



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #06-121-OPE

### REVISIONS TO FIA SCHOOL/TRAINING ENROLLMENT LETTER (W-700D)

| <b>Date:</b><br>August 25, 2006   | <b>Subtopic(s):</b><br>Public Assistance, Food Stamps, Forms  |
|---|---|
| <p> This procedure can now be accessed on the FIA web.</p> | <p>The information in this policy bulletin is for all staff in the Job Centers and Non-Public Assistance (NPA) Food Stamp (FS) Offices and is informational for all others.</p> <p>The FIA School/Training Enrollment Letter (<b>W-700D</b>) has been revised as follows:</p> <ul style="list-style-type: none"> <li>• the reference to the Child Care Provider Application (<b>W-273B</b>) in the “Note” in Section I was changed to read “child care provider enrollment form”;</li> <li>• information in Section I (C), “Notice to Public Assistance and Food Stamp Applicants/Participants Regarding Educational Grants and Expenses,” was updated to change the social service law citation from 18 NYCRR 352.22 to 18 NYCRR 387.11(f);</li> <li>• the chart in Section II, which lists the breakdown of expenses and non-Title-IV-funded educational grants, loans and scholarships, is now marked section “C” and includes a line for Living Expenses. A note was added below the box to define what counts as living expenses;</li> <li>• in Section III, “For Completion by FIA Worker” the items titled “monthly net income” and “semimonthly net income” were changed to read “monthly countable income” and “semimonthly countable income,” respectively.</li> </ul> <p>Center Directors/Office Site Managers must ensure that all prior versions of the <b>W-700D</b> are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></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*

☞ Please use Print on Demand to obtain copies of forms.

**Attachments:**

- W-700D** FIA School/Training Enrollment Letter (Rev. 8/25/06)
- W-700D (S)** FIA School/Training Enrollment Letter (Spanish) (Rev. 8/25/06)



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

### FIA School/Training Enrollment Letter

#### **I. FOR COMPLETION BY STUDENT WITH HUMAN RESOURCES ADMINISTRATION (HRA) REPRESENTATIVE**

Applicant/Participant Name: \_\_\_\_\_

##### **A. TRAINING-RELATED EXPENSES**

HRA is not responsible for tuition, books and fees. However, individuals who participate in HRA-approved activities are eligible to receive reimbursement for certain expenses incurred while participating, specifically child care, carfare and certain items if they are required for participation. As an applicant for or recipient of public assistance, I understand that I may be entitled to money for carfare and child care only if I attend my program as scheduled.

Note: To request child care reimbursement, a separate child care provider enrollment form must be attached.

How much do you spend on carfare each day you attend class? \$ \_\_\_\_\_

Do you need anything special in order to participate in your program?  No  Yes  
(Receipt/bill must be attached.)

If "Yes," explain special need, e.g., uniform: \_\_\_\_\_

Amount of special need: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

##### **B. AGREEMENT TO RECOVERY OF ENGAGEMENT EXPENSE OVERPAYMENTS**

Choose one of the following:

- I agree that any engagement expense overpayment be recovered from my public assistance grant.
- I request that any engagement expense overpayment be recovered from my next or future carfare and/or child care payments.

\_\_\_\_\_  
Public Assistance Applicant/Participant's Signature

\_\_\_\_\_  
Date

**C. NOTICE TO PUBLIC ASSISTANCE AND FOOD STAMP APPLICANTS/PARTICIPANTS REGARDING EDUCATIONAL GRANTS AND EXPENSES**

In accordance with current Social Services law (18 NYCRR 352.16 and 387.11[f]), any educational grant, scholarship or loan that you receive is not counted in determining your eligibility for public assistance and is not considered in determining the amount of your public assistance benefit. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as income for Food Stamp purposes, but permits us to exclude from this income amounts for tuition, mandatory fees and certain other educational expenses.

In order to determine the correct amount of educational income to count or allow as a deduction in computing your Food Stamp budget, we require documentation of your educational income and expenses from your school. Please sign the release section below, which authorizes the school to provide us with this information, and have your school complete Section II of this form. After completion, please return it to the Worker who is handling your case.

