



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #06-75-OPE

### OBSOLETE FORMS

<b>Date:</b> May 18, 2006	<b>Subtopic(s):</b> 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 all staff that the following forms are being made obsolete because the Personal Roads to Individual Development and Employment (PRIDE) program has been replaced by the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program.</p> <ul style="list-style-type: none"><li>• PRIDE Welcomes You! (<b>W-612Y</b>)</li><li>• PRIDE Referral Letter (<b>W-612AA</b>)</li><li>• Mandatory PRIDE Assessment Appointment (<b>W-612BB</b>)</li><li>• Mandatory Referral for Non-Public Assistance Food Stamp Participants to the PRIDE Program (<b>W-612FF</b>)</li><li>• PRIDE Interview Appointment (<b>W-612HH</b>)</li></ul> <p>Center Directors/Non-Public Assistance Food Stamp Office Site Managers must ensure that all versions of the above forms and their multilingual equivalents are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p><b>Related Items:</b></p> <p>PD #05-07-ELI</p> <p><b>Attachments:</b></p> <p><b>W-612Y</b> PRIDE Welcomes You! (Obsolete) <b>W-612AA</b> PRIDE Referral Letter (Obsolete) <b>W-612BB</b> Mandatory PRIDE Assessment Appointment (Obsolete) <b>W-612FF</b> Mandatory Referral for Non-Public Assistance Food Stamp Participants to the PRIDE Program (Obsolete) <b>W-612HH</b> PRIDE Interview Appointment (Obsolete)</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*

## Your First Day at PRIDE

You are contacted by PRIDE to come in for an appointment.

You are greeted by the front desk receptionist.

You will wait in the waiting room to meet with your case manager.

Your child can stay in the child care center while you are here at PRIDE.

Your case manager will meet with you and discuss your goals, barriers to employment and how PRIDE can help!

To help us help you with your special needs, bring your medical history with you.



**OBSCOLETTE**

Ms. T. has three children and a history of seizures and asthma. Despite these barriers, she was employed for ten years until her seizures worsened. By meeting with the staff at PRIDE, she was able to improve her opportunities and rejoin the workforce. She currently works as an Intake Specialist, earning \$8 per hour with health benefits. She is motivated to get out of bed each day and come to work as a result of the encouragement she has received from PRIDE.

Ms. A. came from Russia and was referred to PRIDE. Although she has kidney problems and received medication for depression, Ms. A. is still motivated to make a better life for her son. Assisted in the program by a Russian interpreter, Ms. A. participated in PRIDE and was placed on a job as a Home Attendant, earning \$6.69 per hour. She received health benefits and increased earnings after three months of work.

Ms. R. is a single mother who has struggled with back injuries. Through PRIDE, Ms. R. receives computer training, attends classes for her GED, gets hands-on work experience as a receptionist, and is also offered counseling and workshops in building self-esteem. "Oh, I love it here," she says. "It seemed like before this program I wasn't going anywhere. I just kept going down and down. Now I'm coming up. It's slow, but I'm definitely coming up."



# PRIDE Welcomes You!



**109 East 16th Street, 7th floor**  
(located between Union Square and Irving Place)

**New York, NY 10003**  
**(212) 835-7520/21**

### Travel Directions:

Train: 4, 5, 6, L, N, Q, R, or W to  
14th Street/Union Square Station

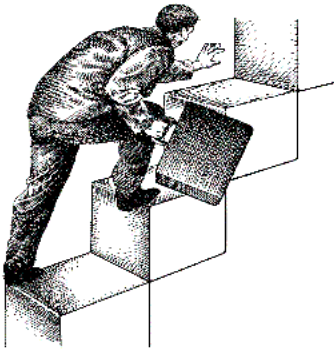
Human Resources Administration  
Family Independence Administration

In collaboration with  
New York State Education Department  
and  
New York State Department of Labor



### What is PRIDE?

The Personal Roads to Individual Development and Employment (PRIDE) program is here to help you reach your potential. We would like to prepare you for the future. We are committed to increasing your quality of life and we have different programs to help you.



