



Date: _____
Case Number: _____
Case Name: _____
Action Code: _____

Mandatory Return Appointment to the Job Center after WeCARE Assessment

At this time your medical assessment will not be completed by your scheduled Job Center return appointment. We therefore have rescheduled your Job Center return appointment as indicated below, which you must keep in the event WeCARE determines that you are fully employable.

Appointment Date: _____ Time: _____ Telephone: _____

Location: _____

Address: _____

City: _____ State: _____ Zip: _____

SAMPLE

This is a mandatory eligibility appointment. Failure to keep this appointment or cooperate can result in the closing of your public assistance case. Please note that failure to comply with this public assistance requirement has no effect on your Medicaid eligibility.



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Código de Acción: _____

Cita de Regreso Obligatoria al Centro de Trabajo después de la Evaluación de WeCARE

Actualmente su evaluación médica no se llevará a cabo durante su cita de regreso al Centro de Trabajo ya programada. Por eso le hemos reprogramado su cita de regreso al Centro de Trabajo. Vea los detalles más abajo. Usted tiene que presentarse a esta cita, aún si WeCARE determina que usted es completamente apto para trabajar.

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

SAMPLE

Esta es una cita obligatoria para elegibilidad. El no acudir a esta cita o cumplir con la misma puede resultar en el cierre de su caso de asistencia pública. Por favor tenga presente que el incumplimiento de estos requisitos de Asistencia pública no afecta a su elegibilidad de Medicaid.



Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Center: _____
Action Code: _____

Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Nonmedical Referral for Mandatory Services

Based on the outcome of our medical assessment, which includes any independent medical information that you may have provided, the medical provider has determined that:

SAMPLE

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____
City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory eligibility appointment. You must report for the appointment with the WeCARE provider indicated on this form. Please report to this appointment on time or you may not be seen. Failure to keep this appointment or contact us prior to your scheduled appointment time may result in the reduction or closing of your public assistance case.

Please bring with you:

- This letter
- A photo ID/Medicaid card

If you cannot keep this appointment or need special accommodations, please call _____ for assistance before your scheduled appointment time. You may have someone accompany you to this appointment if you require assistance. All WeCARE facilities are handicapped-accessible.

SAMPLE



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Tipo de Caso: _____
Centro: _____
Código de Acción: _____

Envío No Médico de Bienestar, Evaluación Completa, Rehabilitación y Empleo (WeCare) para Servicios Obligatorios

Según los resultados de nuestra evaluación médica, la cual puede incluir datos médicos independientes que usted haya proporcionado, el proveedor de atención médica ha llegado a la conclusión de que:

SAMPLE

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

Esta es una cita obligatoria de elegibilidad. Usted debe acudir a la cita con nuestro proveedor de WeCARE que se indica en este aviso. Por favor preséntese a esta cita a tiempo de lo contrario puede que no se le atienda. El no acudir a la cita o comunicarse con nosotros antes de la hora de la misma, puede resultar en una reducción de sus beneficios o en el cierre de su caso de asistencia pública.

Favor de traer con usted:

- Esta carta
- Una tarjeta de identificación con foto/de Medicaid

Si usted no puede acudir a esta cita, o necesita que se hagan arreglos específicos, por favor llame al _____ para recibir ayuda antes de su cita programada. Usted puede venir acompañado a esta cita si requiere de ayuda. Todos los locales de WeCARE están dotados de acceso para incapacitados.

SAMPLE



Date: _____
Case Number: _____
Case Name: _____
Action Code: _____

WeCARE Mandatory Return Appointment

You must report to the WeCARE appointment indicated below:

Appointment Date: _____ Time: _____

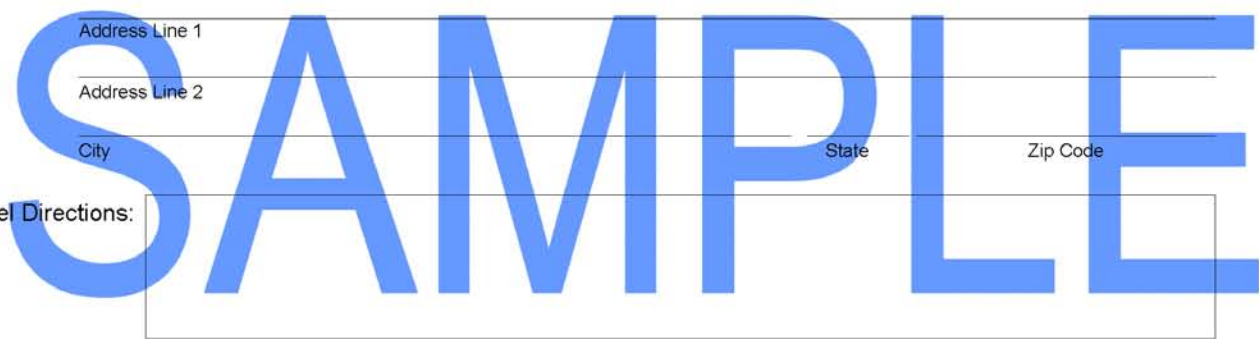
Location: _____
Location Name

Address Line 1

Address Line 2

City State Zip Code

Travel Directions: _____



If you cannot keep the appointment or need special accommodations, please call _____ for assistance before your scheduled appointment time. Telephone Number

This is a mandatory eligibility appointment. Failure to keep this appointment or contact us may result in the reduction or closing of your public assistance case.



