



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #06-161-OPE

OBSOLETE CHILD CARE AND EMPLOYMENT FORMS

Date: December 11, 2006	Subtopic(s): Obsolete Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>The electronic versions of these forms are still valid.</p>	<p>The purpose of this policy bulletin is to inform all Job Center staff that the following employment and child care forms are obsolete. This policy bulletin serves as information for all other staff.</p> <p>The following child care forms are being made obsolete because the Office of Child Care has moved to the Administration for Children’s Services (ACS):</p> <ul style="list-style-type: none"> • Child Care Appointment Notice (M-528j) • Summer Child Care Call-In Letter (W-559G) • Summer Child Care Appointment Notice (W-500Q) • Work Plus ESP; Mandatory Appointment Notice for Part-Time Employed Participants (W-500A) <p>The following employment forms are being made obsolete because these forms are no longer used and no replacement form was issued or needed:</p> <ul style="list-style-type: none"> • Voluntary Appointment Notice (M-74f) • Mandatory Appointment Notice; NPA Food Stamp Participant Referral to FIA Caseworker (W-138J) • Appointment Letter (W-25J) <p>The paper versions of the following forms are no longer used. These are systemic forms accessible through NYCWAY:</p> <ul style="list-style-type: none"> • Job Notice (FIA-3A) • Pilot Employability Assessment and Employment Plan (EXP-584A)

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*

- BEGIN Mandatory Job Search Notice (**EXP-53FF**)

The action code associated with this form is no longer in use.

See [PB #02-201-EMP](#)

- Mandatory Appointment Notice Tempforce Employee to Employment Vendor (**EXP-53JJ**)

Tempforce is no longer an employment vendor affiliated with the Human Resources Administration (HRA).

Center Directors must ensure that all previous versions of the forms, including the multilingual equivalents, are removed from circulation and recycled.

Effective Immediately

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

Attachments:

EXP-53FF	BEGIN Mandatory Job Search Notice (Obsolete)
EXP-53JJ	Mandatory Appointment Notice Tempforce Employee to Employment Vendor (Obsolete)
EXP-584A	Pilot Employability Assessment and Employment Plan (Obsolete)
FIA-3A	Job Notice (Obsolete)
M-74f	Voluntary Appointment Notice (Obsolete)
M-528j	Child Care Appointment Notice (Obsolete)
W-25J	Appointment Letter (Obsolete)
W-138J	Mandatory Appointment Notice; NPA Food Stamp Participant Referral to FIA Caseworker (Obsolete)
W-500A	Work Plus ESP; Mandatory Appointment Notice for Part-Time Employed Participants (Obsolete)
W-500Q	Summer Child Care Appointment Notice (Obsolete)
W-559G	Summer Child Care Call-In Letter (Obsolete)



Fecha: _____

Centro: _____

Número del Caso: _____

Tipo de Caso: _____

Carga de Casos: _____

AVISO PARA BÚSQUEDA DE EMPLEO OBLIGATORIA DEL PROGRAMA BEGIN

Estimado(a) Señor(a):

Como condición de su empleo a través del Programa de Oportunidad de Empleo, se requiere que usted asista a una búsqueda de empleo una vez a la semana en el programa BEGIN. Su empleador le permitirá salir por el día y BEGIN documentará su asistencia. Por favor devuelva esta documentación al supervisor de su empleo. Favor de presentarse al:

OBSOLETE

LUGAR: _____

FECHA: _____

HORA: _____

CONTACTOS _____

NÚMERO DE TELÉFONO: _____

INDICACIONES DE VIAJE: _____

Si surge una emergencia y no le es posible presentarse como se ha programado usted debe llamar al número de teléfono que aparece arriba para programar otra cita.

Seth Diamond
Subadministrador/Subcomisionado Ejecutivo
Family Independence Administration



Notice Date: _____
Job Center: _____
Case Number: _____
Case Type: _____
CIN: _____
SSN: _____
Action Code: _____

MANDATORY APPOINTMENT NOTICE
Tempforce Employee to Employment Vendor

Dear Tempforce Employee:

As a temporary employee hired through the Tempforce Program, you are currently working in a temporary job. Since your job is only temporary, you are required under the program to continue to search for full-time, unsubsidized employment. To assist you in your job search, you are required to spend one day per week with an employment vendor, who will assist you in finding permanent employment.

This is a mandatory appointment, requiring your full cooperation. Based on attendance verification, you will be paid for the day that you are assigned to work with the employment vendor. You will also receive a weekly Metrocard from the vendor as long as you are actively engaged.

Please give a copy of this appointment letter to your supervisor, and also bring a copy of it with you to the employment vendor appointment. Bring a copy of your resume, any school/training certificates or other information about your employment skills and history that you think might be helpful to the goal of gaining permanent employment.

Please contact _____ if you are unable to keep this appointment because of a documented emergency.

APPOINTMENT INFORMATION

Vendor Location: _____

Appointment Date: _____ Time: _____

Travel Directions: _____

Seth Diamond
Executive Deputy Administrator/Commissioner

Fecha del Aviso: _____
Centro de Empleo: _____
Número del Caso: _____
Tipo de Caso: _____
CIN: _____
NSS: _____
Código de Acción _____

AVISO DE CITA OBLIGATORIA Empleado(a) Temporario (Tempforce) al Vendedor de Empleo

Estimado Empleado Temporario:

Como un empleado contratado a través del Programa Tempforce, usted esta actualmente trabajando en un empleo temporario con salario subsidiado. Debido a que su empleo es temporario, se requiere según el programa, que continúe buscando empleo de tiempo completo y sin subsidio. Para asistirle en su búsqueda de empleo, se le requiere reunirse un día a la semana con un vendedor de empleo, que le asistirá a encontrar empleo permanente..

Ésta es una cita obligatoria que requiere una cooperación completa de su parte. Según la confirmación de asistencia, se le pagará por el día que sea asignado(a) a reunirse con el vendedor de empleo. Usted también recibirá una Metrocard semanal del vendedor.

Favor de entregar una copia de esta carta de la cita a su supervisor, y de también traer una copia con usted a la cita con el vendedor de empleo. Traiga una copia de su hoja de vida, cualquier certificado de escuela/entrenamiento u otra información sobre sus habilidades laborales e historial que usted piense que pueda ser beneficiosa para las meta de obtener empleo permanente.

Favor de comunicarse con _____ si usted no puede acudir a esta cita debido a una emergencia documentada.

INFORMACIÓN SOBRE LA CITA

Local del Vendedor : _____

Fecha de la Cita: _____ Hora: _____

Indicaciones de Viaje: _____

Seth Diamond
Subadministrador/Subcomisionado Ejecutivo



Brooklyn, Manhattan, Staten Island and Special Needs Regions Employability Assessment and Employment Plan

I. EMPLOYABILITY ASSESSMENT

Demographics

Case/App Reg Number: _____ Suffix: _____ Line Number: _____
 Last Name: _____ First Name: _____ MI: _____
 Sex: Male Female Date of Birth: ____ / ____ / ____ or Social Security Number: ____ - ____ - ____
month/day/year
 Is this a(n):
 Update Assessment Date: _____ (month/day/year)
 New Assessment/Plan Date: _____ (month/day/year)

OBSOLETE

1. Language Proficiency Assessment

A. Enter Y below for the language(s) you speak, read and/or write.

Language	Speak	Read	Write
English			
Spanish			
Russian			
French/Creole			
Chinese			
Laotian			
Hindi/Urdu			
Other (Specify):			

B1. Is English your primary language? Yes No B2. English studied as a second language? Yes No

2. Assessment-Primary Questionnaire

- A. Do you have an alcohol or drug problem? Yes No
 1. Is screening form (LDSS-4571) completed? Yes No
- B. Claiming personal issues? Yes No
 1. Do you have a medical problem? Yes No
 A. Has the task List (W-680F/W-680W) been completed? Yes No
 B. Physician's Employability Report (W-538) provided? Yes No
2. Needed at home? Yes No
 3. Special Assessment? Yes No
 4. Other Claims? Yes No
- C. Have you been convicted of a felony? Yes No