### What Makes PRIDE Different?

1. PRIDE treats you as an individual and gives you choices.
2. PRIDE will address your special needs.
3. PRIDE will help you improve your education and employability skills.
4. PRIDE offers job placement and retention services.

### PRIDE is Designed for You

- Are you reliable, inspired or motivated?
- Do you have abilities and disabilities?
- Do you need some options due to your current barriers and special needs?
- If so, PRIDE is for you!

### Examples of special needs we work with every day:

- Heart Condition
- Asthma
- Arthritis
- Physical Limitations
- Emotional Problems

**OBSOLETE**



### Why You Want to be a Part of PRIDE

- Despite medical or personal barriers to work, we believe that every person has the ability to be successful given the chance.
- Being a part of PRIDE allows you to find new opportunities that will:
  - Provide you with new choices and paths for a better life.
  - Prepare you and your family for the future.
  - Improve the way you feel about yourself.

### PRIDE Services Include

- Work Based Education (WBE):
  - General Equivalency Diploma (GED), English for Speakers of Other Languages (ESOL), and Adult Basic Information (ABE)
- Work Experience Training (WET):
  - Vocational Rehabilitation (VR)

### Employment for You

- PRIDE is committed to placing you in employment.
- PRIDE can guide you in achieving success while working within your special needs.
- There are jobs available for you in areas such as:
  - Word Processing
  - Computer Technology
  - Clerical
  - Building Maintenance
  - Health Care



PRIDE Program  
109 East 16th Street  
Room 107  
New York, NY 10003

Notice Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Job Center: \_\_\_\_\_

Worker: \_\_\_\_\_

### PRIDE Referral Letter

Dear Participant:

As part of your participation in PRIDE, you have been scheduled for the PRIDE Assessment Program. You are scheduled to report on:

Day: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Hours per week: 20 Telephone Number: \_\_\_\_\_

Travel Directions: \_\_\_\_\_

The PRIDE Assessment Program is designed to offer you a complete evaluation of your abilities and an appropriate next - step plan based upon the outcome of this assessment. Assessment outcomes may include vocational and/or education assistance.

It is important that you bring your Public Assistance photo identification card. You should also bring medical documentation, if appropriate.

You must report to your appointment on time and on the date indicated above. Your participation in this program is mandatory. You must report and maintain 100 percent attendance. In case of emergency, you should call the number above before your scheduled reporting time. Failure to comply with the program requirements may result in the reduction of your public assistance benefits.

You will receive carfare and if you need it, childcare. Do not bring your child(ren) to your PRIDE Assessment Program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Participant Name: \_\_\_\_\_

PRIDE Provider Name: \_\_\_\_\_

HRA Case Manager Name: \_\_\_\_\_

HRA Case Manager Telephone Number: \_\_\_\_\_

We look forward to having you as a member of PRIDE!

PRIDE Program  
109 East 16th Street  
Room 107  
New York, NY 10003

Fecha de Aviso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Centro de Trabajo: \_\_\_\_\_

Trabajador: \_\_\_\_\_

### Carta de Referencia de PRIDE

Estimado(a) Participante:

Como parte de su participación en PRIDE, se le ha programado una cita para el Programa de Evaluación de PRIDE (PRIDE Assessment Program). Se le ha programado una cita para que se presente:

Día: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Horas Por Semana: 20 Número de Teléfono: \_\_\_\_\_

Indicaciones de Viaje: \_\_\_\_\_

El Programa de Evaluación de PRIDE está diseñado para ofrecerle una evaluación completa de sus capacidades y un plan apropiado a seguir basado en el resultado de esta evaluación. Los Resultados de las evaluaciones pueden incluir asistencia vocacional y/o educativa.

Es importante que traiga su tarjeta de identificación de Asistencia Pública con fotografía. Además debe traer documentación médica, si es apropiado.

