



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #07-12-OPE

REVISIONS TO FORMS

Date: January 26, 2007	Subtopic(s): Forms
<p>☞ This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform all Job Center staff that revisions have been made to the following forms:</p> <ul style="list-style-type: none"> • Utility Guarantee (M-858d) • Landlord Agreement (W-146V) • Nonmandatory Appointment Notice for Full-Time Employed Participants (W-500D) • Notice of Appointment to Reestablish Eligibility (W-531V) <p>Revisions have been made to comply with new standards and reflect changes in job titles, logo size and overall layout. Each form was revised to include the “LLF” designation in the header to indicate that the form meets Local Law 73 requirements. Specific changes to the forms are detailed below.</p> <p>This policy bulletin serves as information for all other staff.</p> <p>Additional changes:</p> <p>M-858d</p> <ul style="list-style-type: none"> • The title “Eligibility Specialist” below the signature line was replaced by “JOS/Worker.” • A signature line was added on the second page under “Participant’s Acknowledgement of Utility Guarantee.”

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*

W-146V

- The title “Eligibility Specialist” in the first section was replaced by “JOS/Worker.”
- The Spanish version has been made a separate form.

W-500D

- The “Expiration Date” field was removed from the upper right corner.
- The line in the first paragraph for the Job Center name was removed.
- The following text was removed from the first paragraph: “Your appointment with the vendor is given below.”
- The line in the second paragraph to fill in the vendor name was removed.
- The following text was removed from the second paragraph:

“In addition, if you are currently receiving child care payments through FIA’s transitional benefits program, you will be able to count any hours spent with _____, including travel time, in your child care budget.”

- The third and fourth paragraphs were removed:

“If you have children under thirteen (13) years of age, and you have not already done so, you may need to make child care arrangements to attend this appointment. If you already have a child care provider, have your provider complete and return the enclosed Child Care Provider and Voucher Form (**W-273B**) to you. You can obtain Form **W-273B** from your JOS/Worker. You must bring to your _____.

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 FIA 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 _____ vendor appointment.”

- The fourth paragraph was slightly rewritten and now appears below the appointment information:

“The date and time of your _____ vendor appointment is indicated above. If you cannot come at the time indicated but wish to take advantage of this opportunity, please call the provider at the telephone number given below to reschedule. Please bring this letter to your appointment.”

- The “Enclosure” reference at the bottom of the page to the Child Care Provider and Voucher Form (**W-273B**) was removed.

W-531V

- The title “Eligibility Specialist” has been replaced by “JOS/Worker.”
- “Control” has been removed from the title under the signature line.
- The “cc: Eligibility Specialist” was removed.
- The Spanish version has been made a separate form.


Samples of the forms are attached.

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

Effective Immediately

Attachments:

M-858d	Utility Guarantee (Rev. 1/26/07)
W-146V	Landlord Agreement (Rev. 1/26/07)
W-146V (S)	Landlord Agreement (Spanish)
W-500D	Nonmandatory Appointment Notice for Full-Time Employed Participants (Rev. 1/26/07)
W-500D (S)	Nonmandatory Appointment Notice for Full-Time Employed Participants (Spanish) (Rev. 1/26/07)
W-531V	Notice of Appointment to Reestablish Eligibility (Rev. 1/26/07)
W-531V (S)	Notice of Appointment to Reestablish Eligibility (Spanish)

 Please use Print on Demand to obtain copies of forms.



<input type="checkbox"/> SSI Recipient
<input type="checkbox"/> SSI Applicant
<input type="checkbox"/> Non-SSI

Job Center: _____

Address: _____

Utility Guarantee

To: Name of Utility Company		Address of Local Office	
Case Name	Case No.	Date Accepted	Caseload No.
Name of Subscriber (if other than Case Name)	Address (include Borough and Zip Code)		
Utility Company Account No.	Guarantee Period (may not exceed six months) From: _____ To: _____		
Last Address Prior to Receipt of Public Assistance (if different from current address)			

This is to inform you that we have received notice that the utility service to the above-named person has been or will be discontinued for nonpayment of utility bills.