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Código de Acción: _____

Envío a Cita Obligatoria de Regreso de WeCARE

Usted debe presentarse a la cita de WeCARE como se indica a continuación:

Fecha de la Cita: _____ Hora: _____

Local: _____
Nombre del Local

Línea de Dirección 1

Línea de Dirección 2

Ciudad Estado Código Postal

Indicaciones de Viaje: _____

SAMPLE

Si usted no puede cumplir esta cita o si necesita alguna atención especial, favor de llamar al _____ para asistencia antes de la hora programada de su cita. Número de Teléfono

Esta cita de elegibilidad es obligatoria. El no presentarse a ella o no comunicarse con nosotros puede resultar en la reducción o el cierre de su caso de asistencia pública.



Physician's Functional Assessment Form

To assist the New York City Human Resources Administration to determine your patient's functional capacity and ability to participate in work-related activities, please complete and sign this report and/or provide copies of any medical reports and/or progress notes that would be relevant to making this determination. Use the reverse and/or attach extra sheet(s) if necessary.

Patient's Name: _____ Date: _____

Social Security Number: _____ Age: _____ Male Female

I. Current Diagnoses	Date of Onset

II. Relevant Clinical Findings (which may include physical exam, mental status exam, labs, EKG, X-rays, or other specialty exams):

III. Clinical Course (including type of treatment and response, medication(s), dose and frequency, and prognosis):

SAMPLE

IV. Functional Capacity: How do your patient's diagnoses and symptoms affect his/her physical and/or emotional capacity to participate in work-related activities? What type of work can your patient perform? What type of work should be avoided? Please select from the categories listed below and provide additional comments, as needed.

- No functional limitations.**
- Employable with functional limitations.** What are the functional limitations, what type of workplace accommodations are recommended, and what type of work can your patient perform?
- Temporarily unemployable.** Please specify time frame in which you expect your patient will be able to participate in work-related activities with or without limitations.
- Unable to work for at least 12 months** (may be eligible for long-term disability benefits).
- Cannot determine; more information is needed. Specify:**

Physician Name (please print): _____

Physician Signature: _____ License Number: _____

Address: _____ Tel. Number: _____ Date: _____



Consent for the Release of Possible Confidential HIV*-Related Information

Many individuals applying for and receiving public assistance (PA) have limitations that make it difficult to become self-sufficient. These may include HIV-related problems. The New York City Human Resources Administration (HRA) WeCARE Program has services to help individuals with these problems, including receiving treatment and other services, as necessary, to assist them in attaining their highest possible level of health and self-sufficiency.

You are being referred to WeCARE because you have informed HRA that you have medical limitations to employment. To provide you with the services that you may need, it is important for WeCARE to be aware of any current or past conditions that may limit your employability. By signing this consent, you are giving HRA permission to disclose or redisclose any possible HIV-related information that may be in your current or past public assistance records.

Under New York State Law, except for certain people, confidential HIV-related information can only be given to persons you allow to have it by signing a release. You can ask for a list of people who can be given confidential HIV-related information without a release form.

Confidential HIV-related information is any information indicating that a person had an HIV-related test, has HIV infection, HIV-related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

If you sign this form, you are consenting to the release by HRA of any possible confidential HIV-related information that may be contained in your public assistance records to the WeCARE Program's Federation of Employment and Guidance Service (WeCARE FECS) or Arbor Education and Training (WeCARE ARBOR) vendor (referred to herein as the "WeCARE vendor"). As part of WeCARE's comprehensive assessment, the WeCARE vendor must identify all your medical and mental health barriers to health, wellness and self-sufficiency. This information will be included in a comprehensive service plan that will assist you in stabilizing or resolving these barriers.

The WeCARE vendors will NOT redisclose any possible confidential HIV-related information to anyone else, unless you consent to such redisclosure in writing. This consent will terminate when you are no longer receiving services from the WeCARE program.

Your refusal to sign this consent will NOT affect your eligibility for Public Assistance and/or Medical Assistance.

Sign AFTER you read and understand the consent you are giving.
You may ask questions about anything you do not understand.

