funded Educational Income</b>	⌘

Is this program funded by a voucher?  No  Yes If Yes, please submit a copy of voucher.

\_\_\_\_\_  
 Print Name (Authorized School Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email Address

Fecha: \_\_\_\_\_  
Tipo de Formulario: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_

## Carta de la FIA de Inscripción a Educación/Capacitación

### I. A SER LLENADO POR EL ESTUDIANTE

Nombre del Solicitante/Participante: \_\_\_\_\_

#### A. Gastos Relacionados con la Capacitación

HRA no cubre los gastos de matrícula, libros y tarifas. Sin embargo, las personas que participan en actividades de trabajo aprobadas por la HRA reúnen los requisitos para que se les reembolsen algunos de los gastos incurridos durante su participación, específicamente gastos de cuidado infantil, tarifa de transporte y ciertos artículos si se necesitan para participar. Como solicitante o beneficiario de Asistencia en Efectivo (CA), entiendo que puedo tener derecho a dinero para tarifa de transporte y cuidado infantil, sólo si asisto a mi programa según el horario establecido.

**Nota:** Para solicitar reembolso por cuidado infantil, a este formulario se le debe adjuntar por separado el formulario para la inscripción del proveedor de cuidado infantil.

¿Cuánto gasta usted en tarifa de transporte cada día que asiste a clases? \$ \_\_\_\_\_

¿Necesita usted algo en particular para participar en el programa?  Sí  No  
(Tiene que adjuntar recibo/factura.)

Si la respuesta es "Sí," explique la necesidad especial (p. ej., uniforme): \_\_\_\_\_

Cantidad para la necesidad especial: \$ \_\_\_\_\_ Frecuencia: \_\_\_\_\_

#### B. Acuerdo para la Recuperación de Sobrepagos de Gastos de Participación

Seleccione uno de los siguiente:

- Acepto que se recupere cualquier sobrepago de gastos de participación de mi concesión de Asistencia en Efectivo.
- Solicito que se recupere cualquier sobrepago de gastos de participación de mi próxima o futura tarifa de transporte o cuidado infantil.

\_\_\_\_\_  
Firma del Solicitante/Participante de Asistencia en Efectivo

\_\_\_\_\_  
Fecha



**C. Aviso a los Solicitantes/Participantes de Asistencia en Efectivo y SNAP Respecto a Becas y Gastos Educativos:**

Conforme a la ley actual de Servicios Sociales (18 NYCRR §352.16 y §387.11[f]), no se toma en cuenta cualquier beca o préstamo que usted reciba para determinar su elegibilidad de recibir Asistencia en Efectivo y no se toma en cuenta para determinar la cantidad de su beneficio de Asistencia en Efectivo. La Ley de Cupones para Alimentos del 1977 estipula que se consideren ciertas concesiones, becas y préstamos como ingreso para fines de SNAP. Sin embargo, la misma ley nos permite excluir del ingreso los gastos de matrícula, cuotas obligatorias y otros gastos educativos específicos.

Para determinar la cantidad correcta de ingreso educacional a tomarse en cuenta o a admitir como deducción al calcular su presupuesto de SNAP, necesitamos documentación de sus ingresos y gastos educativos de su institución educativa. Favor de firmar la sección de autorización más abajo para permitirle a su institución educativa proporcionarnos esta información y pida que un representante de la misma llene la Sección II de este formulario. Tras llenarlo, favor de entregar este formulario al Trabajador encargado de su caso.

**D. Autorización Para Divulgar Información**

Autorizo al programa de capacitación/institución educativa, citados en la Sección II de este formulario, a divulgar a la HRA información respecto a mi asistencia, progreso educativo y empleo posterior. Además, autorizo la divulgación de información para que HRA la use para fines de Asistencia en Efectivo y SNAP.

**El estudiante debe autorizar el Programa de Capacitación o Institución Educativa a llenar la Sección II y divulgar la información a la HRA.**

Firma del Solicitante/Participante

Fecha

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2:00 PM – 3:00 PM	SAMPLE							
3:00 PM – 4:00 PM	SAMPLE							
4:00 PM – 5:00 PM	SAMPLE							
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<b>Supplies</b>	€
<b>Child care</b>	€
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<b>Living Expenses (specify):</b>	€
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2.	€
3.	€
4.	€
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<b>College Discovery Program</b>	€
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\_\_\_\_\_  
 Print Name (Authorized School Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email Address