



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #15-53-EMP

CHANGE IN MANDATORY ENGAGEMENT HOURS

Date: June 16, 2015	Subtopic(s): Employment, WEP, B2W
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform all staff that effective June 1, 2015 staff are now able to offer a reduction in the mandatory engagement hours for non-exempt applicants and participants who meet one of the following criteria:</p> <ul style="list-style-type: none"> • Non-exempt applicant/participant with the youngest child in the household under the age of four (4) may be assigned to a twenty-five hour weekly engagement schedule. • Non-exempt applicant/participant with the youngest child in the household under the age of six (6) but not under the age of four (4) may be assigned to a thirty hour weekly engagement schedule. <p>Generally, Cash Assistance (CA) applicants and participants are required to participate in work activities for thirty-five (35) hours a week. In order to support select CA populations in meeting work requirements, HRA is customizing hours of required work-related activities. The reduction in required hours will assist parents of infants and toddlers who often have unforeseen child-related demands on their time during their search for employment.</p> <p>Non-exempt CA applicants/participants will be considered fully engaged as long as they are in compliance with the 25 hours or 30 hours of weekly engagement. The reduction in engagement hours applies to the Work Experience Program (WEP), Back to Work (B2W) and training assignments.</p> <p>Individuals who are employed and meet the criteria for a reduction will be considered engaged full time as long as the hours of employment meet or exceed the reduced number of mandatory hours.</p>

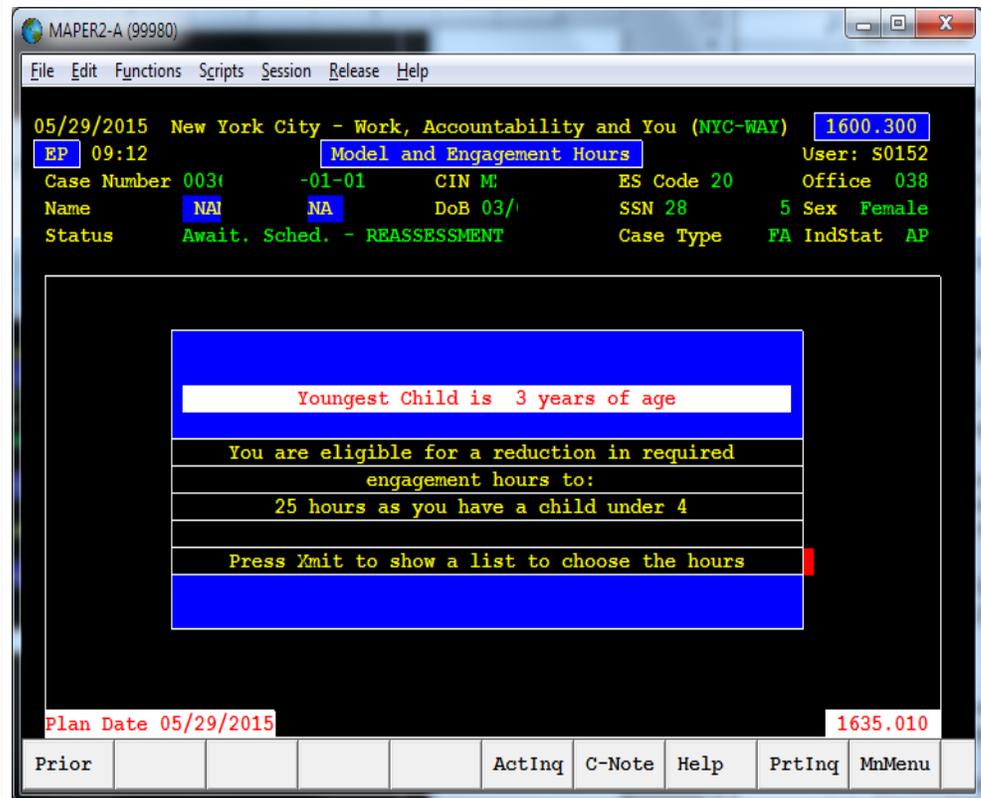
HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