I, _____ (participant's name), authorize HRA to disclose or re-disclose to the WeCARE FECS or WeCARE ARBOR vendor any HIV-related information that may be contained in my public assistance records. I authorize HRA to disclose or re-disclose other information that is contained in my public assistance records, including medical information, to the WeCARE vendor.

I understand that information released pursuant to this consent will not be redisclosed to any organization or individual except the WeCARE vendor.

I understand that I may revoke my consent at any time, except to the extent that HRA or the WeCARE vendor has already taken action in reliance upon my consent. If not previously revoked, this consent will terminate when I no longer am receiving services from the WeCARE vendor.

I authorize HRA to release information in my case record concerning medical diagnosis and history that are required to assist the WeCARE vendor in assessing my condition and determining my functional capacity.

I understand that this consent does not authorize the disclosure or redisclosure of confidential substance abuse information.

Signature of Participant or Participant's Authorized Representative

Date

Printed Name of Participant's Authorized Representative

Relationship to the Participant

HIV/AIDS-specific information: For questions/complaints regarding HIV/AIDS discrimination, call the New York State Division of Human Rights at (518) 474-2705 or the New York City Commission on Human Rights at (212) 306-7450.

This information has been disclosed to the New York City Human Resources Administration (HRA) and the WeCARE vendor from confidential records protected by state law. State law prohibits HRA and its WeCARE vendor from making any further disclosures of this information without specific written consent of the person to whom it pertains or as otherwise permitted by law. Any unauthorized further disclosure of confidential HIV information is in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.

* Human Immunodeficiency Virus that causes AIDS

SAMPLE



Consentimiento para la Divulgación de Datos Relativos al VIH* Posiblemente Confidenciales

Muchas de las personas que solicitan y reciben asistencia pública (PA) padecen de impedimentos que reducen su posibilidad de ser autosuficientes, incluyendo los problemas relativos al VIH. Pero por fortuna, la Administración de Recursos Humanos de la Ciudad de Nueva York (City of New York Human Resources Administration – HRA) cuenta con el Programa WeCARE que tiene servicios disponibles para ayudar a personas con este tipo de problemas. Dichos servicios incluyen el tratamiento, según sea necesario, para ayudar a los beneficiarios a lograr su máximo nivel de salud y autosuficiencia.

Se le ha enviado a WeCARE según la información que usted ha provisto a la HRA sobre sus limitaciones médicas respecto al empleo. Para poder brindarle los servicios que usted pueda necesitar, es importante que WeCARE esté al corriente de cualquier afección actual o pasada que pudiera limitar su empleabilidad. Al firmar el presente consentimiento, usted dá su permiso a la HRA para que divulgue o retransmita cualquier dato posiblemente confidencial y relativo al VIH, que pueda encontrarse en su expediente actual o pasado de asistencia pública.

Conforme a la Ley del Estado de Nueva York, salvo respecto a ciertas personas, los datos relativos al VIH sólo se pueden revelar a las personas a quienes usted autorice al firmar un consentimiento de divulgación. Usted puede pedir una lista de las personas que pueden recibir datos confidenciales relativos al VIH sin necesidad de un consentimiento de divulgación.

Se consideran datos confidenciales relativos al VIH, todos aquellos que indiquen que alguien se haya sometido a un examen del VIH, haya contraído una infección de VIH o padezca de afecciones relacionadas al VIH o SIDA, o cualquier información que pudiera indicar que determinada persona haya sido posiblemente expuesta al VIH.

Al firmar el presente formulario, usted autoriza la divulgación de cualquier posible dato confidencial relativo al VIH que pudiera figurar en su expediente de asistencia pública en la HRA al proveedor de servicio del Programa de WeCARE Federación de Empleo y Servicios de Asesoría (WeCARE FECS) o Educación y Capacitación de ARBOR (WeCARE ARBOR) (en lo sucesivo denominados "proveedor de servicios de WeCARE"). Como parte de la evaluación completa del Programa WeCARE, dicho programa junto al proveedor de servicios de WeCARE deben identificar todos los obstáculos de salud física y mental que le impiden a usted alcanzar un nivel adecuado de bienestar y autosuficiencia. Esta información se incluirá como parte de un plan de servicio integrado que le ayudará a lograr una estabilización o resolución de los obstáculos en su camino.

Los proveedores de servicios WeCARE NO retransmitirán ningún dato posiblemente confidencial relativo al VIH a ninguna otra persona, a menos que usted dé su consentimiento por escrito para que sea retransmitido. Este consentimiento quedará sin vigencia cuando usted deje de recibir servicios del programa WeCARE.

El negarse usted a firmar el presente consentimiento, NO afectará su derecho a Asistencia Pública y/o Asistencia Médica.