Nature of Felony	Date Convicted

3. Children Associated with Case

A. Enter information for every child known to WMS.

Child's Name	Child's Date of Birth	Special Needs: Age 13 to 19 (Y or blank)	Licensed Child Care or Informal Care 1. Licensed 2. Informal 3. Not in Place - Arrange 4. Not Required	Cost or No Cost Arrangement 1. Cost 2. No Cost 3. Not Required

B1. Any child(ren) not known to WMS? Yes No

B2. If so, is child care required? Yes No

4. Referral and Return Appointments

Referral Type	Referral Code	Referral Date	Appointment Time	Outcome Code	Outcome Date
Foster Care					
Full Special Assessment Waiver					
Medically disabled					
Needed at Home for Care Purposes					
Partial Special Assessment Waiver					
Other-requires investigation					
SA Treatment (Alcohol/Drug)					

OBSOLETE

Have all referrals and return appointments been made? Yes No

5. Exemptions

Type	XMP	Date/Outcome	Override
Age 50 or (FS only)			
Aged 60 or older (PA only)			
Foster care			
Full special assessment waiver			
Has child(ren) under 6 years old (FS only)			
Has child(ren) under 13 weeks (PA only)			
Medically disabled			
Needed at home for care purposes			
Other-requires investigation			
Over 8 months pregnant (PA only)			
Pregnant (FS only)			
SA treatment (alcohol/drug)			
SSI received			
UIB received			
Under age 18/19 and HS			
Work, WEP, Training for 33/36 Months (ABAWD)			
Works 30 or more hours			

6. Continue Assessment/Refer Individual to SAP

Do you wish to refer individual to SAP? Yes No

You are referring individual to SAP? Yes No

7. Personal Circumstances

A. Veteran? Yes No

1. Active Duty? Yes No

2. Campaign Veteran? Yes No

3. Disabled Veteran? Yes No

4. Separated Veteran? Yes No

B. Have you ever participated in any educational or training program? Yes No

1. How many educational or training programs have you attended in the past 3 years? _____

2. How many of these programs did you complete? _____

3. Number of months in training? _____

4. What is the name of the last program you completed? _____

5. When did you complete the last educational or training program? _____

C. Ever employed? Yes No

Job Title/Job Type	From	To	Hours	Days	Salary	Freq	Leave
	/ /	/ /					
	/ /	/ /					
	/ /	/ /					

D. Do you have any licenses? Yes No

1. Driver's License Yes No

2. Licensed Practical Nurse Yes No

3. Food Handler Certificate Yes No

4. Other _____ Yes No

E. Do you have a High School Diploma or GED? Yes No

F. What is the highest grade you completed in school? _____

Completed by SAP or Begin Managed Program

Reading Skills: grade level ____ . ____ Math Skills: grade level ____ . ____

8. Experiences and Preferences (Check all that apply)

Maintenance

E P

- Janitorial
- Mechanic
- Food Service
- Domestic
- Building Maintenance
- Security
- Housekeeping
- Construction
- House Painting
- Other: _____

Human Services

E P

- Child Care
- Health Care
- School Aide
- Hospital Work
- Home Care
- Livery / Taxi
- Beauty Culture
- Other: _____

Office and Other

E P

- Clerical
- Computer Technology
- Data Entry
- Receptionist
- Word Processing
- Messenger
- Sales
- Other: _____

II. EMPLOYMENT PLAN

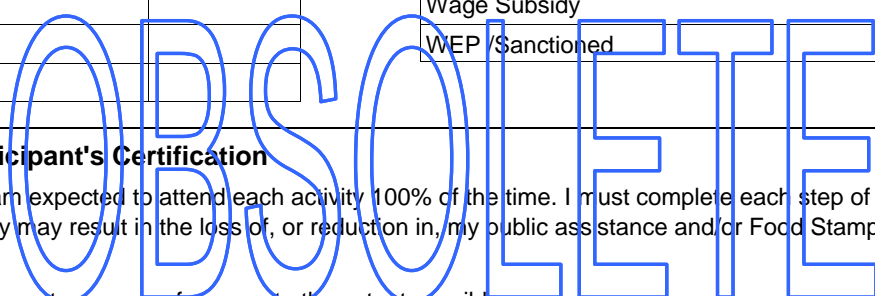
9. Work Activity Schedule(s)

A. Activity and Category (select one choice each item from Sections 1 and 2 below)

<p>1. ACTIVITY</p> <p><input type="checkbox"/> 1. Work Experience Program (WEP) and Education</p> <p><input type="checkbox"/> 2. WEP and Vocational Training</p> <p><input type="checkbox"/> 3. Training and Education</p> <p><input type="checkbox"/> 4. ESL</p>	<p>2. CATEGORY</p> <p><input type="checkbox"/> 1. Maintenance</p> <p><input type="checkbox"/> 2. Human Services</p> <p><input type="checkbox"/> 3. Office Work/Other</p>
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B. Assignments

ADVENT		Project Cooperation	
BEGIN Employment Plus		Refugees	
BEGIN Managed Activities		SAP	
ESP /Special Pop. /Sanctioned		Substance Abuse	
Job Search		Training Enrollment	
LIVES		Wage Subsidy	
POISED		WEP /Sanctioned	
Pride I			



10. Applicant's/Participant's Certification

I understand that I am expected to attend each activity 100% of the time. I must complete each step of the plan. Failure to complete any activity may result in the loss of, or reduction in, my public assistance and/or Food Stamp benefits.

- 1. The plan incorporates your preferences to the extent possible.
- 2. The plan is unable to incorporate your preferences to the extent possible because:
 - The type of assignment requested is unavailable.
 - You seek to enroll in a disapproved program.
 - You do not meet the requirements of the requested program at this time.
 - You have already completed 12 months of education or training
 - Other _____

Applicant's/Participant's Signature

Date

FIA Worker's Signature

Date

ANSWERS FOR QUESTIONS REQUIRING ENTRIES

Question 1A Answers:

- | | | | |
|-----------|------------|-----------------------|----------------|
| Afrikaans | Finnish | Macedonian | Sign Languages |
| Albanian | Georgian | Malay | Slovakian |
| Amharic | German | Mongolian | Swahili |
| Arabic | Greek | Montenegrin | Swedish |
| Armenian | Gujarati | Norwegian | Tagalog |
| Ashanti | Hebrew | Native American Lngs. | Tamil |
| Bengali | Hungarian | Pashto | Thai |
| Bosnian | Icelandic | Patois | Tibetan |
| Bulgarian | Ingush | Persian | Turkish |
| Burmese | Italian | Polish | Ukrainian |
| Croat | Japanese | Portuguese | Uzbek |
| Czech | Khmer | Punjabi | Vietnamese |
| Danish | Korean | Romanian | Wolof |
| Dutch | Kurdish | Serbian | Yiddish |
| Estonian | Latvian | Serbo-Croatian | Other |
| Farsi | Lithuanian | | |

Question 2C Answers:

- | | | | |
|---|--|--------------------------------------|----------------------------------|
| • Aggravated Sexual Assault | • Criminal Possession of Firearms | • Manslaughter | • Sexual Conduct against a Child |
| • Arson | • Gang Assault | • Murder | • Sodomy |
| • Assault upon Police or Peace Officers | • Grand Larceny | • Possession of Controlled Substance | • Other |
| • Attempted Murder | • Intent to Manufacture/Distribute Narcotics | • Rape | |
| • Burglary | • Kidnapping | • Robbery | |
| • Criminal Possession of Weapon | | • Sale of Narcotics | |

Question 7C Answers:

Occupations

- | | | | |
|---------------------------------|-------------------------------|-------------------------------|-----------------------------|
| • Armed Forces | • Doctor | • Messenger | • Shipping/Receiving Clerk |
| • Automation-Related Occupation | • Food/Drink Services | • Ministry Field | • Social Work |
| • Banking-Related Occupation | • Home Health Aide/Attendant | • Miscellaneous Clerical | • Tailor/Seamstress |
| • Beautification/Barber | • Hospital-Related Occupation | • Musician/Artist | • Teacher |
| • Bookkeeping | • Housekeeper | • Nurse/Nurse Aide | • Teacher Aide/Student Aide |
| • Bridge/Tunnel Toll Clerk | • Jewelry-Related Occupation | • Parking Attendant | • Telephone Operator/Repair |
| • Child Care | • Laborer | • Personal Services | • Theatrical |
| • Coach | • Legal Occupations | • Postal-Related Occupation | • Translator |
| • Computer Operator | • Lodging-Related Services | • Protective Services | • Transportation Occupation |
| • Contractor | • Machine Operator | • Recreational Services | • Travel-Related Occupation |
| • Data Entry | • Maintenance | • Research-Related Occupation | • Other |
| • Delivery Person | • Manager | • Sales-Related Occupation | |
| | • Medical-Related Occupation | • School Crossing Guard | |

Frequency:

- | | | | |
|-----------|-------------------|----------|----------|
| 1 Yearly | 3 Twice a Month | 5 Weekly | 7 Hourly |
| 2 Monthly | 4 Every Two Weeks | 6 Daily | |

Reasons for Leaving:

- | | | | |
|---------|-------------|-----------|-----------|
| 1 Quit | 3 Laid Off | 5 Medical | 7 Retired |
| 2 Fired | 4 Job Ended | 6 Moved | |

Questions 7F Answers:

- | | | | |
|------------------------|--|----------------------------|----------------------|
| 00 No Formal Education | 07 Grade 7 | 13 1 Year of College | 19 Bachelor's Degree |
| 01 Grade 1 | 08 Grade 8 | 14 Vocational School | 20 Master's Degree |
| 02 Grade 2 | 09 Grade 9 | 15 Some College, No Degree | 21 Doctorate |
| 03 Grade 3 | 10 Grade 10 | 16 Associate's Degree | |
| 04 Grade 4 | 11 Grade 11 or Disabled with IEP Certification | 17 Graduate School | |
| 05 Grade 5 | 12 High School Graduate | 18 GED | |
| 06 Grade 6 | | | |



Plan Modelo de Empleo y de Evaluación de Empleabilidad

I. EVALUACION DE EMPLEABILIDAD

Datos Demográficos

Número Fijo de Caso/Solicitud: _____ Sufijo: _____ Número de Línea: _____
 Apellido: _____ Nombre: _____ Inicial: _____
 Sexo: Hombre Mujer Fecha de Nacimiento: ____ / ____ / ____ o Número de Seguro Social: ____ - ____ - ____
mes/día/año
 Se trata de:
 Una Evaluación Actualizada Fecha: _____
(mes/día/año)
 Una/un Nueva/o Evaluación/Plan Fecha: _____
(mes/día/año)

1. Evaluación de Competencia Lingüística

A. Anote S más abajo para todos los idiomas que usted hable, lea y/o escriba.

Language	Speak	Read	Write
inglés			
español			
ruso			
francés/criollo			
chino			
laosiano			
hindi/urdu			
otro idioma (especifique)			

B1. ¿Es el inglés su idioma principal? Sí No B2. ¿Ha estudiado usted el inglés como segundo idioma? Sí No

2. Evaluación-Cuestionario Principal

- A. ¿Tiene usted problemas con alcohol o drogas? Sí No
 1. ¿Se ha llenado el formulario preliminar (**LDSS-4571**)? Sí No
 2. ¿Desea usted referir a la persona a una evaluación de CASAC? Sí No
 B. ¿Está usted alegando razones personales? Sí No
 1. ¿Padece usted de algún problema médico? Sí No
 A. ¿Se ha llenado la Lista de Tareas (**W-680F/W-680W**)? Sí No
 B. ¿Desea usted referir a la persona a una evaluación de HSS? Sí No
 2. ¿Se le necesita en el hogar? Sí No
 3. ¿Se necesita una Evaluación Especial? Sí No
 4. ¿Está usted alegando otros problemas? Sí No
 C. ¿Ha sido usted condenado(a) por un delito grave? Sí No

Tipo de delito	Fecha de la Condena

3. Niños asociados al caso

A. Anote la información de cada niño reconocido por WMS.

Nombre del Niño(a)	Fecha de Nacimiento del Niño(a)	Requisitos Especiales: Edades de 13 a 19 (S o en blanco)	Cuidado Infantil Autorizado o Cuidado Informal 1. Autorizado 2. Informal 3. No planificado 4. No es requerido	Arreglos Con o Sin Costo 1. Con Costo 2. Sin Costo 3. No se necesita

B1. ¿Hay niños que no sean reconocidos por WMS? Sí No

B2. ¿De ser así, se necesita cuidado infantil? Sí No

4. Referencias y Citas Subsecuentes

Tipo de Referencia	Código de Referencia	Fecha de la Referencia	Hora de la Cita	Código de Resultado	Fecha del Resultado
Cuidado adoptivo					
Renuncia total a la evaluación especial					
Incapacidad médica					
Se le necesita en el hogar para proveer cuidado					
Otro tipo-requiere investigación					
Tratamiento de SA (alcohol/drogas)					

¿Se han hecho todas las referencias y programado todas las citas subsecuentes? Sí No

5. Exenciones

Tipo	XMP	Fecha/Resultado	Anulación
De 50 años de edad o más (sólo CA)			
De 60 años de edad o más (sólo AP)			
Cuidado adoptivo			
Renuncia total a la evaluación especial			
Tiene niños menores de 6 años de edad (sólo CA)			
Tiene niños menores de 13 semanas (sólo AP)			
Incapacitación médica			
Se le necesita en el hogar para proveer cuidado			
Otro tipo-requiere investigación			
Con más de 8 meses de embarazo (sólo AP)			
Embarazada (sólo CA)			
Tratamiento SA (Alcohol/Drogas)			
Recibió SSI			
Recibió UIB (Sólo AP)			
Solicitó UIB (Sólo CA)			
Menor de 18/19 años de edad y en High School			
Trabaja 30 o más horas			

6. Continuar la evaluación/referir la persona a SAP.

¿Desea usted referir la persona a SAP? Sí No ¿Está usted refiriendo la persona a SAP? Sí No

7. Circunstancias Personales

A. ¿Es usted veterano(a)? Sí No

1. ¿Servicio Activo? Sí No

2. ¿Veterano(a) de Guerra? Sí No

3. ¿Veterano(a) Incapacitado(a)? Sí No

4. ¿Veterano(a) Licenciado(a)? Sí No

B. ¿Ha usted participado alguna vez en un programa docente o de entrenamiento? Sí No

1. ¿A cuántos programas docentes o de entrenamiento ha usted asistido durante los últimos 3 años? _____

2. ¿Cuántos de dichos programas ha usted terminado? _____

3. ¿Cuántos meses de entrenamiento ha usted terminado? _____

4. ¿Cuál es el nombre del último programa que usted ha terminado? _____

5. ¿Cuándo terminó usted su último programa docente o educacional? _____

6. ¿Participa usted en un programa de CUNY? Sí No

C. ¿Ha ejercido usted alguna vez un trabajo? Sí No

Función/Tipo de Trabajo	Desde	Hasta	Horas	Días	Salario	Frec	Permiso
	/ /	/ /					
	/ /	/ /					
	/ /	/ /					
	/ /	/ /					

D. ¿Posee usted alguna licencia o permiso? Sí No

1. Permiso de Conducir Sí No

2. Licencia de Enfermera(o) Sí No

3. Certificado de Servicio de Comidas Sí No

4. Otra licencia o permiso _____ Sí No

E. ¿Posee usted un Diploma de High School o GED? Sí No

F. ¿Cuál es el grado escolar más alto que usted ha terminado? _____

El SAP o BEGIN Managed Program ha de llenar esta casilla
Nivel de lectura: grado escolar Nivel de matemática: grado escolar

8. Experiencia y Preferencias (Marque todo lo que sea pertinente)

Mantenimiento

- E P
- Limpieza
- Mecánica
- Servicio de Comidas
- Trabajo Doméstico
- Mantenimiento de Edificios
- Seguridad
- Manejo Doméstico
- Construcción
- Pintor de Casas
- Otro tipo de trabajo : _____