**D. AUTHORIZATION TO RELEASE INFORMATION**

I authorize the school/program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. In addition, I authorize the release of information for use by HRA for public assistance and Food Stamp purposes.

SAMPLE

\_\_\_\_\_  
Applicant/Participant's Signature Date

~~Student must take this form to the School/Training Program for completion of Section II.~~

**II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE**

Applicant/Participant Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School/Program Name: \_\_\_\_\_

Course of Study/Major: \_\_\_\_\_

Vendor and Skill Code: \_\_\_\_\_

Semester Start Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_

Enrollment Start Date (if different from semester start date above): \_\_\_\_\_

Is there a break of more than two weeks during this enrollment period?  No  Yes

Break Start Date: \_\_\_\_\_ Break End Date: \_\_\_\_\_

**A. Student Weekly Activity Schedule**

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study, "FWS"; for internship, "INT"; for externship, "EXT"; for Family College, "FC." For activities that do not start on the hour write start and end time in box.)

| Hours                              | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total Hours |
|------------------------------------|--------|---------|-----------|----------|--------|----------|--------|-------------|
| 8:00–9:00 a.m.                     |        |         |           |          |        |          |        |             |
| 9:00–10:00 a.m.                    |        |         |           |          |        |          |        |             |
| 10:00–11:00 a.m.                   |        |         |           |          |        |          |        |             |
| 11:00–12:00 p.m.                   |        |         |           |          |        |          |        |             |
| 12:00–1:00 p.m.                    |        |         |           |          |        |          |        |             |
| 1:00–2:00 p.m.                     |        |         |           |          |        |          |        |             |
| 2:00–3:00 p.m.                     |        |         |           |          |        |          |        |             |
| 3:00–4:00 p.m.                     |        |         |           |          |        |          |        |             |
| 4:00–5:00 p.m.                     |        |         |           |          |        |          |        |             |
| Evenings<br>(Specify hours in box) |        |         |           |          |        |          |        |             |
| <b>Total Weekly Hours</b>          |        |         |           |          |        |          |        |             |

SAMPLE

| B. Work Activities: (Please note that internship/externship and FWS must be approved by HRA and have a vendor/skill code) | Vendor/Skill Code | Number of Hours |
|---|-------------------|-----------------|
| 1. Number of internship hours per week this semester  | _____             | _____           |
| 2. Number of externship hours per week this semester  | _____             | _____           |
| 3. Number of Federal Work Study (FWS) hours per week this semester  | _____             | _____           |
| 4. Total number of internship, externship and FWS hours per week this semester (add lines 1, 2 and 3)                     |                   | _____           |

- 1. Total weekly classroom and lab hours: \_\_\_\_\_
- 2. Total from II.B., line 4: \_\_\_\_\_
- 3. Total of lines 1 and 2 (total activity hours):\* \_\_\_\_\_

\*Note to HRA staff: when entering activity hours into NYCWAY, you must convert weekly hours to biweekly.

|                     |  |           |               |                      |
|---------------------|--|-----------|---------------|----------------------|
| <b>School Stamp</b> | <b>Is the student receiving money directly from you for:</b> |           |               |                      |
|                     |  | <b>No</b> | <b>Yes</b>    | <b>Weekly Amount</b> |
|                     | Carfare  | _____     | _____         | \$ _____             |
| Child Care          | _____  | _____     | \$ _____      |                      |
|                     |  |           | <b>Source</b> | _____                |

| C. Breakdown of Expenses            |    | Non-Title IV Funded Educational Grants, Loans and Scholarships |    |
|-------------------------------------|----|--|----|
| Tuition                             | \$ | Private scholarships (specify in the spaces below)             |    |
| Loan origination and insurance fees |    | 1.   | \$ |
| Books                               |    | 2.   |    |
| Meals purchased at school           |    | 3.   |    |
| Transportation to and from school   |    | 4.   |    |
| Supplies                            |    | SEEK Program   |    |
| Child care                          |    | College Discovery Program                                      |    |
| Personal expenses (specify):        |    | Other (specify):   |    |
| Living Expenses (specify):          |    | <b>B. Total Non-Title IV Funded Educational Income</b> \$      |    |
| <b>A. Total Expenses</b>            | \$ |  |    |