Firme sólo DESPUÉS DE haber leído y entendido el presente consentimiento autorizado.
No dude en hacer preguntas respecto a cualquier detalle que no entienda perfectamente.

Yo, _____ (nombre del participante), autorizo a la HRA a divulgar o retransmitir a WeCARE FECS or WeCARE ARBOR cualquier dato relativo al VIH que puede figurar en mi expediente de asistencia pública. Autorizo a la HRA a divulgar o retransmitir otro tipo de datos que figuren en mi expediente de asistencia pública, incluidos aquellos datos médicos al proveedor WeCARE.

Entiendo que toda información divulgada conforme al presente consentimiento no será retransmitida a ninguna organización o particular, salvo al proveedor de servicios de WeCARE.

Entiendo que tengo derecho a revocar este consentimiento en cualquier momento, salvo en la medida que la HRA, el Programa WeCARE y/o sus proveedores de servicios ya hayan actuado basándose en mi consentimiento.

Autorizo a la HRA a divulgar datos del expediente de mi caso concernientes a diagnosis e historial médico que sean necesarios para que el proveedor de servicios de WeCARE pueda evaluar mi estado de salud y determinar mi capacidad de desenvolvimiento.

Entiendo que este consentimiento no autoriza la divulgación o retransmisión de datos confidenciales relativos a la drogodependencia.

Firma del Participante o de su Representante Autorizado

Fecha

Nombre y Apellido en letra de molde del Representante Autorizado del Participante

Relación con el Participante

Información específica de VIH/SIDA: Para preguntas/quejas respecto a discriminación a raíz de VIH/SIDA, llame a la Departamento de Derechos Humanos del Estado de Nueva York (New York State Division of Human Rights) al (518) 474-2705 o a la Comisión de Derechos Humanos de la Ciudad de Nueva York (New York City Commission on Human Rights) al (212) 306-7450.

Estos datos fueron obtenidos de los expedientes confidenciales protegidos por la ley del Estado de Nueva York y han sido divulgados a la Administración de Recursos Humanos del Estado de Nueva York (HRA) y al proveedor de servicios de WeCARE. Las leyes estatales le prohíben a la HRA y a su proveedor de servicios de WeCARE el divulgar ninguna parte adicional de esta información sin el consentimiento explícito y por escrito por parte de la persona implicada, o por lo demás conforme a la ley. Toda divulgación adicional no autorizada de datos confidenciales relativos al VIH, que contravenga la ley del estado de Nueva York, puede resultar en una multa o encarcelamiento, o ambos. Una autorización general para divulgar datos médicos o de otra índole NO es fundamento suficiente para divulgaciones ulteriores.

* Virus de Inmunodeficiencia Humana causante del SIDA

SAMPLE

Consent for Disclosure of Medical and Alcoholism and Substance Abuse Treatment Records

Many individuals applying for and receiving public assistance (PA) have limitations that make it difficult to become self-sufficient. These may include medical, mental health or alcohol or substance abuse problems. The Human Resources Administration's (HRA) WeCARE Program has services to help individuals with these problems, including treatment and other services, as necessary, to assist them in attaining their highest possible level of health and self-sufficiency.

You are being referred to WeCARE because you have informed HRA that you have medical limitations to employment. To provide you with the services that you may need, it is important for WeCARE to be aware of any current or past conditions that may limit your employability. By signing this consent, you are giving HRA permission to disclose or re-disclose any possible medical and/or alcohol or substance abuse information that may be in your current or past public assistance records.

Federal law and regulations protect the confidentiality of your alcohol and substance abuse treatment records. In general, the treatment program or health care provider to which you were referred, are now attending or attended in the past may not, without your written consent, disclose to anyone outside that program information identifying you as an individual with an alcohol or substance abuse problem, or any information regarding your treatment. In addition, any entity to which you previously allowed your treatment program to disclose this information to may not, without your written consent, re-disclose this information to anyone outside that entity.

If you sign this consent form, you are authorizing HRA to disclose or re-disclose information to the WeCARE Federation of Employment and Guidance Service (WeCARE FECS) or WeCARE Arbor Education and Training (WeCARE ARBOR) vendor that may identify you as an individual with an alcohol or substance abuse problem and any information regarding your substance abuse treatment that is contained in your public assistance records.

Sign AFTER you read and understand the consent you are giving.
You may ask questions about anything you do not understand.

I, _____ (name), authorize HRA to disclose or re-disclose to WeCARE FECS or WeCARE ARBOR (referred to herein as the "WeCARE vendor") information contained in my public assistance records that may identify me as an individual with an alcohol or substance abuse problem and any information regarding my treatment. I understand that this authorization is voluntary.

I authorize HRA to release information in my case record concerning medical diagnosis and history, and alcoholism and substance abuse treatment information that are required to assist the WeCARE vendor in assessing my condition and determining my functional capacity.