Usted tiene que presentarse a su cita puntualmente y en la fecha indicada más arriba. Su participación en este programa es obligatoria. Usted tiene que presentarse y mantener una asistencia 100% perfecta. En caso de emergencia, debe llamar al número que aparece más arriba antes de la hora programada de su cita. El incumplimiento de los requisitos del programa puede resultar en la reducción de sus beneficios de asistencia pública.

Usted recibirá dinero para la tarifa de transporte y, si lo necesita para cuidado infantil. No traiga a su(s) niño(s) a su Evaluación del Programa de PRIDE.

\_\_\_\_\_  
Firma del Participante

\_\_\_\_\_  
Fecha

Nombre del Participante: \_\_\_\_\_

Nombre del Proveedor de PRIDE: \_\_\_\_\_

Nombre del Administrador del Caso de la HRA: \_\_\_\_\_

Teléfono del Administrador del Caso de la HRA: \_\_\_\_\_

¡Esperamos con anticipación tenerlo como miembro de PRIDE!

LA ASISTENCIA DE DINERO EN EFECTIVO ES POR TIEMPO LIMITADO. SU FUTURO ESTÁ EN UN TRABAJO



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_  
Caseload: \_\_\_\_\_  
ES Code: \_\_\_\_\_  
Job Center: \_\_\_\_\_  
Action Code: \_\_\_\_\_

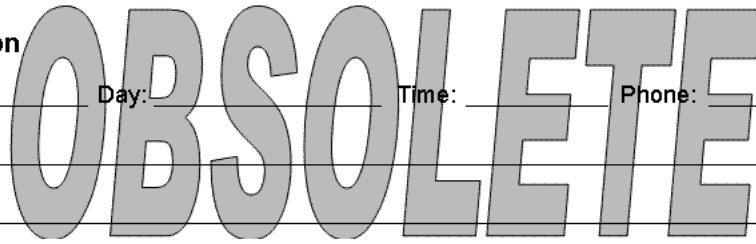
### Mandatory PRIDE Assessment Appointment

Dear Participant:

The Family Independence Administration (FIA) has developed several Welfare-to-Work programs for individuals who have been assessed as employable with limitations. While you have been unable to participate in an activity in the past due to medical or other barriers, these new programs will offer you more options for participation and an enhanced level of support while you participate.

As a result of these new options, FIA has scheduled an appointment for you to meet with a JOS/Worker who will assess your current work activities, determine appropriate programs and/or next-step activities and discuss with you the impact of welfare reform on you and your family.

#### Appointment Information



Appointment Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location: \_\_\_\_\_  
Location Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Travel Directions:

If you have any questions, call \_\_\_\_\_.  
(Telephone Number)

Please bring to your appointment this letter and the following:

- any documents that will help your JOS/Worker determine your ability to work, such as medical records
- (if you are working) proof of your earnings, such as pay stubs
- (if you are in school or a training program) proof of enrollment

Because space is limited, if possible, do not bring your children to this appointment. Interpreters are available to help you if you speak limited English.

**This is a mandatory engagement appointment.**

Failure to report and/or comply with this appointment may result in the reduction or termination of your public assistance.

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

Sincerely,

Catherine McAlevy  
Deputy Commissioner



Date: \_\_\_\_\_

FSC: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

CIN: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Action Code: \_\_\_\_\_

### Mandatory Referral for Non-Public Assistance Food Stamp Participants to the PRIDE Program

Dear Participant:

The Family Independence Administration has developed the Personal Roads for Individual Development and Employment (PRIDE) program for individuals who have been assessed by HS Systems (HSS) as employable with limitations. While you may have been unable to participate in employment activities in the past due to medical barriers, PRIDE will offer you more options for participation and an enhanced level of support while you participate.

As a result of these new options, an appointment has been scheduled for you to meet with a PRIDE Job Opportunity Specialist (JOS)/Worker who will determine appropriate programs and/or next step activities and discuss Food Stamp Employment and Training work requirements with you.