SAMPLE

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

\_\_\_\_\_  
Print Name (Authorized School Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

**III. FOR COMPLETION BY FIA WORKER** (use data from Section II of this form)

If the student is enrolled at least half time, allow all of the expenses except the living expenses in the section titled "Breakdown of Expenses" above in C. Examples of living expenses which are not allowed are housing, clothing, utilities and meals other than those purchased at school.

**Follow these steps:**

|                               |   |                                 |   |                                  |
|-------------------------------|---|---------------------------------|---|----------------------------------|
| (A) total expenses            | - | living expenses                 | = | (AA) total allowable expenses    |
| (B) total non–Title IV income | - | (AA) total allowable expenses   | = | (C) countable income             |
| (C) countable income          | ÷ | number of months in school term | = | (D) monthly countable income     |
| (D) monthly countable income  | ÷ | 2                               | = | (E) semimonthly countable income |

FIA Worker's Signature

Date

Note: Enter semimonthly countable income (E) in the Gross field and "S" in the Frequency field of the NSBLO6 screen. Use income source code 17.

**Don't budget educational income for any month prior to the actual receipt of educational income.**

**Don't count any educational income funded partially or entirely by Title IV funds. Title IV–funded programs include Basic Educational Opportunity Grants, Supplemental Educational Opportunity Grants, Tuition Assistance Program, all educational loans and college work study.**

**IV. FOR FIA USE ONLY**

Allowance Start Date: \_\_\_\_\_ Allowance End Date: \_\_\_\_\_

Weekly Carfare: \$ \_\_\_\_\_

Weekly Special Needs: \$ \_\_\_\_\_

**Weekly Child Care**

|               |                           |
|---------------|---------------------------|
| Child's Name: | Weekly Child Care Amount: |
| _____         | \$ _____                  |
| _____         | \$ _____                  |
| _____         | \$ _____                  |



Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_

### Carta de la FIA de Inscripción al Programa de Educación/Capacitación

#### I. A SER LLENADO POR EL ESTUDIANTE Y EL REPRESENTANTE DE LA ADMINISTRACIÓN DE RECURSOS HUMANOS (HUMAN RESOURCES ADMINISTRATION – HRA)

Nombre del Solicitante/Participante: \_\_\_\_\_

##### A. GASTOS RELACIONADOS CON LA CAPACITACION

HRA no cubre gastos de matrícula, libros y gastos educacionales. Sin embargo, las personas que participan en actividades de trabajo aprobadas por HRA tienen derecho a que se les reembolsen algunos de los gastos incurridos durante su participación. Específicamente gastos de: cuidado infantil, tarifa de transporte y otros que sean requeridos para facilitar la participación. Como solicitante o beneficiario de asistencia pública, entiendo que puedo tener derecho a dinero para tarifa de transporte y cuidado infantil, sólo si asisto a mi programa según el horario establecido.

Nota: Para solicitar reembolso de pagos por cuidado infantil, el formulario de inscripción del proveedor de cuidado infantil debe de adjuntarse a este formulario.

¿Cuánto gasta en tarifa de transporte cada día que asiste a clases? \$ \_\_\_\_\_

¿Necesita usted algo en particular (necesidad especial) para poder participar en el programa?  No  Sí  
(Tiene que adjuntar recibo/factura.)

Si la respuesta es "Sí," favor de explicar, e.g., uniforme: \_\_\_\_\_

Cantidad para la necesidad especial: \$ \_\_\_\_\_ Frecuencia: \_\_\_\_\_

##### B. ACUERDO PARA LA RECUPERACIÓN DE PARTICIPACIÓN DE GASTOS Y SOBREPAGO

Escoge uno de los siguiente:

- Yo acepto que cualquier participación de gastos de sobrepago sea recuperado por mi concesión de asistencia pública.
- Yo solicito que cualquier participación de gastos de sobrepago sea recuperado por mi próximo o futuro costo de automóvil o cuidado infantil.