I understand that this consent does not authorize the disclosure or redisclosure of confidential HIV-related information. In addition, I understand that HRA may disclose or redisclose other information that is contained in my public assistance records, including medical information, to the WeCARE vendor.

I understand that this consent does not authorize HRA or the WeCARE vendor to redisclose the information released pursuant to this consent to any other organization or individual without my written consent.

I also understand that I may revoke my consent at any time, except to the extent that HRA or the WeCARE vendor has already taken action in reliance on my consent. If not previously revoked, this consent will terminate when I am no longer receiving services from the WeCARE program.

Signature of Participant or Participant's Authorized Representative

Date

Printed Name of Participant's Authorized Representative

Relationship to Participant

This information has been disclosed to HRA and the WeCARE vendor from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit HRA and the WeCARE vendor from redisclosing this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

SAMPLE



Consentimiento para Divulgar Expedientes Médicos y de Tratamiento por Abuso de Sustancias y Alcoholismo

Muchas personas que están solicitando y recibiendo asistencia pública tienen limitaciones que les impide lograr la autosuficiencia. Estas limitaciones pueden deberse a problemas de salud física o mental, abuso de sustancias o alcoholismo. De acuerdo con las necesidades de la persona, el programa WeCARE de la Administración de Recursos Humanos (Human Resources Administration – HRA) ofrece servicios de apoyo a quienes padezcan de estos problemas, entre los cuales se incluyen tratamientos que le ayudarán a recuperar su máximo nivel de bienestar y autosuficiencia.

Se le está remitiendo a WeCARE debido a que usted le informó a la HRA sobre sus limitaciones médicas respecto a trabajo. Para proveerle los servicios que usted necesita, es preciso que WeCARE esté al tanto de cualquier afección médica actual o pasada que pueda limitar su capacidad para trabajar. Al firmar este consentimiento usted autoriza a la HRA a divulgar o retransmitir cualquier información que posiblemente se refiere a la salud y abuso de sustancias o alcohol y al igual que toda información respecto al tratamiento de abuso de sustancias que provenga de sus expedientes de asistencia pública.

Las leyes y reglas federales protegen la confidencialidad de sus expedientes de abuso de sustancias y alcohol. Por lo general, el programa de tratamiento o proveedor de atención de salud al cual usted ha sido remitido, al que asiste en la actualidad o asistió en el pasado, no puede sin su consentimiento por escrito divulgar a personas no vinculadas al programa o proveedor, información que revele su participación en un tratamiento o su problema de abuso de sustancias o alcohol. Además, cualquier organización a la cual usted haya autorizado que su programa de tratamiento divulgue esta información, no podrá, sin su consentimiento escrito, retransmitir dicha información a personas que no estén vinculadas a la organización.

Al firmar este acuerdo, usted autoriza que la HRA divulgue o retransmita información a la Federación de Empleo y Servicios de Asesoría Laboral (Federation Employment and Guidance Services – FECS) de WeCARE o al proveedor de servicios de Capacitación o de Educación (WeCARE ARBOR) que revele su problema de abuso de sustancias y alcohol, así mismo como toda información sobre su participación en tratamiento de abuso de sustancias que provenga de sus expedientes de asistencia pública.

Firme DESPUÉS de leer y entender el consentimiento que usted concede.
Puede hacer preguntas sobre cualquier punto que no entienda.

Yo, _____ (nombre), autorizo a la HRA a divulgar o retransmitir a FECS o a WeCARE ARBOR (en lo sucesivo denominado proveedor de servicios WeCARE") información incluida en los archivos de asistencia pública que revele mi problema de abuso de sustancias y alcohol u otra información respecto a mi tratamiento. Entiendo que esta autorización es voluntaria.

Autorizo a la HRA a divulgar información del expediente de mi caso respecto a la diagnosis y el historial médico, y al alcoholismo y tratamiento de abuso de sustancias necesarias para ayudar al proveedor de servicios de WeCARE a evaluar mi afección y determinar mi capacidad de desenvolvimiento.

Entiendo que este consentimiento no autoriza la divulgación o retransmisión de información confidencial sobre el VIH. Además, entiendo que la HRA puede divulgar o retransmitir otros datos que figure en mis archivos de asistencia pública, incluyendo información médica al proveedor de servicios de WeCARE.

Entiendo que este acuerdo no autoriza a la HRA o al proveedor de servicios de WeCARE a retransmitir la información ya divulgada, conforme a este consentimiento, a otra organización o particular sin mi consentimiento por escrito.

Además, entiendo que puedo revocar mi consentimiento cuando así lo desee, excepto en la medida en que la HRA o el proveedor de servicios de WeCARE haya actuado conforme a mi consentimiento. Si este consentimiento no es revocado con anterioridad quedará sin vigencia una vez que yo deje de recibir los servicios del programa WeCARE.