This notice confirms that the Human Resources Administration (HRA) will pay \$ _____ for the period _____ to _____ (limit to four months of service) for the services previously rendered. In addition, HRA will guarantee payment of all future bills during the six-month guarantee period indicated above or until this person is no longer receiving assistance, whichever comes first. All monies owed the utility company by such person in excess of this payment shall be exempt from collection for so long as such a person continues to receive or would become in need of public assistance or SSI benefits if the collection were made.

It is our understanding that _____ will proceed with its normal collection effort for future bills. The utility company will provide the Human Resources Administration with written notification should the above person fail to make payment and be issued a notice of nonpayment. Such notification should be made to the Human Resources Administration.

JOS/Worker's Signature

Date

Supervisor's Signature

Date

IMPORTANT: Public Assistance Participant is to read and sign acknowledgment on reverse.

Participant's Acknowledgment of Utility Guarantee

I understand that I continue to be responsible for the payment of my utility bills. I further understand that my failure to pay future utility bills will require the Human Resources Administration to pay these bills on my behalf and to recoup the amount paid from my public assistance grant as long as I am in receipt of public assistance.

Participant's Signature

Date

SAMPLE
**Reconocimiento del Participante respecto a la Garantía
de Electricidad y/o Gas (Utility Guarantee)**

Reconozco que sigo teniendo la responsabilidad de pagar mis facturas de electricidad y/o gas. Además, entiendo que si en el futuro no pago mis facturas de electricidad y/o gas, la Administración de Recursos Humanos tendrá que pagar dichas facturas en mi nombre y recuperar la cantidad pagada de mi asignación de asistencia pública mientras yo sea beneficiario de la misma.

Firma del Participante

Fecha



Date: _____

Case Number: _____

Case Name: _____

Job Center: _____

To _____, Landlord

Landlord's Address

Landlord Agreement
(3 copies)

We are providing \$ _____ to cover rent arrears for the period _____ through _____ for the above-named tenant residing at _____, in apartment number _____, in the borough of _____. Please indicate that you have accepted this payment by signing your name in either Section I or Section II below. After you have signed your name, ask your tenant to sign his/her name and to enter the current date.

Give two copies to your tenant to return to the JOS/Worker at his/her Center. Keep one copy for your records. If you have any questions, call:

JOS/Worker's Name

Telephone Number

Section I No Court Case Pending

I agree to accept this rent payment to fully discharge all rent claims by me against the tenant and will not pursue any further claims for rents owed through the period indicated above.

My Social Security number or Taxpayer I.D. is: _____.

Landlord's Signature

Tenant's Signature

Date

Section II Court Case Pending

I agree to accept this rent payment to fully discharge all rent claims by me against the tenant. I will discontinue this proceeding with prejudice to all claims for rent owed and will not pursue any further claims for rents owed nor take any action to seek or enforce any judgment or warrant that has or that may be issued from this or any action or proceedings for rents alleged to be due for the period indicated in Section I above.

The L&T number for the court case is: _____.

My Social Security number or Taxpayer I.D. is: _____.

Landlord's Signature

Tenant's Signature

Date



Fecha: _____

Nombre del Caso: _____

Número del Caso: _____

Centro de Trabajo: _____

A _____, Casero

Dirección del Casero

Acuerdo del Casero
(3 copias)

Estamos proporcionando \$ _____ para cubrir alquileres atrasados por el período de _____ a _____ para el inquilino antemencionado, que reside en _____, en el apartamento número _____, en el condado de _____. Favor de indicar que usted ha aceptado este pago al firmar su nombre, ya sea en la Sección I o la Sección II más abajo. Después de que usted haya firmado su nombre, pídale a su inquilino que firme el suyo, y le ponga la fecha actual.

Entregue dos copias a su inquilino a ser devueltas al JOS/Trabajador en el Centro. Conserve una copia para sus expedientes. Si tiene cualquier pregunta llame a/al:

Nombre del JOS/Trabajador

Número de Teléfono

Sección I Ningún Caso Pendiente en la Corte

Yo acepto este pago de alquiler para satisfacer todos los reclamos de alquiler de parte mía en contra de mi inquilino, y no iniciaré ningún reclamo adicional, por alquileres atrasados por el período indicado más arriba.

Mi número de Seguro Social o Identificación de Contribuyente es: _____.