\_\_\_\_\_  
Firma del Solicitante/Participante de Asistencia Pública

\_\_\_\_\_  
Fecha



**C. AVISO A LOS SOLICITANTES/PARTICIPANTES DE ASISTENCIA PÚBLICA Y CUPONES PARA ALIMENTOS RESPECTO A BECAS Y GASTOS EDUCACIONALES**

Conforme a la ley actual de Servicios Sociales (18 NYCRR 352.16 y 387.11[f]), cualquier beca o préstamo que usted reciba no es tomado en cuenta al determinar su elegibilidad para recibir asistencia pública y no es considerado al determinar la cantidad de su beneficio de asistencia pública. La Ley de Cupones para Alimentos del 1977 (the Food Stamp Act of 1977) requiere que ciertas becas y préstamos sean calculados como ingreso para fines de Cupones para Alimentos. Sin embargo, la misma ley nos permite excluir del ingreso gastos de matrícula, cuotas obligatorias y otros gastos educacionales específicos.

Para determinar la cantidad correcta de ingreso educacional a tomarse en cuenta o a deducir de su presupuesto de Cupones para Alimentos, le requerimos documentación de sus ingresos y gastos educacionales a su institución educativa. Favor de firmar la sección de autorización más abajo para permitirle a su institución educativa entregarnos esta información y pida que un representante de la misma llene la Sección II de este formulario. Después de ser llenado, favor de entregar este formulario al Trabajador encargado de su caso.

**D. AUTORIZACIÓN PARA ENTREGAR INFORMACIÓN**

Yo autorizo al programa de capacitación/institución educativa, citados en la Sección II de este formulario, a entregar a la HRA información respecto a mi asistencia, progreso educativo y empleo posterior. Dicha información será usada por HRA para fines de asistencia pública y Cupones para Alimentos.

**SAMPLE**

\_\_\_\_\_  
Firma del Solicitante/Participante

\_\_\_\_\_  
Fecha

*El estudiante debe llevar este formulario  
al Programa de Capacitación o Institución Educativa para llenar la Sección II.*

**II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING REPRESENTATIVE**

Applicant/Participant Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School/Program Name: \_\_\_\_\_

Course of Study/Major: \_\_\_\_\_

Vendor and Skill Code: \_\_\_\_\_

Semester Start Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_

Enrollment Start Date (if different from semester start date above): \_\_\_\_\_

Is there a break of more than two weeks during this enrollment period?  No  Yes

Break Start Date: \_\_\_\_\_ Break End Date: \_\_\_\_\_

**A. Student Weekly Activity Schedule**

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study, "FWS"; for internship, "INT"; for externship, "EXT"; for Family College, "FC." For activities that do not start on the hour write start and end time in box.)

| Hours                              | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total Hours |
|------------------------------------|--------|---------|-----------|----------|--------|----------|--------|-------------|
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| 9:00–10:00 a.m.                    |        |         |           |          |        |          |        |             |
| 10:00–11:00 a.m.                   |        |         |           |          |        |          |        |             |
| 11:00–12:00 p.m.                   |        |         |           |          |        |          |        |             |
| 12:00–1:00 p.m.                    |        |         |           |          |        |          |        |             |
| 1:00–2:00 p.m.                     |        |         |           |          |        |          |        |             |
| 2:00–3:00 p.m.                     |        |         |           |          |        |          |        |             |
| 3:00–4:00 p.m.                     |        |         |           |          |        |          |        |             |
| 4:00–5:00 p.m.                     |        |         |           |          |        |          |        |             |
| Evenings<br>(Specify hours in box) |        |         |           |          |        |          |        |             |
| <b>Total Weekly Hours</b>          |        |         |           |          |        |          |        |             |

SAMPLE

| B. Work Activities: (Please note that internship/externship and FWS must be approved by HRA and have a vendor/skill code) | Vendor/Skill Code | Number of Hours |
|---|-------------------|-----------------|
| 1. Number of internship hours per week this semester  | _____             | _____           |
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| 3. Number of Federal Work Study (FWS) hours per week this semester  | _____             | _____           |
| 4. Total number of internship, externship and FWS hours per week this semester<br>(add lines 1, 2 and 3)                  |                   | _____           |