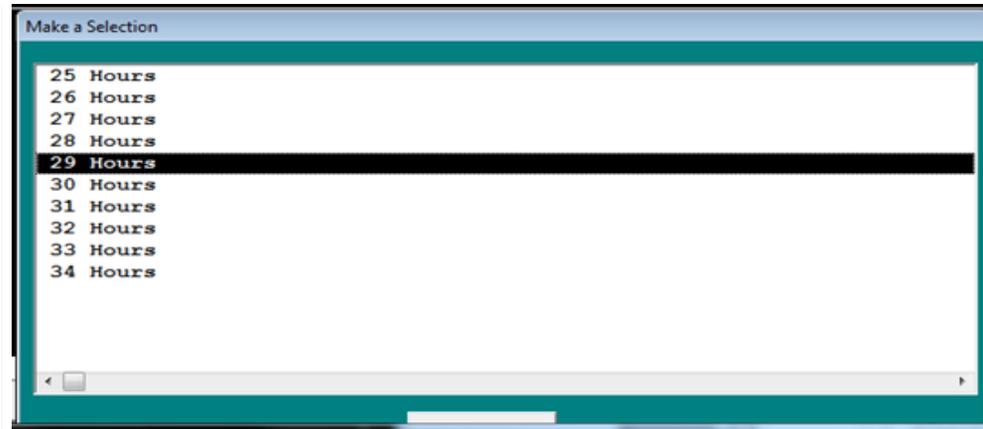
For example, an individual employed 25 hours with a child in the household under 4 years of age would be considered to be engaged full time and would not require a concurrent assignment.

Action Taken at the Job Center

Whenever an Employment Plan (EP) in New York City Work Accountability and You (NYCWAY) is initiated and all employment barriers are addressed (including after granting good cause after a conciliation), the JOS/Worker will complete the “**Children found on the Case**” screen as currently done. NYCWAY will calculate the age of the youngest child on the case and determine if there is/are any child/children under the age of four (4) or under the age of six (6) but not under the age of four (4).

- If there is/are any child/children under the age of four (4), a window will display a message that informs the JOS/Worker of the age of the youngest child and that the applicant/participant is eligible for the reduced 25 hour mandatory engagement schedule. The JOS/Worker will discuss the reduction with the applicant/participant, press transmit, and another window will display for the JOS/Worker to select the number of hours agreed upon.





The JOS/Worker will continue the EP and will assign the applicant/participant to B2W. Action Code **95BQ/15BQ** (B2W Assignment [25 hours]) will post in NYCWAY and the Referral to Back to Work (B2W) Vendor (**FIA-1086c**) will generate.

NYCWAY will post the **1E25** (Identified age less than 4 in household) and will generate the Notice of Assigned Hours for Cash Assistance (**FIA-1086K**). The **FIA-1086K** informs the applicant/participant of what his/her number of required hours will be and when it becomes effective.

DATE	ACTION/DESCRIPTION	STATUS	CMP	FUT DATE	OFF	WORKR	SITE
[]!	05/29/15 1E25 ELIG FOR 25 REQD HRS	WORW5		06/05/15	B38	S0152	
[]!	05/29/15 125Q AC VENDOR ASSIGN	WORW5		06/05/15	Q8A	S0152	Q3N8A
[]!	05/29/15 95BQ APPL VENDOR REFL B2W	WORW5		06/05/15	Q8A	S0152	Q8A
[]	05/29/15 119N EP BARRIER: NO EX/EMP	AWT12		05/29/15	B38	S0152	
[]	05/29/15 933T PAID CC IN PLACE	AWT12	933T	/ /	B38	S0152	
[]	05/29/15 119A EP INITIATED	AWT12	119N	05/29/15	B38	S0152	
[]!	05/29/15 119T EA/EP TERMINATED	AWT12	119T	/ /	Q8A	S0152	
[]!	05/29/15 15bx U/C VEND DE-ASSIGN	AWT12	95BQ	05/29/15	B38	S0152	
[]!	05/27/15 125Q AC VENDOR ASSIGN	WORW5	15bx	06/01/15	q8a	G6103	Q3N8A

- If there is/are any child/children under the age of six (6) but not under the age of four (4), a pop-up window will display a message that informs the JOS/Worker of the age of the youngest child and that the applicant/participant is eligible for the reduced 30 hour mandatory engagement schedule. The JOS/Worker will discuss the reduction with the applicant/participant and select the number of hours agreed upon.