Servicios Humanos

- E P
- Cuidado Infantil
- Servicios Médicos
- Ayudante Escolar
- Trabajo de Hospitales
- Cuidado Doméstico
- Servicio de Taxis
- Cuidado de Belleza
- Otro tipo de trabajo: _____

Trabajos de Oficina y otros tipos de trabajo

- E P
- Oficinista
- Computación
- Proceso de Datos
- Recepcionista
- Procesamiento de Textos
- Mensajero
- Ventas
- Otro tipo de trabajo: _____

II. PLAN DE EMPLEO

9. Horarios/Preferencias de Actividades de TRABAJO

A. Actividad y Categoría (seleccione una de cada una de las Secciones 1 y 2 más abajo)

<p>1. ACTIVIDAD</p> <p><input type="checkbox"/> 1. Programa de Experiencia Laboral (Work Experience Program-WEP)</p> <p><input type="checkbox"/> 2. WEP y Entrenamiento Vocacional</p> <p><input type="checkbox"/> 3. Entrenamiento y Educación</p> <p><input type="checkbox"/> 4. ESL</p>	<p>2. CATEGORY</p> <p><input type="checkbox"/> 1. Mantenimiento</p> <p><input type="checkbox"/> 2. Servicios Humanos</p> <p><input type="checkbox"/> 3. Trabajo de Oficina/Otro tipo de Trabajo</p>
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B. Asignaciones

ADVENT		Proyecto Cooperación	
Empleo Plus BEGIN (BEGIN Employment Plus)		Refugiados	
Programas Administrados BEGIN (BEGIN Managed Programs)		SAP	
ESP/Pob. Especial/Sancionado		Abuso de Substancias	
Búsqueda de Trabajo		Inscripción en Entrenamiento	
LIVES		Subvención Salarial	
POISED		WEP/Sancionado	
PRIDE			

10. CERTIFICACIÓN DEL SOLICITANTE/PARTICIPANTE

Yo entiendo que se espera que yo asista a cada actividad 100% de tiempo. Tengo la obligación de terminar cada fase del plan. El no terminar cualquier actividad podría resultar en la pérdida o reducción de mi asistencia pública y/o beneficios de cupones para alimentos.

1. El plan incorpora sus preferencias dentro de lo posible.
2. El plan no logra incorporar sus preferencias dentro de lo posible, porque:
- El tipo de asignación solicitada no se encuentra disponible.
 - Usted desea inscribirse en un programa que no ha sido aprobado.
 - Usted ya ha terminado 12 meses de educación o entrenamiento.
 - Otra razón: _____

 Firma del Solicitante/Participante

 Fecha

 Firma del Trabajador de la FIA o del Trabajador Autorizado

 Fecha

III. RESPUESTAS PARA PREGUNTAS QUE REQUIEREN ANOTACIONES

Respuestas a la Pregunta 1A:

Afrikaans	Estonio	Lenguajes Gestuales	Sueco
Albanés	Farsi	Lituano	Swahili
Alemán	Finlandés	Macedonio	Tagalo
Amharico	Georgiano	Malayo	Tamil
Árabe	Griego	Mongol	Tailandés
Armenio	Gujarati	Montenegrino	Tibetano
Bengalí	Hebreo	Noruego	Turco
Birmano	Holandés	Pashto	Twi
Bosnio	Húngaro	Patuá	Ucraniano
Búlgaro	Idiomas de los indios americanos	Persa	Uzbeko
Checo	Islandés	Polaco	Vietnamés
Coreano	Ingush	Portugués	Wolof
Croata	Italiano	Punjabi	Yídish
Curdo	Japonés	Rumano	Otro idioma
Danés	Khmer	Serbio	
Eslovaco	Latvian	Serbocroata	

Respuestas a la Pregunta 2C:

• Asalto Sexual Agravante	• Posesión Criminal de Armas de Fuego	• Homicidio sin Premeditación	• Delito Sexual contra Menores
• Incendio Intencional	• Asalto por Gangas	• Homicidio	• Sodomía
• Asalto a Policías u Oficiales de la Paz	• Hurto Mayor	• Posesión de Sustancias Controladas	• Otro delito
• Intento de Homicidio	• Intento de Producción/Distribución de Narcóticos	• Violación	
• Ratería	• Secuestro	• Robo	
• Posesión Criminal de Armas		• Venta de Narcóticos	

Respuestas a la Pregunta 7C:

Ocupaciones

• Fuerzas Armadas	• Doctor(a)	• Mensajero	• Guardián(a) de Cruces Escolares
• Ocupaciones Relacionadas a la Automotriz	• Servicio de Comidas/Bebidas	• Campo del Ministerio	• Oficinista de
• Ocupaciones Relacionadas a la Banca	• Asistente/Ayudante de Salud Doméstica	• Oficinistas Misceláneos	• Envíos/Recibos
• Estilista/Barbero	• Ocupaciones de Hospital	• Músico/Artista	• Trabajador(a) Social
• Contabilidad	• Manejo Doméstico	• Enfermera(o)/Asistente de Enfermera(o)	• Sastre/Costurera(o)
• Empleado(a) de Peaje de Puentes/Túneles	• Ocupaciones Relacionadas a la Joyería	• Guardacoches	• Maestro(a)/Profesor(a)
• Cuidado Infantil	• Trabajador(a)	• Servicios Personales	• Asistente Escolar
• Entrenador(a)	• Ocupaciones Legales	• Ocupaciones Relacionadas al Correo	• Operador(a)/Reparador(a) de Teléfonos
• Operador(a) de Computadora	• Servicios Relacionados al Hospedaje	• Servicios de Protección	• Ocupaciones de Teatro
• Contratista	• Operador(a) de Maquinarias	• Servicios de Recreación	• Traductor(a)
• Proceso de Datos	• Mantenimiento	• Ocupaciones Relacionadas a la Investigación	• Ocupaciones de Transporte
• Repartidor(a)	• Gerente	• Ocupaciones Relacionadas a la Venta	• Ocupaciones Relacionadas a los Viajes
	• Ocupaciones Relacionadas a la Medicina		• Otra ocupación

Frecuencia:

1 Anualmente	3 Dos veces al mes	5 Semanalmente	7 Por hora
2 Mensualmente	4 Cada dos semanas	6 Diariamente	

Razones por las cuales dejó el trabajo:

1 Renuncia	3 Paro forzoso	5 Razón médica	7 Retiro
2 Despido	4 Fin del trabajo	6 Mudanza	

Respuestas a la Pregunta 7F:

00 Ninguna Educación Formal	07 Séptimo Grado	12 Título de Bachiller (High School)	17 Escuela de Posgraduados
01 Primer Grado	08 Octavo Grado	13 Primer Año de Universidad	18 GED
02 Segundo Grado	09 Noveno Grado	14 Escuela Vocacional	19 Licenciatura
03 Tercer Grado	10 Décimo Grado	15 Alguna Educación Universitaria, sin Título	20 Maestría
04 Cuarto Grado	11 Onceavo Grado o Incapacitado(a) con Certificación IEP	16 Título Asociado	21 Doctorado
05 Quinto Grado			
06 Sexto Grado			

Job Notice

Completed by: _____ Unit/Program: _____

Phone #: _____ - _____ - _____

Date: _____ - _____ - _____

Source Code: _____

Current Status					
Rebudgeted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Closed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recoupment Needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Recoup	PA <input type="checkbox"/>	FS <input type="checkbox"/>

I. Applicant/Participant

Employed Person: (Please Print)

Last Name: _____

First Name: _____

Case Name (if different): _____

Vendor Enrollment Date: _____ - _____ - _____

Case # & Suffix: _____ - _____ Line #: _____

Last Day with Vendor: _____ - _____ - _____

CIN: _____

Center: _____ Caseload: _____

Applicant
Participant

PA Category:
1) FA 2) SNA 3) NPA FS

II. Employment Information (You must complete all information)

Salary: \$ _____ Hrly Wkly Bi-Wkly Monthly
(check one)

Number Hours Worked per Week: _____
(if hours vary, use average) From AM/PM _____ to _____ AM/PM

Social Security: _____ - _____ - _____

Job Status Changes: This job replaces present job.
Same job, increase in income/hours.
Second job in addition to present job.