- 1. Total weekly classroom and lab hours: \_\_\_\_\_
- 2. Total from II.B., line 4: \_\_\_\_\_
- 3. Total of lines 1 and 2 (total activity hours):\* \_\_\_\_\_

\*Note to HRA staff: when entering activity hours into NYCWAY, you must convert weekly hours to biweekly.

|                     |  |           |               |                      |
|---------------------|--|-----------|---------------|----------------------|
| <b>School Stamp</b> | <b>Is the student receiving money directly from you for:</b> |           |               |                      |
|                     |  | <b>No</b> | <b>Yes</b>    | <b>Weekly Amount</b> |
|                     | Carfare  | _____     | _____         | \$ _____             |
|                     | Child Care   | _____     | _____         | \$ _____             |
|                     |  |           | <b>Source</b> | _____                |

| <b>C. Breakdown of Expenses</b>     |    | <b>Non-Title IV Funded Educational Grants, Loans and Scholarships</b> |    |
|-------------------------------------|----|---|----|
| Tuition                             | \$ | Private scholarships (specify in the spaces below)                    |    |
| Loan origination and insurance fees |    | 1.  | \$ |
| Books                               |    | 2.  |    |
| Lunch at school                     |    | 3.  |    |
| Transportation to and from school   |    | 4.  |    |
| Supplies                            |    | SEEK Program  |    |
| Child care                          |    | College Discovery Program   |    |
| Personal expenses (specify):        |    | Other (specify):  |    |
| Living expenses (specify):          |    | <b>B. Total Non-Title IV Funded Educational Income</b>                |    |
| <b>A. Total Expenses</b>            | \$ |   |    |

SAMPLE

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

\_\_\_\_\_  
 Print Name (Authorized School Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Telephone Number

**III. FOR COMPLETION BY FIA WORKER** (use data from Section II of this form)

If the student is enrolled at least half time, allow all of the expenses except the living expenses in the section titled "Breakdown of Expenses" above in C. Examples of living expenses which are not allowed are housing, clothing, utilities and meals other than those purchased at school.

**Follow these steps:**

|                               |   |                                 |   |                                  |
|-------------------------------|---|---------------------------------|---|----------------------------------|
| _____                         | - | _____                           | = | _____                            |
| (A) total expenses            |   | living expenses                 |   | (AA) total allowable expenses    |
| _____                         | - | _____                           | = | _____                            |
| (B) total non-Title IV income |   | (AA) total allowable expenses   |   | (C) countable income             |
| _____                         | ÷ | _____                           | = | _____                            |
| (C) countable income          |   | number of months in school term |   | (D) monthly countable income     |
| _____                         | ÷ | 2                               | = | _____                            |
| (D) monthly countable income  |   |                                 |   | (E) semimonthly countable income |

\_\_\_\_\_  
FIA Worker's Signature

\_\_\_\_\_  
Date

Note: Enter semimonthly countable income (E) in the Gross field and "S" in the Frequency field of the **NSBLO6** screen. Use income source code 17.

**Don't budget educational income for any month prior to the actual receipt of educational income.**

**Don't count any educational income funded partially or entirely by Title IV funds. Title IV-funded programs include Basic Educational Opportunity Grants, Supplemental Educational Opportunity Grants, Tuition Assistance Program, all educational loans and college work study.**

**IV. FOR FIA USE ONLY**

|                                |                           |
|--------------------------------|---------------------------|
| Allowance Start Date: _____    | Allowance End Date: _____ |
| Weekly Carfare: \$ _____       |                           |
| Weekly Special Needs: \$ _____ |                           |

**Weekly Child Care**

|                     |                           |
|---------------------|---------------------------|
| Child's Name: _____ | Weekly Child Care Amount: |
| _____               | \$ _____                  |
| _____               | \$ _____                  |
| _____               | \$ _____                  |