Firma del Participante o de su Representante Autorizado

Fecha

Nombre del Participante o de su Representante Autorizado en letra de molde

Relación al Participante

Los expedientes de donde se obtuvo esta información están protegidos por reglas federales de confidencialidad (42 CFR Part 2) para ser divulgada a la HRA y a los proveedores FECS/ARBOR. Las reglas federales prohíben que la HRA y los proveedores FECS/ARBOR retransmitan esta información a menos que una retransmisión sea explícitamente permitida por consentimiento escrito de la persona a quien se refiere, o por lo contrario lo permita la ley 42 Part 2. Una autorización general para la divulgación de datos médicos u otra información NO es suficiente para servir este propósito. Las reglas Federales limitan el uso de esta información solo en situaciones de investigación penal o procesamiento de cualquier paciente drogadicto o alcohólico.

SAMPLE

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
Initial Referral to WeCARE	BPS initiated.	968W	168W	
SASC Referral to WeCARE	BPS initiated.	968U	168U	Individual from SASC requiring a medical assessment
SA CM Referral to WeCARE	BPS initiated.	968I	168I	SA case management vendor referral to WeCARE.
New and acute medical condition	Vendor will enter action codes to indicate the need for a medical for a new and acute condition.	NA	168C	
Fair hearing returns applicant to WeCARE		NA	16FH	Fair hearing resolves issue.
WeCARE completion of the BPS	Vendor enters action codes to indicate completion of BPS.	969B	169B	
WeCARE Referral to CASAC	Vendor refers individual non SA identified to WeCARE CASAC.	968F	168F	
WeCARE return from CASAC		96WC	16WC	CASAC refers individual back to WeCARE vendor.
BPS II completed		969T	169T	Specialty exam completed.
WeCARE return appointment for BPS outcome/CSP	Vendor meets with individual to discuss BPS outcome and CSP.	969R	169R	
Applicant return appointment to Job Center		968R	N/A	Applicant is fully employable and keeps return appointment to JC.
Consent for disclosure signed		16WS	16WS	
Consent for disclosure declined		16WD	16WD	Vendor will not have access to NYCWAY for these individuals.
WeCARE DVE initiated	Vendor initiates Diagnostic Vocational Evaluation (DVE).	969D	169D	
WeCARE Wellness Plan extended		NA	169G	

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
WeCARE appointment to file application for Federal Disability Benefits	Vendor helps individual complete application for SSI/SSDI.	968H	168H	
WeCARE Disability benefits application initiated	Vendor initiates application for SSI/SSDI.	969S	169S	SSI/SSDI application filed.
WeCARE Vocational Rehabilitation Services (VRS) initiated	Vendor initiates VRS.	NA	169E	
WeCARE CSP has been completed	Vendor will enter action codes to indicate completion of the CSP.	969C	169C	Vendor will schedule the next appropriate step based on the CSP.
Wellness/Rehabilitation Plan is initiated	Vendor will enter action codes to indicate that a Wellness/Rehabilitation Plan is initiated.	969W	169W	
WeCARE Referral for special assessment	Refer for a Special Assessment via the EP. Action Codes will post in NYCWAY.	991S	191A	
WeCARE Referral to the Job Center	Vendor will refer individual for appointment slot at Job Center.	986J	168J	To return applicant to Job Center if the BPS assessment is completed before scheduled return appt.
WeCARE Specialty exam appointment	Vendor will enter action codes to indicate a specialty exam appointment.	969A	169A	
WeCARE Specialty exam complete (BPS II)	Vendor will enter action codes in NYCWAY to indicate the specialty exam is complete.	969T	169T	
WeCARE initial appointment cancelled		968X	168X	FIA Worker will use these codes to cancel the initial WeCARE appointment.
WeCARE initial appointment rescheduled	Vendor or FIA worker can reschedule the initial appointment.	968W	168W	
WeCARE outreach cancelled		968Y	168Y	Outreach initiated in error.