Employer: _____ Public Private

Job Title: _____ Subsidized Unsubsidized

Address: _____

Employer Phone #: _____ - _____ - _____

Documentation provided? Yes No

Third Party Health Insurance (TPHI) Ind. FA Amt. _____

If Yes, specify: _____

Unemployment Insurance Yes No

Date Job Started (MMDDYY) _____ - _____ - _____

Date of First Pay (MMDDYY) _____ - _____ - _____

III. Child Care Information For All Children

(Attach additional pages for more than one provider.)

Does applicant/participant have child care costs for children under 13? Yes No

If Yes, complete section below:

(Note: If participant is currently receiving child care payment he/she should still complete this section.)

Child's Name _____ Date of Birth _____

Child Care Payment Code (for EPU completion) _____

Monthly childcare expenses: \$ _____

Date childcare began: _____

Number of hours of care provided per week: _____

- Child care site:
- 1) Child's Home
 - 2) Registered Family Day Care Home
 - 3) Group Family Day Care Home
 - 4) Day Care Center
 - 5) Unlicensed Provider's Home Enter # _____

Provider's name: _____

Is provider a relative? Yes No

Provider's SS#: _____ - _____ - _____

If Yes, what is provider's relationship to the child? _____

Provider's address: _____

Is provider on public assistance? Yes No

Provider's phone #: _____ - _____ - _____

If Yes, enter Case #: _____

License/Registration #: _____

Is provider caring for more than two children who are NOT related to the provider? Yes No

Expiration Date: _____

Has provider been convicted of any crime against children? Yes No

Is provider under 18 years of age? Yes No

In signing this Job Notice, I certify that the information in items I, II and III is accurate and income will be rebudgeted by agency.

Applicant's/Participant's Signature: _____ Date: _____

The information annotated was reported by: Mail Phone Fax In Person

Contractor/FIA Worker's Signature: _____ Date: _____

Response from Income Clearance Program (ICP) or Center to FIA Employment Processing Unit:	
Action taken as a result of FIA 3A	Recurring Child Care Supplemental Payment Entered Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Active, Earnings Rebudgeted Yes <input type="checkbox"/> No <input type="checkbox"/>	Closing Code: _____ Closing Date: _____
Case Closed Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount: \$ _____
PA Recoupment Initiated Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount: \$ _____
FS Recoupment Initiated Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no action was taken to close or reduce the grant, indicate the reason (circle the number):	
01 Case closed prior to receipt of FIA 3A	05 Not employed _____ Date lost job: _____
02 Person removed from PA case prior to receipt of FIA 3A	06 Fair hearing pending, aid continuing
03 Earned income budgeted prior to receipt of FIA 3A	07 Other _____
04 Employed but income does not exceed expenses	
Eligibility Specialist Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____

The Job Notice FIA 3A is to be completed for all applicants/participants who have obtained employment. The staff member filling out or completing information on the FIA 3A with the applicant/participant must complete all sections. Staff at Centers, contractors, vendors, and Employment BEGIN Managed Programs, SNA intake (Conference and Conciliation), Resource Development, Attendance Verification Unit, Work Experience Program (WEP), Business Link, Independent Job Search, and Department of Labor (DOL), are responsible for completing all the sections on the FIA 3A.

The Employment Service Unit (ESU) worker must complete the FIA 3A with the applicant/participant who has obtained employment. The FIA 3A must then be submitted immediately to the Case Management Unit (CMU) worker for processing.

Field Name:	Annotation:
Completed by:	Worker prints his/her name on this line.
Unit/Program:	Enter unit's name and location. (Example: J/C #53)
Telephone:	Worker enters his/her office telephone number.
Date:	Enter date on which FIA 3A is completed. Write in number of month, day and all four digits of the year. (Example: 01/24/2000)
Source Code:	Fill in the three-digit code that shows where the employment information originated.
Current Status:	Leave blank.
Rebudgeted:	Check Yes or No.
Closed:	Check Yes or No.
Recoupment Needed:	Check Yes or No.
Recoup PA or FS:	Check Yes or No.

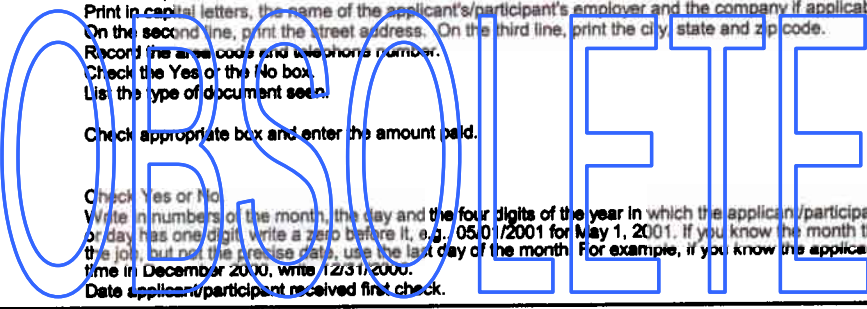
I. Applicant/Participant Information:

Employed Person:	Print applicant's/participant's last name, first name.
Case name (if different):	Complete only if case name is different from the applicant's/participant's name.
Vendor Enrollment Date:	The date the applicant/participant was enrolled by the vendor (use most recent date if applicant/participant left and returned).
Last Day with Vendor:	The last day with the vendor.
Case # and Suffix:	Write the case number in the first seven digits of the boxes. In the one box after the dash, write the applicant's/participant's suffix.
Line #:	Fill in two digit code (from WMS screen).
CIN #:	Write the applicant's/participant's CIN number.
Center:	Enter two digit Center number.
Caseload:	Enter the three digit caseload number.
Applicant/Participant:	Check the box that applies.
Category: 1) FA 2) SNA 3) NPA FS	Write the number in the box that corresponds to the public assistance category to which the applicant/participant is assigned.

II. Employment Information:

(You must complete all information).

Social Security #:	Enter applicant's/participant's Social Security number.
Salary:	Write in the salary exactly as it is quoted to you in terms of hourly, weekly, biweekly or monthly salary.
Per: Hour, Weekly, Bi-weekly or Monthly:	Check which applies.
Number Hours Worked per Week:	Fill in the number of hours per week the applicant/participant works. Fill in the hours that the participant works.
(if varies, use average) from am/pm to am/pm	
Job Status Changes:	This job replaces present job, same job, increase income/hours, second job in addition to present job. Check correct box.
Job Title:	Print in capital letters the title that best describes the applicant's/participant's job. Check box for subsidized/unsubsidized.
Employer: Public/Private	Print in capital letters, the name of the applicant's/participant's employer and the company if applicable. Check Public/Private box.
Address:	On the second line, print the street address. On the third line, print the city, state and zip code.
Employer Telephone:	Record the area code and telephone number.
Documentation Provided?	Check the Yes or the No box.
If Yes, specify:	List the type of document seen.
Third Party Health Insurance:	Check appropriate box and enter the amount paid.
1) Individual	
2) Family	
3) Amount	
Unemployment Insurance:	Check Yes or No.
Date Job Started:	Write in numbers of the month, the day and the four digits of the year in which the applicant/participant started this job. If the month or day has one digit write a zero before it, e.g., 05/01/2001 for May 1, 2001. If you know the month the applicant/participant started the job, but not the precise date, use the last day of the month. For example, if you know the applicant/participant got a job some time in December 2000, write 12/31/2000.
Date of First Pay:	Date applicant/participant received first check.



III. Child Care Information for all Children:

(Attach additional pages if necessary for more than one provider.)

