



FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner
Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #06-120-OPE

REVISION TO ABAWD FORM W-138E

Date: August 25, 2006	Subtopic(s): Forms
<p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform all Job Center and Non-Public Assistance (NPA) Food Stamp (FS) Office staff of the recent changes to the Call-In Letter for an Able-Bodied Adult Without Dependents (W-138E).</p> <p>The second bullet was changed to read:</p> <p>“Participate in work activities for at least 80 hours per month,” replacing the words “up to” with “at least.”</p> <p>Samples of the form are attached.</p> <p>Center Directors/Office Site Managers must ensure that all prior versions of the W-138E, including the multilingual versions, are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p>References:</p> <p>18 NYCRR § 385 97 ADM-16</p> <p>Attachments:</p> <p>W-138E Call-In Letter for an Able-Bodied Adult Without Dependents (ABAWD) (Rev. 8/25/06)</p> <p>W-138E (S) Call-In Letter for an Able-Bodied Adult Without Dependents (ABAWD) (Spanish) (Rev. 8/25/06)</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: _____
Caseload: _____
Action Code: _____

Call-In Letter for an Able-Bodied Adult Without Dependents (ABAWD)

As an Able-Bodied Adult Without Dependents (ABAWD) in receipt of food stamps, you are required to:

- Work (including "in-kind" work and volunteer work) for at least 80 hours per month; or
- Participate in work activities for at least 80 hours per month, which must include work experience and other appropriate Food Stamp Employment and Training (FSET) activities as assigned; or
- Receive and fully comply with a Work Experience Program (WEP) assignment.

Therefore, we have scheduled a **mandatory** appointment for you to verify that you are meeting your ABAWD Food Stamp work requirements. Your appointment is indicated below. Please come on time.

Appointment Date: _____ Time: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

Please bring this letter with you. If you are working, you must bring proof of earnings to your appointment. If you believe that you cannot participate in a work activity, bring documentation that supports your claim, such as medical reports, a school attendance letter, etc. You may be referred for a medical examination if you claim you are medically unable to work.

If you feel that you have been incorrectly identified as a person without dependents, please keep this appointment, bringing with you appropriate documentation to identify the dependent member(s) of your household.

If you are already participating in a work activity to which we referred you, bring a note from the program.

If you have any questions, call us before the date of your appointment at _____.
(telephone number)

This is a mandatory engagement appointment. Failure to keep this appointment may result in the sanction of your public assistance and/or Food Stamp case.



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Unidad de Casos: _____
Código de Acción: _____

Carta de Aviso de Cita para Adulto Sano Sin Dependientes (Able-Bodied Adult Without Dependents – ABAWD)

Por ser un Adulto Sano Sin Dependientes (ABAWD) que recibe cupones para alimentos, se requiere que usted:

- Esté trabajando (incluidos el trabajo a cambio de servicios y de voluntario) por un mínimo de 80 horas al mes; o
- Esté participando en actividades de trabajo hasta 80 horas al mes, lo que debe incluir experiencia de trabajo al igual que otras actividades apropiadas de Empleo y Capacitación de Cupones para Alimentos (Food Stamp Employment and Training – FSET) tal como asignadas; o
- Reciba y cumpla cabalmente con una asignación del Programa de Experiencia Laboral (Work Experience Program – WEP).

Por lo tanto, le hemos programado una cita **obligatoria** para que usted establezca que está cumpliendo los requisitos de trabajo de Cupones para Alimentos de ABAWD. Su cita aparece indicada más abajo. Favor de comparecer a tiempo.

Fecha de la Cita: _____ Hora: _____

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

Favor de traer esta carta con usted. Si usted está trabajando, debe traer comprobante de sus ingresos a la cita. Si cree que no puede participar en una actividad de trabajo, traiga documentación que sirva para respaldar su alegación, como un informe médico, una carta de asistencia escolar, etc. Puede que se le envíe a un examen médico si alega estar médicamente incapacitado para trabajar.

Si considera que ha sido indebidamente identificado como una persona sin dependientes, favor de comparecer a esta cita y traiga consigo toda la documentación apropiada que identifique a el/los miembro(s) dependiente(s) en su hogar.

Si ya está participando en una actividad de trabajo a la cual le hayamos enviado, traiga una nota de parte del programa.

Ante cualquier duda, llámenos antes de la fecha de su cita al _____.
(número de teléfono)

Esta cita de participación es obligatoria. El no acudir a ella puede resultar en la sanción de su caso de asistencia pública y/o de Cupones para Alimentos.