The JOS/Worker will complete the EP and assign the applicant/participant to B2W. Action Code **95BQ/15BQ** (B2W Assignment [30 hours]) will post in NYCWAY and the Referral to Back to Work (B2W) Vendor (**FIA-1086c**) will generate.

NYCWAY will post the **1E30** (Identified age less than 6 in household) and will generate the **FIA-1086K** informing the applicant/participant of what his/her number of required hours will be and when it becomes effective.

Note: Staff must ensure that all known children in the household are included in the NYCWAY look up.

Applicant Accepted for on-going CA

If the applicant's case is accepted for CA, a referral to the B2W Representative for an employment reevaluation must be made. NYCWAY will post Action Code **154R** (B2W Representative Mandatory Appointment). The **154R** will generate the Appointment with Back to Work (B2W) Representative (**FIA-1086h**) notice calling the participant in to see the B2W Representative.

At the B2W appointment, the B2W Representative:

- If no employment barrier exists, no alternate assignment (referral to TAG or Parks program) is required and the child in the household is still under the age of four (4) or under the age of six (6) but not under the age of four (4), then the applicant/participant will be assigned 20 hours of WEP per week and the B2W hours will be reduced to either five (5) hours per week or ten (10) depending on the age of the child. NYCWAY will:
 - post Action Code **1E25/1E30** again depending on the case composition which generates the **FIA-1086K**
 - post Action Code **15BQ** (B2W Assignment [5 hours]) which will generate a new **FIA-1086c**
 - post Action Code **120A** (Assigned to WEP Site) which will generate the Assignment Information Summary (**W-500G**) with the WEP assignment information, including the number of required hours.
 - generate and complete the Engagement Requirement Time Sheet (**FIA-1086L**) which must be scanned and indexed into the case record.

Note: If the household budget does not support 20 hours of WEP, the maximum allowed WEP hours will be assigned, with the balance made up of hours in B2W.

If the applicant/participant reports the need for reduction in hours to the B2W Vendor, the vendor should refer him/her to the B2W Representative who will update the EP and follow the steps listed on page 3.

Action taken by Training Assessment Group (TAG) Staff

The same windows mentioned on pages two (2) and three (3) will appear when staff at TAG updates or completes an EP. TAG staff must ensure that classroom time, time for homework, College Study and any other hours captured on the **W-700D** are included when selecting appropriate number of hours, not to go below the minimum based on the age of the child.

Attachments:

- FIA-1086K (E)** Notice of Assigned Hours for Cash Assistance
- FIA-1086K (S)** Notice of Assigned Hours for Cash Assistance (Spanish)
- FIA-1086L** Engagement Requirement Time Sheet

 Please use Print on Demand to obtain copies of forms.

Date: _____
Case Number: _____
Case Name: _____
Center: _____
FH&C
Telephone Number: _____

Notice of Assigned Engagement Hours for Cash Assistance (CA)
Households With Children Under Age 6

As an applicant/participant for CA, you have opted for reduced work hours.

- You are required to be engaged in work activities as follows:

Your engagement hours per week will be: _____.

The engagement hours become effective on: _____.

As an applicant/participant with a current assignment, you have opted for reduced work hours.

- The amount of hours you are required to be engaged in work activities **is changing**:

Your **new** engagement hours per week will be: _____.

These engagement hours become effective on: _____.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, your benefits will not stay the same while you appeal. Your benefits will stay the same only if you ask for a State Fair Hearing. (See the Continuing Your Benefit[s] section.)

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at:
14 Boerum Place, Brooklyn, NY 11201.
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have a disability, and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefit(s): If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before this notice, until a Fair Hearing decision is issued. If you ask for a conference only, and not a State Fair Hearing, your benefits will not be restored to the level that they were at before this notice.