(Left Hand Column)

Does applicant/participant have child care costs for children under 13? Yes or No.
If Yes, complete information below:
(Note: If applicant/participant is currently receiving child care payment he/she should still complete this section)

Child's Name Date of Birth:

Provider's Name:

Provider's Social Security #:
Provider's Address:
Provider's Telephone #:
Licensed/Registration #:
Expiration Date:

(Right Hand Column)

Child Care Payment Code:
(for EPU completion)

Monthly Child Care Expenses:

Date Care began:
Number of hours of care per week:

Type of Child Care:

- 1) Child's Home
- 2) Registered Family Day Care
- 3) Group Family Day Care
- 4) Day Care Center
- 5) Unlicensed Providers

Is provider a relative?
If Yes, what is provider's relationship to child?

Is provider on public assistance?
If Yes, provider's Public Assistance Case #:
Is provider caring for more than two children at the same time who are NOT related to the provider?

Has provider been convicted of a crime against children?
Is provider under 18 years of age?

Check the Yes or the No box.

Enter the child's name/date of birth (month/day/year).

Write in the numbers, the month, day and the four digits of the year of the birth of the child covered by this child care fee.

Print the name of the child care provider in capital letters: first name first, then last name. If it is a day care center, print the full name in capital letters.

If this is a private sitter, fill in the person's Social Security number. If the provider is licensed, write N/A (not applicable) on the line. On the first line write the provider's address, city, state and zip code.

Fill in the provider's area code and telephone number.

If the provider is licensed or has a registration number, write the license/registration number on this line.

Write the expiration date of the license on this line. If provider is a private sitter, write N/A. It is important to get this information. If the provider is licensed, and the license number is not provided, the case will be treated as an unlicensed provider, and the applicant/participant will receive less than the amount due.

Leave these two boxes blank.

Write the child care cost per month. If the amount quoted is hourly, multiply the hourly rate by the total daily hours and then convert to semi-monthly. Multiply the semi-monthly by two to convert to monthly. On this line, record the monthly amount on an amount per child basis.

Write the numerical date that the children entered day care (private sitter or day care center).

Enter number of hours the provider cares for the child(ren). If more than one child is involved, enter the highest number of hours

Enter 1,2,3,4,5 or 6, according to the type of child care used in the box.

Unlicensed private sitter cares for the child(ren) in the child(ren)'s home.

Registered family day care in provider's home which cares for up to 6 children.

Registered family day care with up to 12 children, with two providers. (Such facilities are rare in NYC.)

A day care center operated in compliance with federal laws and regulations for such child care services.

A person providing child care for a child who is not related, in the child's home or in the provider's own home.

Enter Yes or No.

Specify relationship: i.e., aunt, cousin, or grandmother, etc.

Enter Yes or No.

Enter seven digit case number plus suffix.

Enter Yes or No. If Yes, the worker must help the applicant/participant find a different provider.

Enter Yes or No. If Yes, this is illegal and the worker must help the applicant/participant find different child care.

Enter Yes or No. If Yes, the provider must have working papers and must adhere to the following guidelines: Providers 14 and 15 years old must not provide care during school hours, for more than 3 hours per day, or between the hours of 7pm and 7am. Providers 16 and 17 years old must not provide care during school hours, for more than 4 hours per day, or between 10pm and 6am.

Statement:

In signing this Job Notice, I certify that the information in items I, II and III is accurate and income will be rebudgeted by agency.

Applicant/Participant Signature/Date: Applicant/participant must sign full name and date in ink if present.

Statement:

The information annotated was reported by: Check Mail, Phone, Fax or In Person.

FIA/Contractor/Worker Signature/Date: Contractor/worker must sign full name and date.



Date: _____

Appointment Date: _____

Appointment Time: _____

Case Number: _____

CIN Number: _____

Center: _____

Social Security Number: _____

Action Code: _____

Voluntary Appointment Notice
OBSOLETE

Dear Sir/Madam:

You have volunteered to work with a Special Population Vendor. The Special Population Vendor will work with you to enhance your skills and help you to find employment.

Your Special Population Vendor appointment is indicated below.

If you are unable to keep this appointment, please contact the Special Population liaison at (212) 896-8784.

Location: _____

Orientation Date: _____

Time: _____ a.m. p.m.

Travel Directions: _____

Seth Diamond,
Deputy Commissioner



Fecha: _____

Fecha de la Cita: _____

Hora de la Cita: _____

Número de Caso : _____

Número CIN: _____

Centro: _____

Número de Seguro Social: _____

Código de Acción: _____

OBSOLETE
Aviso de Cita Voluntaria

Estimado Señor(a):

Usted se ha voluntariado para trabajar con un Vendedor de Población Especial (Special Population Vendor). El Vendedor de Población Especial trabajará con usted para mejorar sus habilidades para ayudarlo a encontrar empleo.

Su cita con el Vendedor de Población Especial está indicada a continuación.

Favor de no traer niños a su cita.

Si usted no puede acudir a esta cita, favor de comunicarse con el enlace de Población Especial al (212) 896-8784.

Lugar: _____

Fecha de Orientación: _____

Hora: _____ a.m. p.m.

Indicaciones de Viaje: _____

Seth Diamond,
Deputy Commissioner



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

Child Care Appointment Notice

Dear Parent/Guardian:

It is time to start planning for your school year child care needs! Below is the child care provider currently on record as caring for your school age child(ren) (ages five through 12).

Child(ren)'s Name(s)

First Name Last Name

First Name Last Name

First Name Last Name

Provider's Name

First Name Last Name

First Name Last Name

First Name Last Name

Is this information correct? Is a provider listed? Are you keeping the same provider for the school year?

If the information above is incorrect, or you need to make a change, then you must visit your Job Center. An appointment has been scheduled for you. This appointment is not mandatory. When you come in for your appointment, bring a new Child Care Provider Application and Voucher Form – Part I (**W-273B**) completed by your provider and the necessary documentation. If you are no longer using the provider, contact your Worker immediately, and ask the provider to write in a termination date on the HRA1 Child Care Attendance and Fee Record.

Child care payments for any preschool children will continue as usual. Please note that in order for HRA to pay for child care, you must either be employed or in a work-related activity such as the Work Experience Program (WEP), Employment and Services Placement (ESP), Skills Assessment and Placement (SAP), or an approved educational training program.

Appointment Information

Appointment Date: _____ Time: _____ Phone: _____

Location: _____
Location Name

Address Line 1

Address Line 2

City State Zip Code

Travel Directions:

May you and your family enjoy the rest of the summer.

Sincerely,

Kay Hendon
Executive Director

Enclosure: Child Care Provider Application and Voucher Form – Part I (**W-273B**)

APPOINTMENT LETTER

From: Learning Lab at _____ Date: _____

To: Participant Name _____ Case No.: _____

Dear Participant:

You have been assigned to the FIA Reassessment Center. Now that you have completed your allotted time in the Learning Lab, you are required to be re-evaluated for your readiness to get a paying job. Reassessment will help you take the next step toward that goal.

You are scheduled to report on _____, **promptly at 9:00 AM** to:

Date of Appointment

FIA Reassessment Center
248 Duffield Street
(between Fulton and Willoughby Streets)
5th Floor
Brooklyn, New York

Train Directions: #2 or #3 to Hoyt Street
#4 or #5 to Nevins Street
A, C, E, G to Hoyt-Schermerhorn
N, R to Lawrence Street

OBSOLETE

Your appointment is **MANDATORY**. Failure to comply may result in the reduction of your public assistance benefits. In case of an emergency, call (718) 222-5505 before your scheduled reporting date.

Please do not bring your children with you, since the reevaluation process may take from three to four hours. It is only a one-day appointment that will place you in an appropriate activity in the borough in which you live.

It is essential that you arrange child care for your children under 13 at least two weeks prior to the reassessment so you can begin your next activity immediately.

If you have been receiving full-time child care while in the Learning Lab, your care will continue without interruption.

Learning Lab Worker:

Telephone:

Signature

AVISO DE CITA

De: Laboratorio de Aprendizaje en _____

Fecha: _____

A: Nombre del Participante _____

Núm. del Caso: _____

Estimado(a) Participante:

Usted ha sido asignado(a) al Centro de Revaluación de la FIA (FIA Reassessment Center). Ahora que usted ha completado su espacio de tiempo concedido en el Laboratorio de Aprendizaje (Learning Lab) se le requiere que sea revaluado para estar preparado para conseguir un empleo a sueldo. La reevaluación le ayudará a tomar el próximo paso hacia esa meta.