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
WeCARE outreach successful		168G	168G	Action Code will stop infraction from being posted in NYCWAY.
Referral for Wellness/Rehabilitation	Vendor enters action codes to indicate a referral for a Wellness/Rehabilitation Plan.	968B	168B	
Wellness/Rehabilitation Plan is initiated	Vendor enters action codes to indicate initiation of the Wellness/Rehabilitation Plan.	969W	169W	
Wellness/Rehabilitation Plan is completed	Vendor enters action codes to indicate the Wellness/Rehabilitation Plan is complete.	969V	169V	
SSI/SSDI application is initiated	Vendor enters action codes to indicate SSI/SSDI application initiated.	969S	169S	
WeCARE referral to SASC for CASAC	Vendor enters action codes for WeCARE enrolled participant to be assessed by CASAC at SASC.	915G	193G	
Referral for Vocational Rehabilitation Services (VRS)	Vendor enters action codes to indicate a referral for VRS.	968V	168V	
Failure to Report (FTR) to initial WeCARE appointment (BPS phase I)	System-generated	469B	468B	If outreach is not successful by expiration of the FAD, the FTR code will autopost.
Failure to Comply (FTC) with initial WeCARE appointment (BPS phase I)	System-generated	469K	468K	If outreach is not successful by expiration of the FAD, the FTC code will autopost.
FTR to the disability assessment/appeal process	System-generated	469D	468D	If outreach is not successful by expiration of the FAD, the FTR code will autopost.
FTC with the disability assessment/appeal process	System-generated	469E	468E	If outreach is not successful by expiration of the FAD, the FTC code will autopost.

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
Outreach efforts to contact applicants/participants who FTR/FTC with WeCARE appointment	Vendor enters action codes to initiate outreach efforts.	168O (FTR) 168D (FTC)	168O (FTR) 168D (FTC)	Outreach can be a telephone call, letter or home visit by the case manager, as appropriate.
FTC with VRS appointment	System-generated	968V	468V	If outreach is not successful, infraction code will autopost in NYCWAY to begin sanctions process.
FTR to Vocational Rehabilitation Services	System-generated	968U	468U	If outreach is not successful by expiration of FAD, code will post in NYCWAY to begin sanctions process.
FTR to specialty exam appointment	System-generated	469S	468S	If outreach is not successful by expiration of FAD, infraction code will autopost in NYCWAY.
FTC with WeCARE specialty medical exam (BPS phase II)	System-generated	469H	468H	If outreach is not successful by expiration of FAD, infraction code will autopost in NYCWAY.
FTR to Wellness/Rehabilitation Plan	System-generated	469W	468W	If outreach is not successful, infraction code will autopost.
FTC with Wellness/Rehabilitation Plan	System-generated	469C	468C	If outreach is not successful, infraction code will autopost.
Assigned to WeCARE WEP		NA	172P	
Assigned to WeCARE job search		NA	172N	
Assigned to WeCARE job training		NA	172T	
Assigned to WeCARE Education		NA	172E	
WeCARE Assignment termination		NA	172X	

Action Codes Associated with WeCARE

ISSUE	VENDOR ACTION	ACTION CODE		COMMENTS
		APPLICANTS	PARTICIPANTS	
Wellness Plan extension cancelled		NA	16XX	
WeCARE job placement		169J	169J	
WeCARE Return to Job Center	The vendor will reschedule the return appt. to the JC, as appropriate	968J	NA	If the WeCARE assessment is not complete by expiration of FAD.

WeCARE Functional Capacity Outcomes

OUTCOME	*ACTION CODE APPLICANTS	*ACTION CODE PARTICIPANTS	DESCRIPTION	ES CODE	VENDOR ACTION	COMMENTS
Employable - No Limitations	968E	168E	Individuals determined to have no limitations that affect employability	20	Complete EP; advise the individual to keep the return appointment with the Job Center.	When the applicant/participant returns to the Job Center, the JOS is responsible for assigning the appropriate work activities.
Employable with Medical Limitations that Require Minimal Accommodations	968M	168M	Individuals who can participate in work activities if minimal accommodations are provided to address their medical or mental health conditions	16	<ol style="list-style-type: none"> 1. Update the EP to reflect a referral for a DVE. 2. After completion of the DVE/IPE, the vendor will again update the EP to indicate the results of testing and that the individual will receive vocational rehabilitation services. 3. The vendor will then complete the EP and assign the individual to the appropriate combination of vocational rehabilitation activities outlined in the IPE. 	These services include, but are not limited to, a work experience program (WEP), HRA approved training program, Education (Adult Basic Education [ABE] or English as a Second Language [ESL] classes); or Job Search. Participants whose medical/mental health conditions require a reduction in hours will have their work-required hours adjusted. Individuals in vocational rehabilitation may remain in WeCARE for up to one year after completion of the IPE. Action Code 169I identifies completion of the IPE.

