



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #07-102-OPE

(This Policy Bulletin Obsoletes CD Memo #86-78)

OBSOLETE QUARTERLY REPORTING SYSTEM (QRS) FORMS

Date: August 16, 2007	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>See PD #02-15-ELI</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform all Job Center staff that the following forms are obsolete:</p> <ul style="list-style-type: none"> Request for Information from Employer (W-912HH) Wage (QRS) Reporting Daily Transmittal (W-912K) <p>The aforementioned forms were used to document the income of Public Assistance participants every three months (quarterly reporting). The Quarterly Reporting System (QRS) has been replaced by a six-month reporting process; these forms are now obsolete.</p> <p>Note: This policy bulletin obsoletes CD Memo #86-78.</p> <p>Center Directors must ensure that all previous versions of these forms are removed from circulation and recycled.</p> <p>Samples of the forms are attached.</p> <p><i>Effective Immediately</i></p> <p>Related Procedures:</p> <p>PB #04-217-OPE Obsolete Forms PD #02-15-ELI Reporting Changes in Income for Food Stamps</p> <p>Reference:</p> <p>01 ADM-14</p> <p>Attachments:</p> <p>W-912HH Request for Information from Employer (Obsolete) W-912K Wage (QRS) Reporting Daily Transmittal (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*



The City of New York
Human Resources Administration
Income Support Programs

Form W-912HH (face)
Rev. 2/23/93

Date _____

Case Number _____

Request for Information from Employer
Solicitud Para Información de su Patrono

OBSOLETE

Dear Client:

We need more information about your earnings. Please have your employer complete and sign the reverse side of this form. After this is done, send this form back to us using the envelope we have provided. Thank you.

Estimado Cliente:

Necesitamos más información sobre sus ganancias. Favor de hacer que su patrono complete y firme al dorso de este formulario. Luego, envíenos este formulario de vuelta, usando el sobre que hemos provisto. Gracias

Eligibility Specialist

Telephone Number

Caseload

Request for Information from Employer

Abstract of Section 143 of the N.Y. State Social Service Law
Employers are required to furnish to the Department of Social Services information concerning wages, salaries, earnings or other income of any applicant for, or recipient of assistance, or of any relative legally responsible for the support of such person.

Employer's Name
Employer's Address
Employee's Name
Employee's Address
Social Security No.

Dear Employer,
According to information we have received, our client indicated above is in your employ. Please provide us with the information requested next to each box checked below and return this form to our client.

Sincerely,

Eligibility Specialist _____

Date employment began: _____ What day of the week is employee usually paid? _____

Date employment ended: _____ Is employee paid weekly, bi-weekly or monthly? _____

Pay Period	Pay Date	Gross Pay	No. of Hours Worked	Pay Period	Pay Date	Gross Pay	No. of Hours Worked
Month				Month			
Month				Month			

OBSCLETE

Name and Address of Union

No. of Exemptions Claimed: _____ Married Single
 Are there any tips? Yes No Amount of tips per week \$ _____

Does this employee regularly work overtime? Yes No Indicate days _____ hours _____ per week.

Is this employee employed elsewhere either full or part time? Yes No If yes, what is name and address of other employer: _____

If you employ the client as a babysitter, please answer the following questions:

A. Names of children being cared for by the babysitter:

1. _____ 3. _____
 2. _____ 4. _____

B. Are the children cared for in the babysitter's home? Yes No

C. How many days per week are the children cared for?

Circle one: 1 2 3 4 5 6 7

D. Circle days of the week that children are cared for:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Signed Title Employer's telephone number

WAGE (QRS) REPORTING DAILY TRANSMITTAL

(Prepare four copies)

Date: _____

Report Month: _____

To Group: _____

Payment Month: _____

From: QRS/WAGE Clerk

Toe Digit Number: _____

Number of Quarterly Reports: _____

TAD due in control (closing): _____

TAD due in control (other): _____

PART I

PART II

COMPLETED BY WAGE CLERK					COMPLETED BY GROUP CLERK AND/OR GROUP SUPERVISOR						
(1) CHECK OFF DISPOSITION				(2) CASE NUMBER	(3) CASE NAME		(4) CHANGE	(5) NO CHANGE	(6) ATO	(7) CLOSED	(8) Date TAD Forwarded To Control
C	I	NR	U		OBSOLETE						

WAGE CLERK INSTRUCTIONS

Prepare separate forms for each toe digit
Complete top and columns 1 -3
Note: Disposition symbols for column 1:
C = Complete
I = Incomplete
NR = No Response
U = Undelivered

GROUP INSTRUCTIONS

Cols. 4 and 5: Enter budget authorization number and effective date
Col. 6: Enter ATO, Center number and/or new caseload
Col. 7: Enter effective date of closing
Col. 8: Supervisor initials and dates