Usted está programado a presentarse el _____, **puntualmente a las 9:00 a.m.** a:

Fecha de la Cita

FIA Reassessment Center
248 Duffield Center
(entre las calles Fulton y Willoughby)
5to piso
Brooklyn, New York

OBSOLETE

Como llegar por tren: #2 o #3 hasta Hoyt Street
#4 o #5 hasta Nevins Street
A, C, E, G hasta Hoyt-Schermerhorn
N, R hasta Lawrence Street

Su cita es **OBLIGATORIA**. El no cumplir puede resultar en la reducción de sus beneficios de asistencia pública. En caso de emergencia, llame al (718) 222-5504 antes de la fecha programada a presentarse.

Favor de no traer a sus hijos con usted, ya que el proceso de reevaluación puede durar de tres o cuatro horas. La cita es únicamente de un solo día que le colocará en una actividad apropiada en el condado en cual usted reside.

Es esencial que usted haga arreglos de cuidado para niños para sus hijos menores de 13 años de edad por lo menos dos semanas antes de la reevaluación para que usted pueda comenzar su próxima actividad inmediatamente.

Si usted ha estado recibiendo cuidado para niños por tiempo completo mientras ha estado en el Laboratorio de Aprendizaje, su cuidado continuará sin interrupción.

Trabajador(a) del Laboratorio de Aprendizaje: _____

Teléfono: _____

Firma



Notice Date: _____
FSC: _____
Case Number: _____
Case Type: _____
CIN: _____
SSN: _____

Mandatory Appointment Notice
NPA Food Stamp Participant Referral to FIA Caseworker

Dear NPA Food Stamp Participant:

Food Stamp Employment and Training (FSET) is a federal requirement for mandated work activities for individuals who receive food stamps (FS). Under FSET rules, HRA may assign qualifying work activities for up to 30 hours/week to participants in receipt of FS who are not exempt from work registration.

Your records indicate that you qualify for work activities. As such, you are required to accept a referral appointment for placement in a work activity assignment. The number of assignment hours will be determined at the appointment.

While you are at the Food Stamp Center, you will be interviewed by an FIA Caseworker who will answer any questions you may have about the Agency's current employment policy, including helping you find an Employment Services Placement (ESP) vendor who will assist you with job placement and training services. The FIA Caseworker will also, if necessary, help you to find a child care provider.

Below is important information that shows your appointment date and time to report.

Appointment Information

Appointment Date: _____

Time: _____

Location: _____

Contact Telephone Number: _____

Travel Instructions: _____

FAILURE TO KEEP THIS APPOINTMENT OR FAILURE TO PARTICIPATE AS REQUIRED MAY RESULT IN THE REDUCTION/TERMINATION OF YOUR FOOD STAMP BENEFITS.

Sincerely,
Seth Diamond
Executive Deputy Administrator/Commissioner
Family Independence Administration

Fecha del Aviso: _____
FSC: _____
Número del Caso: _____
Tipo de Caso: _____
CIN: _____
NSS: _____

Aviso de Cita Obligatoria

**Referencia para el Participante de Cupones para Alimentos No de Asistencia Pública (NPA)
al/a la Trabajador(a) de Casos de la FIA**

Estimado Participante De Cupones para Alimentos No de Asistencia Pública:

El Programa de Cupones para Alimentos, Empleo y Entrenamiento (Food Stamp and Training - FSET) es un requerimiento federal para actividades de trabajo obligatorias para personas que reciben cupones para alimentos (food stamps - FS). Bajo las reglas de FSET, la HRA puede asignar actividades calificables hasta un máximo de 30 horas/semana para participantes que reciben cupones para alimentos que no sean exentos de la registración de trabajo.

Sus archivos indican que usted califica para actividades de trabajo. De ser así, usted está requerido a aceptar una cita de referencia para colocación en una asignación de actividad de trabajo. El número de horas de asignación será determinado durante la cita.

Mientras se encuentre en el Centro de Cupones para Alimentos, usted será entrevistado(a) por un(a) Trabajador(a) de Casos de la FIA que contestará cualquier pregunta que usted pueda tener acerca de la política de empleo actual de la Agencia, incluyendo ayudarle a encontrar un vendedor de Servicios de Colocación de Empleo (Employment Services Placement - ESP) que le asistirá con servicios de entrenamiento y colocación de empleo. El/la Trabajador(a) de Casos de la FIA le ayudará, si es necesario, a encontrar un proveedor de cuidado infantil.

A continuación se encuentra información importante que indica la fecha y hora para presentarse a su cita.

Información de la Cita

Fecha de la Cita: _____

Hora: _____

Lugar: _____

Número de Teléfono de Contacto: _____

Indicaciones de Viaje: _____

EI NO ACUDIR A ESTA CITA O EL NO PARTICIPAR COMO ES REQUERIDO PUEDE RESULTAR EN LA REDUCCIÓN/TERMINACIÓN DE SUS BENEFICIOS DE CUPONES PARA ALIMENTOS.

Atentamente,
Seth Diamond
Subadministrador/Subcomisionado Ejecutivo
Family Independence Administration



Date: _____

Case Number: _____

CIN: _____

Center: _____

SSN: _____

Action Code: _____

Work Plus ESP
Mandatory Appointment Notice for Part-Time Employed Participants

Dear Sir/Madam:

As long as you are not employed full-time and continue to receive public assistance, New York State law requires that you be engaged in an active and continuing search for employment. As part of this obligation, you are required to work with a Work Plus Employment Services Provider (ESP) vendor that will assist you in enhancing your skills and in finding full-time employment.

If you have children under thirteen (13) years of age, you may need to make child care arrangements. If you already have a child care provider, have your provider complete and return the enclosed Child Care Provider Form (**W-273B**) to you. You can obtain the **W-273B** from your JOS/Worker. You must bring or mail the completed form to the Child Care Services Unit located at 109 East 16th Street, 10th Floor, New York, NY 10003.

If you are unable to find a child care provider, call the Child Care Services Unit at (212) 835-7610. It is your responsibility to make child care arrangements, or to let us know that you have been unable to find appropriate child care. In order to avoid delays, all child care arrangements must be completed at least one week before your appointment.

Your Work Plus ESP appointment is indicated below. If you cannot come to this appointment, you must call the provider at least twenty-four (24) hours in advance at the number below to reschedule your appointment. Failure to do so may subject you to sanctions (see below).

LOCATION: _____ PHONE: _____

APPOINTMENT DATE: _____ TIME: _____

TRAVEL DIRECTIONS: _____

You must keep this appointment. FAILURE TO KEEP THIS APPOINTMENT OR FAILURE TO PARTICIPATE AS REQUIRED MAY RESULT IN THE REDUCTION OF YOUR CURRENT PUBLIC ASSISTANCE BENEFITS FOR A SPECIFIC PERIOD OF TIME OR TERMINATION OF YOUR PUBLIC ASSISTANCE BENEFITS. Please bring this letter to your appointment.

Please note: "Failure to comply with public assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid."

Seth Diamond
Executive Deputy Commissioner

Work Plus ESP Aviso de Cita Obligatoria para Participantes Empleados a Tiempo Parcial

Estimado(a) Señor(a):

Mientras usted no esté trabajando a tiempo completo y continúe recibiendo asistencia pública, las leyes del Estado de Nueva York requieren que usted se mantenga buscando trabajo activa y seguidamente. Como parte de esta obligación, se le requiere que colabore con un vendedor proveedor de servicios de empleo de Work Plus Employment Services Provider (ESP) que le ayudará a mejorar sus capacidades de trabajo y a encontrar empleo a tiempo completo.

Si usted tiene niños menores de trece (13) años de edad, puede que usted necesite hacer arreglos de cuidado infantil. Si usted ya tiene un proveedor de cuidado infantil, haga que su proveedor llene y le devuelva el formulario **(W-273B (S))** adjunto del Proveedor de Cuidado Infantil (Child Care Provider Form). Usted puede obtener el **W-273B (S)** de su Trabajador/JOS. Usted tiene que traer o enviar por correo el formulario relleno a la Unidad de Servicios de Cuidado Infantil (Child Care Services Unit) localizado en el 109 East 16th Street, 10th Floor, New York, NY 10003.