Firma del Casero

Firma del Inquilino

Fecha

Sección II Caso Pendiente en la Corte

Yo acepto este pago de alquiler para satisfacer todos los reclamos de alquiler de parte mía en contra de mi inquilino. Voy a suspender este procedimiento en juicio de todos los reclamos por alquileres atrasados, y no voy a iniciar reclamos adicionales por alquileres atrasados ni voy a tomar acción para buscar o aplicar ningún dictamen judicial u orden que haya sido o pueda ser consecuencia de esta acción o procedimientos por alquileres que presuntamente se deben por el período indicado en la Sección I más arriba.

El número L&T para el caso judicial es: _____.

Mi número de Seguro Social o Identificación de Contribuyente es: _____.

Firma del Casero

Firma del Inquilino

Fecha



Date: _____
Case Number: _____
Case Name: _____
Telephone Number: _____
Center: _____
Action Code: _____

Nonmandatory Appointment Notice for Full-Time Employed Participants

Although you are employed full time, your earnings are not sufficient to meet your household needs without public assistance. To help you earn more money, the Family Independence Administration (FIA) is referring you to a vendor who will help you enhance your skills and find a better-paying job.

As long as you remain employed full time, you are not required to accept this referral. However, you are strongly encouraged to take advantage of this opportunity to make a better life for yourself and your family. You should not have to interrupt your work schedule to attend this appointment. FIA will provide you with carfare for traveling to and from the assigned vendor location.

Appointment Date: _____ Time: _____ Telephone: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

The date and time of your _____ vendor appointment is indicated above. If you cannot come at the time indicated but wish to take advantage of this opportunity, please call the provider at the telephone number given above to reschedule. Please bring this letter to your appointment.



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número de Teléfono: _____
Centro: _____
Código de Acción: _____

Aviso de Cita No Obligatoria para Participantes Empleados a Tiempo Completo

A pesar de que usted está empleado a tiempo completo, sus ingresos no son suficientes para satisfacer las necesidades económicas de su hogar sin recibir asistencia pública. Para ayudarle a ganar más dinero, la Administración de la Independencia Familiar (Family Independence Administration – FIA) le va a referir a un contratista para mejorar sus aptitudes de trabajo y a encontrar un empleo de mejor sueldo.

No se le requiere que acepte esta referencia al contratista mientras que usted conserve su empleo a tiempo completo. Sin embargo, se le aconseja enfáticamente que se aproveche de esta oportunidad de mejorar su situación y la de su familia. Usted no debiera tener que interrumpir su horario de trabajo para asistir a esta cita. La FIA le proporcionará dinero para cubrir sus gastos de transporte para la ida al local del contratista asignado y para la vuelta del mismo.

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

La fecha y hora de su cita con el contratista _____ aparecen más arriba. Si usted no puede asistir a la hora indicada, pero desea aprovecharse de esta oportunidad, favor llame al contratista al número de teléfono que aparece más arriba para programar otra cita. Por favor traiga esta carta a su cita.



Date: _____
Case Number: _____
Case Name: _____
Center: _____
Address: _____

Notice of Appointment to Reestablish Eligibility

You were recently sanctioned for failure to comply with employment program requirements. This sanction will expire _____
(Date)

We are writing to you at this time to suggest that you call your JOS/Worker at _____
(Telephone Number)
to make an appointment to review your current eligibility for assistance. An appointment will be given to you no later than five (5) days before the expiration of the sanction period.

You may ask for reinstatement after the above date, but if you do, there may be a delay in getting yourself added to the budget.

Worker's Signature

Date



Fecha: _____
Número de Caso: _____
Nombre de Caso: _____
Centro: _____
Dirección: _____

Notificación de Cita para Reestablecer Su Elegibilidad

SAMPLE

Usted recientemente fue sancionado por no cumplir con los requisitos del programa de empleo. Esta sanción se vencerá en _____ (fecha).

Le escribimos para sugerirle que se comunique con su JOS/Trabajador al _____ (Número de Teléfono) para programar una cita y repasar su actual elegibilidad para asistencia. Se le hará una cita no más de cinco (5) días antes de la fecha de vencimiento del período de sanción.

Usted puede exigir el restablecimiento de su elegibilidad después de la fecha más arriba, pero en tal caso, pueden darse demoras en añadirle al presupuesto.

Firma del Trabajador

Fecha