If you lose the Fair Hearing, you will have to pay back any benefits that you received, but should not have received, while you were waiting for the Fair Hearing decision. If you ask for a Fair Hearing and you do not want your benefits to be restored while you wait for the decision to be issued, you must tell the State when you call for a Fair Hearing, OR check the box below and send back this notice.

I do not want my benefits restored while I wait for the Fair Hearing decision to be issued.

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for work activity assignment issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Número de Teléfono de
FH&C: _____

Aviso de Horas Asignadas de Participación para Asistencia en Efectivo (CA) Hogares con Niños Menores de 6 Años de Edad

Como solicitante/participante de CA, usted ha optado por horas de trabajo reducidas.

- Se requiere que usted participe en actividades laborales como se estipula a continuación:

Sus horas semanales de participación serán: _____.

Las horas de participación entran en vigor el: _____.

Como solicitante/participante con una asignación actual, usted ha optado por horas de trabajo reducidas.

- La cantidad de horas que se requiere que usted participe en actividades laborales **ha cambiado:**

Sus **nuevas** horas semanales de participación serán: _____.

Estas horas de participación entran en vigor el: _____.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y
AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión es errónea, o si no la entiende, por favor llámenos por teléfono para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en la **primera página** de este aviso, o escribanos a la dirección que también aparece en la **primera página** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que usted pueda tener. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si **sólo** solicita una conferencia, sus beneficios no seguirán los mismos mientras usted apele. Sus beneficios seguirán sin cambios sólo si solicita una Audiencia Imparcial Estatal. (Vea la sección de Continuación de su[s] Beneficio[s].)

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)

(2) POR ESCRITO: Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, **P.O. Box 1930, Albany, NY 12201**. (Favor de guardar una copia para usted.)

(3) FAX: Envíe una copia de todo el aviso con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a: **14 Boerum Place, Brooklyn, NY 11201**.

(5) POR INTERNET: Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano al buscarlo en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le enviaremos copias gratuitas de los documentos que se encuentran en su archivo, las cuales le entregaremos al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Se enviarán por correo los documentos sólo si lo solicita específicamente.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Continuación de su(s) Beneficios(s): Si nuestra decisión afecta sus beneficios y usted solicita una Audiencia Imparcial dentro de diez (10) días a partir de la fecha de este aviso, restauraremos sus beneficios al nivel de previo a este aviso, hasta que se tome una decisión de la Audiencia Imparcial. Si sólo solicita una conferencia, y no una Audiencia Imparcial Estatal, no se restaurarán sus beneficios al nivel previo a este aviso.

Si usted pierde la Audiencia Imparcial, tendrá que restituir cualesquier beneficios que haya recibido, los cuales no debía haber recibido, mientras esperaba la decisión de la Audiencia Imparcial. Si usted solicita una Audiencia Imparcial y no quiere que se restauren sus beneficios mientras espera que se tome la decisión, debe comunicárselo al Estado al solicitar por teléfono una Audiencia Imparcial, O SI NO marque la casilla abajo y devuelva este aviso.

No quiero que se restauren mis beneficios mientras espero que se tome la decisión de la Audiencia Imparcial.

Fecha límite: Si quiere que el Estado revise nuestra decisión, usted debe pedir una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para problemas de asignaciones de actividad laboral.

Si usted no logra comunicarse por teléfono, por fax, en persona o en línea con la Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York, por favor solicite por escrito una Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

En letra de molde: _____
Nombre I. Apellido

Número del Caso: _____

Dirección: _____

Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____

Fecha: _____

Name: _____

Case Number: _____

Time Sheet Period: _____

Engagement Requirement Time Sheet

Instructions: Enter the time allotted for each activity under the day of the week that the activity is required.

Activity	Mon	Tue	Wed	Thu	Fri	Total
B2W						
WEP Assignment						
Part-Time Employed						
Total hours						

If for any reason you will be absent from your assignment, you must contact your Supervisor/Coordinator before your scheduled time to report, if possible. Your absence may be excused for good cause reasons.