Si usted no puede encontrar un proveedor de cuidado infantil, llame a la Unidad de Servicios de Cuidado Infantil (Child Care Services Unit) al (212) 835-7610. Usted tiene la responsabilidad de hacer arreglos para cuidado infantil, o avisarnos de que usted no ha podido encontrar cuidado infantil apropiado. Para evitar demoras, todo arreglo de cuidado infantil debe ser llevado a cabo por lo menos una semana antes de su cita con Work Plus ESP.

Su cita con Work Plus ESP está indicada más abajo. Si usted no puede asistir a esta cita, usted tiene que llamar al proveedor por lo menos veinticuatro (24) horas de anticipación al número más abajo para cambiar la fecha u hora de su cita. El no hacerlo puede exponerle a sanciones (vea más abajo).

LUGAR: _____ TELÉFONO: _____

FECHA: _____ HORA: _____

INDICACIONES DE VIAJE: _____

Usted debe presentarse a esta cita. EL NO PRESENTARSE A ESTA CITA O NO PARTICIPAR COME SE LE REQUIERE PUEDE RESULTAR EN QUE SUS BENEFICIOS DE ASISTENCIA PÚBLICA ACTUALES SEAN REDUCIDOS POR UN PERÍODO DE TIEMPO ESPECÍFICO O QUE SUS BENEFICIOS DE ASISTENCIA PÚBLICA SEAN DESCONTINUADOS. Favor de traer esta carta a su cita.

Nótese por favor: "El no cumplir con los requisitos de trabajo de asistencia pública no afecta su derecho a Medicaid. No existen requisitos de trabajo para Medicaid."



Date: _____

Case Name: _____

Case Number: _____

CIN: _____

Job Center: _____

Action Code: _____

Summer Child Care Appointment Notice

Dear Parent or Guardian:

It is time to plan and prepare for the summer. Even though your children are not in school during the summer, you are still required to attend your assigned activity. Therefore, you may need to make a change in child care arrangements for your school-age children (ages five [5] through twelve [12]) or need help finding child care for the summer.

An appointment has been set up for you to come in. It is **NOT A MANDATORY APPOINTMENT**. If you are currently receiving part-time child care payments for your school-age child(ren), the provider will be paid for full-time days by filling in the "full-time day" column on the Child Attendance and Fee Record (**HRA1**). Child care payments for your preschool children will continue as usual.

Keep your scheduled appointment if you:

- want to enroll your child(ren) in a summer camp program;
- need help finding a summer camp or other summer arrangements for your child(ren);
- are using a different child care provider for the summer.

Do not come to your appointment if:

- you are not changing child care providers;
- your child(ren) will attend a "Summer in the City" camp program.

In order for HRA to pay for child care, you must either be employed or be participating in a work-related activity such as the Work Experience Program (WEP), Employment and Services Placement (ESP), Skills Assessment Program (SAP), or an approved education training program.

Appointment Information

Appointment Date: _____ Time: _____ Phone: _____

Location: _____

Location Name

Address Line 1

Address Line 2

City

State

Zip Code

Travel Directions:

If you keep this appointment, you must bring a Child Care Provider Application and Voucher Form – Part I (**W-273B**) completed by your provider and the necessary documentation.

Enclosure: Child Care Provider Application and Voucher Form – Part I (**W-273B**)



Return Address:

Participant's First Name, Last Name:
Participant's Street Address:
City, State, Zip:

Mail Date:
Case #:
SS #:
Job Center #:
NYCWAY Action Code:

Dear Parent:

It is time to plan and prepare for the summer! As you know, you are required to participate in your work activity or work over the summer months. We recognize that you may need to make a change in your child care arrangements for your school-age children (ages 5 through 12) or you may need help finding full time child care or a summer camp.

An appointment has been set up for you to come in. It is NOT a MANDATORY appointment.

If you are currently receiving part time child care payments for your school-age child/children, and will use the same provider full time during the summer (6 or more hours a day), your provider can get the full time rate. S/he should write on the attendance form (**HRA1**) sent out at the end of the month the number of full time days s/he cared for your child in the month in the "FT Days" column. Child care payments for any pre-school children you have will continue as well.

Please note that in order for HRA to pay for child care, you must either be employed or in a work-related activity such as WEP, ESP/SAP or an approved education/training program.

KEEP YOUR SCHEDULED APPOINTMENT IF:

- You want to enroll your child(ren) in a summer camp program.
- You need help finding a summer camp or other summer arrangement for your children.
- You are using a different child care provider for the summer.

DO NOT COME TO YOUR APPOINTMENT IF:

- You are not changing child care providers.
- Your child/children will attend a "Summer in the City" camp program.

APPOINTMENT INFORMATION

Location:

Day:

Date:

Time:

Travel Directions:

If you keep this appointment, you must bring a Child Care Provider Application and Voucher Form completed by your provider and the necessary documentation.

Sincerely,

Kay Hendon
Director, HRA/FIA Office of Child Care

Enclosures: Flyer, Child Care Provider Application and Voucher Form

(Vea al dorso)



Remitente:

Nombre, Apellido del Participante:
Dirección y Calle del Participante:
Ciudad, Estado, Código Postal:

Fecha de Envío:
Número del Caso:
Número del SS:
Número del Centro de Empleo:
Código de Acción NYCWAY:

Estimados Padres:

¡Es tiempo de planificar y prepararse para el verano! Como usted sabe, se requiere que usted continúe en su actividad de trabajo o de trabajar durante los meses de verano. Nosotros reconocemos que usted puede necesitar hacer cambios en sus planes de cuidado infantil de sus niños de edad escolar (edades de 5 a 12 años) o que puede necesitar ayuda para encontrar cuidado infantil a tiempo completo o un campamento de verano.

Hemos fijado una cita para que usted se presente. **NO** es una cita **OBLIGATORIA**

Si usted está actualmente recibiendo pagos para cuidado infantil a tiempo parcial por su(s) niño(a)(s) de edad escolar y va a usar el mismo proveedor para cuidado infantil, pero a tiempo completo durante el verano (6 o más horas diarias) a su Proveedor se le puede pagar la tarifa de tiempo completo. Lo único que el o ella tiene que hacer es escribir en la columna titulada (Días a Tiempo Completo) "FT days" en la hoja de asistencia (**HRA1**) que se envía al fin del mes, el número de días que el o ella cuida a tiempo completo a su niño(a). También continuarán los pagos para cuidado infantil por cualquier niño(a) de edad preescolar que usted tenga.

Favor de notar que para que la HRA pueda pagar por su cuidado infantil usted debe estar empleado(a), participando en una actividad relacionada con trabajo, como WEP & ESP/SAP o en un programa de entrenamiento/educación que este aprobado.

ACUDA A SU CITA PROGRAMADA SI:

- Usted desea matricular a su(s) hijo(s) en un programa de campamento de verano.
- Usted necesita ayuda para encontrar un campamento de verano o para hacer otros planes de verano para sus hijos.
- Usted esta usando otro proveedor diferente de cuidado infantil de niños durante el verano.

NO ACUDA A SU CITA SI:

- Usted no esta cambiando de proveedores para cuidado infantil.
- Su(s) niño(s) van a asistir a un programa de campamento de "Verano en la Ciudad" (Summer in the City.)

INFORMACIÓN SOBRE SU CITA:

Lugar:

Día:

Instrucciones
Para Llegar:

Fecha:

Hora:

Si usted va acudir a esta cita usted debe traer el formulario de Solicitud Y Comprobante del Proveedor de Cuidado infantil completado por su proveedor y acompañado de la documentación necesaria.

Atentamente,

Kay Hendon
Director, HRA/FIA Oficina para el Cuidado Infantil

Incluidos: Volantes, Solicitud de Proveedor para Cuidado Infantil y Formulario de Comprobante

(See other side)