

# **FAMILY INDEPENDENCE ADMINISTRATION**

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## **POLICY BULLETIN #15-45-EMP**

#### NEW FORM: MANDATORY APPOINTMENT REGARDING YOUR WORK REQUIREMENTS

	1		
Date:		Subtopic(s):	
May 15, 2015	Form, Employment		
☐ This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to introduce FIA staff who schedule engagement related appointments of the Mandatory Appointment Regarding Your Work Requirements ( <b>FIA-1140</b> ).  The <b>FIA-1140</b> is the appointment notice generated when Action Code <b>105E</b> (Referred for Employment Appt-Employable) is used to call a participant into the Job Center who is currently unengaged and deemed employable (Employability Status [ES] code 20) at the time the appointment is being made.		
	The appointment is a mandatory engagement call in appointment to assess the employability of the individual. Additionally, based on the participant's Employment Plan (EP) the individual will be referred to the appropriate program (e.g. Back to Work [B2W], Work Experience Program [WEP], Wellness Comprehensive Assessment Rehabilitation and Employment [WeCARE], etc.)		
	There have been no changes to the use of the <b>105E</b> call-in process other than this notice. Staff must continue to monitor appropriate worklists and schedule appointments when necessary.		
	Effective Immedi	ately	
	Attachments:		
☐ Please use Print on Demand to obtain copies of forms.	FIA-1140 (E)	Mandatory Appointment Regarding Your Work Requirements (4/24/15)	
	FIA-1140 (S)	Mandatory Appointment Regarding Your Work Requirements (Spanish) (4/24/15)	

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

Date: _	
Case Number:	
Telephone Number:	
Center:	
Appointment For:	
-	

## **Mandatory Appointment Regarding Your Work Requirements**

On	, you must report to the office listed below:
(Appointment date and time)	
Office Name:	
Address:	
City:	State: Zip Code:
Telephone Number:	
Bring this letter with you to your appointment.	
Travel Directions:	
Traver Directions.	

As a condition of continued eligibility for Cash Assistance (CA), you must report to and cooperate with the office indicated above. Failure to report or cooperate may result in a loss or reduction of your household's CA and/or Supplemental Nutrition Assistance Program (SNAP) benefits.

If you have any questions or are unable to keep this appointment date, contact us at the above telephone number prior to your appointment date. You can also call this number if you have a physical, mental health, learning problem, or other issue that makes it difficult for you to keep this appointment.

Fecha:	
Número Telefónico:	
Centro:	
Cita para:	

## Cita Obligatoria Concerniente a sus Requisitos de Trabajo

El	usted debe presentarse a la oficina			
istada a continuación:  Nombre de la Oficina:				
Dirección:				
Ciudad:	Estado: Código Postal:			
Número de Teléfono:				
Traiga esta carta consigo a la cita.				
Indicaciones de viaje:				

Como condición de elegibilidad continua para Asistencia en Efectivo (CA), usted debe presentarse a la oficina indicada más arriba y cooperar con la misma. La falta de presentación o cooperación puede resultar en la pérdida o reducción de los beneficios de su hogar de CA y/o del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted tiene cualquier pregunta o no puede cumplir esta cita, comuníquese con nosotros al número telefónico más arriba antes de la fecha de su cita. Usted también puede llamar a este número si tiene alguna afección médica o psiquiátrica, problema de aprendizaje o de otra índole que le dificulte cumplir esta cita.