



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #06-108-OPE

### REVISION OF W-500BB

<b>Date:</b> August 11, 2006	<b>Subtopic(s):</b> Employment Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform staff at the Job Centers that the Appointment with HRA Outstationed Worker at Skills Assessment and Placement Vendor (W-500BB) has been renamed "Appointment with FIA Outstationed Worker at Back to Work (BTW)."</p> <p>Center Directors must ensure all prior versions of these forms, including the multilingual equivalents, are recycled.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><b>W-500BB</b> Appointment with FIA Outstationed Worker at Back to Work (BTW) (Rev. 8/11/06)</p> <p><b>W-500BB (S)</b> Appointment with FIA Outstationed Worker at Back to Work (BTW) (Spanish) (Rev. 8/11/06)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
Action Code: \_\_\_\_\_

### Appointment with FIA Outstationed Worker at Back to Work (BTW)

You have an appointment with a Family Independence Administration (FIA) Outstationed Worker at the Back to Work (BTW) vendor to discuss:

- Medical Barriers/WeCARE
- Substance Abuse/Credentialed Alcohol and Substance Abuse Counselor (CASAC)
- Needed at Home Barrier
- Special Assessment
- Employment Plan
- Other: \_\_\_\_\_

SAMPLE

Please bring any required documents with you. Your appointment is scheduled for:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Directions:

**This is a mandatory appointment.** If you are unable to keep this appointment for a documented reason, please call the Worker at the telephone number listed above. Failure to keep this appointment or to cooperate with employment requirements may result in the reduction or loss of your public assistance benefits.



Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Código de Acción: \_\_\_\_\_

### **Cita con un Trabajador de FIA Asignado al Local de Regreso al Trabajo (Back to Work – BTW)**

Usted tiene una cita con un Trabajador de la Administración de Independencia Familiar (Family Independence Administration – FIA) asignado al local del Contratista de Regreso al Trabajo (Back to Work – BTW) para dialogar sobre:

- Obstáculos Médicos/WeCARE
- Abuso de Sustancias/Consejero Acreditado Sobre el Abuso de Alcohol y Sustancias (Credentialed Alcohol and Substance Abuse Counselor [CASAC])
- El Obstáculo que Representan Sus Deberes en el Hogar
- Evaluación Especial
- Plan de Empleo
- Otro: \_\_\_\_\_

Favor de traer cualquier otro documento requerido. Su cita está programada para el:

Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nombre del Local: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Indicaciones de Viaje:

**Esta cita es obligatoria.** Si usted no puede acudir a esta cita por algún motivo documentado, favor de llamar al Trabajador al número de teléfono listado más arriba. El no acudir a esta cita o no cooperar con los requisitos de empleo, puede resultar en la reducción o pérdida de sus beneficios de asistencia pública.