WeCARE Functional Capacity Outcomes

OUTCOME	*ACTION CODE APPLICANTS	*ACTION CODE PARTICIPANTS	DESCRIPTION	ES CODE	VENDOR ACTION	COMMENTS
Employable with Limitations Requiring Vocational Rehabilitation and/or Specialized Supports	968L	168L	Individuals enrolled in vocational rehabilitation will be engaged in concurrent rehabilitation and work activities depending on the outcome of the IPE	16	<ol style="list-style-type: none"> 1. Update the EP to reflect a referral for a DVE. 2. After completion of the DVE/IPE, the vendor will again update the EP to indicate the results of testing and that the individual will receive vocational rehabilitation services. 3. The vendor will then complete the EP and assign the individual to the appropriate combination of vocational rehabilitation activities outlined in the IPE. 	These services include, but are not limited to, a work experience program (WEP), HRA approved training program, Education (Adult Basic Education [ABE] or English as a Second Language [ESL] classes); or Job Search. Participants whose medical/mental health conditions require a reduction in hours will have their work-required hours adjusted. Individuals in vocational rehabilitation may remain in WeCARE for up to one year after completion of the IPE. Action Code 169I identifies completion of the IPE.
Referrals to HASA			Individuals who test positive for HIV	16	Individuals who test HIV positive and meet the HIV/AIDS Services Administration (HASA) medical criteria have the option of being referred to HASA or continuing to be serviced by FIA/CAS.	HIV-positive individuals who have been deemed nonexempt/employable are subject to sanctions if there is a failure to comply. Individuals deemed exempt should have their case denied/closed for FTC because they are unemployable and not complying with the resource requirement.

WeCARE Functional Capacity Outcomes

OUTCOME	*ACTION CODE APPLICANTS	*ACTION CODE PARTICIPANTS	DESCRIPTION	ES CODE	VENDOR ACTION	COMMENTS
Temporarily Unemployable/ Requiring a Wellness/ Rehabilitation Plan	968T	168T	Individuals with a medical and/or psychiatric condition(s) that are untreated or unstable	41	Complete the EP and monitor the individual's compliance with treatment.	<p>The plan requires that the individual attend treatment and follow his/her own doctor's recommendations. If the individual does not have a doctor, the WeCARE vendor will help the individual identify one and help him/her schedule an appointment. The individual is initially given up to three months to attend and comply with treatment in order to resolve or improve his/her medical condition. However, the Plan can be extended if more time is required to stabilize the condition.</p> <p>Note: Individuals in Applicant status who are determined to require WeCARE service will be assigned by the vendor to participate in a WeCARE Wellness/Rehabilitation Plan, pending case acceptance. The Wellness/Rehabilitation Plan must be signed by the applicant and in place in order to require mandatory compliance with the Plan. A line closing/rejection will be initiated for noncompliance on multiperson cases.</p>

WeCARE Functional Capacity Outcomes

OUTCOME	*ACTION CODE APPLICANTS	*ACTION CODE PARTICIPANTS	DESCRIPTION	ES CODE	VENDOR ACTION	COMMENTS
Unable to Work : Apply for SSI/SSDI	968S	168S	Individuals determined unemployable due to medical conditions, thus potentially eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	43	The WeCARE vendor will help the individual file an application for the appropriate Federal Disability Benefits.	If an individual's application is denied, s/he will have the option of assigning a worker from the DAU as the Authorized Representative (AR). If the initial application is denied, the DAU will be notified by the Social Security Administration (SSA) and can begin the appeal process. The vendors will monitor the status of applicants/participants in WeCARE who initially apply for SSI/SSDI. DAU will monitor the appeal process and contact the WeCARE vendor's liaison if a participant FTR/FTC with an appeal requirement.

* These codes are entered by the vendor in NYCWAY to indicate WeCARE Functional Outcome

Wellness, Comprehensive Assessment, Rehabilitation And Employment (WeCARE)

Our Mission

WeCARE is a program designed to help you reach your potential. Our biggest concern is your well-being and we want to help you reach your goals.

Customized services make WeCARE unique. The Program is committed to you because we care!

What to Expect at WeCARE

WeCARE is organized to provide services for you, whatever your level of ability. We will assess your medical conditions and get you the services you need to help you reach your potential. WeCARE connects you to a range of services from medical referrals to job training and placement based on your interests and abilities.

The City of New York
The Human Resources Administration



The Steps

1. First, you will receive an assessment to identify medical or other issues that may affect your ability to participate in HRA work-related activities.
2. We will develop with you a customized plan based on the results of the assessment to meet your needs.
3. Depending on your plan, you may:
 - Obtain treatment to improve your health conditions and progress toward wellness.
 - Be given specialized employment services including providing a work setting that accommodates your limitations.
 - Receive assistance in applying for disability benefits to which you may be eligible.
4. To help you be successful, we will work with you to monitor your progress.
5. Once you get a job, we will make sure you get the supports you need to keep it, while continuing to help you reach your potential.

Services Available

WeCARE has many available services to help you succeed. Some of these are:

- Linkage to medical care
- Case management
- Assistance with legal problems
- Help with family problems and childcare
- Improving English language skills
- Job skills training
- Education
- Specialized work activities
- Resume preparation
- Job placement services
- Retention Services
- Assistance with applying for Disability Benefits (SSI, SSDI)