Please bring all documentation (such as medical documents) with you which will help PRIDE staff to structure appropriate work activities. If you are working, you must bring proof of your earnings to this appointment. If you are attending school or a training program, please bring documents that verify your enrollment.

Appointment Schedule:

APPOINTMENT DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT TELEPHONE NO.: \_\_\_\_\_

TRAVEL DIRECTIONS: \_\_\_\_\_  
\_\_\_\_\_

*If possible, please do not bring children with you to this appointment.*

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

Sincerely,  
Seth Diamond  
Executive Deputy Commissioner  
Family Independence Administration

Fecha: \_\_\_\_\_

FSC: \_\_\_\_\_

Número de Caso: \_\_\_\_\_

Tipo de Caso: \_\_\_\_\_

CIN: \_\_\_\_\_

Número de Seguro Social: \_\_\_\_\_

Código de Acción: \_\_\_\_\_

### Referencia Obligatoria al Programa PRIDE para Participantes de Cupones para Alimentos sin Asistencia Pública

Estimado(a) Participante:

La Administración de Independencia Familiar ha desarrollado el programa de Vías Individuales para el Desarrollo Individual y Empleo (PRIDE) destinado a personas que han sido evaluadas por los Sistemas HS (HSS) empleable con con limitaciones de empleo. A pesar de que usted no haya podido participar en actividades de empleo en el pasado debido a limitaciones médicas. PRIDE le ofrece una mayor selección de actividades tanto como más apoyo durante su participación.

Como resultado de estas nuevas opciones, se le ha programado una cita para reunirse con el Especialista en Oportunidades de Empleo de PRIDE y/o Trabajador (JOS/Worker) quien se encargará de escoger programas adecuados y/o actividades a seguir además de discutir con usted los requisitos de Cupones para Alimentos de Empleo y Entrenamiento.

Favor de traer toda documentación (tales como documentos médicos) con usted que pueda ayudarle al personal de PRIDE a estructurar actividades de trabajo adecuadas. Si usted trabaja, debe traer prueba de ganancias a la cita. Si asiste a una escuela o a un programa de entrenamiento, favor de traer documentación que compruebe su matriculación.

Horario de la Cita:

FECHA DE LA CITA: \_\_\_\_\_

HORA: \_\_\_\_\_

LUGAR: \_\_\_\_\_

NÚMERO DE TELÉFONO: \_\_\_\_\_

INSTRUCCIONES DE VIAJE: \_\_\_\_\_

*Si le es posible, favor de no traer sus niños a esta cita.*

EL NO ACUDIR A ESTA CITA O NO PARTICIPAR COMO SE REQUIERE PUEDE RESULTAR EN LA REDUCCIÓN O TERMINACIÓN DE SUS BENEFICIOS DE CUPONES PARA ALIMENTOS.

Atentamente,  
Seth Diamond  
Subcomisionado Ejecutivo  
Administración de Independencia Familiar





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

### PRIDE Interview Appointment

Dear Participant:

Our records reflect that you are a PRIDE-eligible participant who is currently enrolled in substance abuse treatment, but you are not participating in any PRIDE activities.

HRA has scheduled you for an interview to determine if you are ready to be enrolled in HRA's PRIDE program.

PRIDE is a program designed to provide specialized services to help you become employed.

Please bring any documentation you feel would help us assess your current work abilities. If you are working you must bring proof of your earnings to this appointment.

Appointment Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Location Name

Address Line 1

Address Line 2

City

State

Zip Code

**OBSOLETE**

Travel Directions:

If you have any questions, please contact PRIDE at (212) 835-7520.

**If you are a single parent or caretaker relative, you may have an opportunity to participate in a range of work activities including work experience, job search and education or training programs.**

**This is a mandatory engagement requirement. Failure to comply/cooperate without good cause may result in the reduction of your public assistance and/or Food Stamp Benefits.**

Sincerely,

Catherine McAlevey  
Deputy Commissioner