

# **FAMILY INDEPENDENCE ADMINISTRATION**

Seth W. Diamond, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner Office of Procedures

## **POLICY BULLETIN #07-12-OPE**

#### **REVISIONS TO FORMS**

Date:	Subtopic(s):		
January 26, 2007	Forms		
☐ This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to inform all Job Center staff the revisions have been made to the following forms:		
	<ul> <li>Utility Guarantee (M-858d)</li> <li>Landlord Agreement (W-146V)</li> </ul>		
	<ul> <li>Nonmandatory Appointment Notice for Full-Time Employed Participants (W-500D)</li> </ul>		
	Notice of Appointment to Reestablish Eligibility (W-531V)		
	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.		
	This policy bulletin serves as information for all other staff.		
	Additional changes:		
	M-858d		
	<ul> <li>The title "Eligibility Specialist" below the signature line was replaced by "JOS/Worker."</li> <li>A signature line was added on the second page under "Participant's Acknowledgement of Utility Guarantee."</li> </ul>		

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 rec	eiving child care payments
through FIA's transitional benefits	orogram, 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

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

## **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)

Form M-858d (page 1) LLF Rev. 1/26/07



# The CITY of NEW YORK Human Resources Administration

Family Independence Administration

Job Center: Address:	☐ SSI Recipient ☐ SSI Applicant ☐ Non-SSI
	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.	Guarar tee Period (may not exceed six months)  From:  To:
Last Address Prior to Receipt of Public Assistance (if different from co	urrent address)
This notice confirms that the Human Resources Adrethe period to to services previously rendered. In addition, HRA will grantee period indicated above or until this person that the Human Resources Adrethe period indicated above or until this person that the period indicated above or until this person that the period indicated above or until this person that the period indicated above or until this person that the period indicated above or until this person that the period indicated above or until this person that the Human Resources Adrethe period indicated above or until this person that the Human Resources Adrethe period to	that the utility service to the above-named person has bills.  ministration (HRA) will pay \$ for (limit to four months of service) for the uarantee payment of all future bills during the six-month on is no longer receiving assistance, whichever comes person in excess of this payment shall be exempt from receive or would become in need of public assistance of
	will proceed with its normal collection
Utility Company effort for future bills. The utility company will provi	ide the Human Resources Administration with written bayment and be issued a notice of nonpayment. Such
JOS/Worker's Signature	Date
Supervisor's Signature	Date

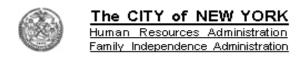
IMPORTANT: Public Assistance Participant is to read and sign acknowledgment on reverse.

## Participant's Acknowledgment of Utility Guarantee

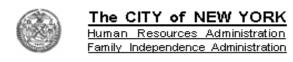
I understand that I continue to be responsible for the payment of my utility bills. I further understand that my failure to pay future utility bills will require the Human Resources Administration to pay these bills on my behalf and to recoup the amount paid from my public assistance grant as long as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

Participant's Signature	Date
Reconocimiento del Participante respecto de Electricidad y/o Gas (Utility Gua Reconozco que sigo teniendo la responsabilidad de pagar m gas. Además, entiendo que si en el futuro no pago mis facto Administración de Recursos Humanos tendrá que pagar dichas faccantidad pagada de mi asignación de asistencia pública mientras y	rantee) is facturas de electricidad y/o uras de electricidad y/o gas, la eturas en mi nombre y recuperar la
Firms that Double's contra	Easter
Firma del Participante	Fecha

Form W-146V LLF Rev. 1/26/07

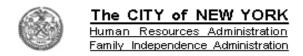


		Dat	re:
			er:
			e:
То	. Landlord	Job Cente	er:
	Landiora		
Landlord's Address	<u> </u>		
	Landlord A (3 co		
Give two copies to your tenant you have any questions, call:  JOS/Worker's Name  Section I No Court Case Pend I agree to accept this rent payn any further claims for rents owe	, in the bord yment by signing your nar pant to sign his/her name a to return to the JOS/Work ing nent to fully discharge all and through the period indicated	Telephone Number  rent claims by me accated above.	gainst the tenant and will not pursue
My Social Security number or T	axpayer I.D. is:		
Landlord's Signature	Tenant's Signature		Date
Section II Court Case Pending			
I agree to accept this rent payr	nent to fully discharge all	rent claims by me a	against the tenant. I will discontinue
this proceeding with prejudice to	o all claims for rent owed	and will not pursue a	any further claims for rents owed nor
· · · · · · · · · · · · · · · · · · ·	, , ,		ay be issued from this or any action
or proceedings for rents alleged	I to be due for the period i	ndicated in Section I	above.
The L&T number for the court of	ase is:		
My Social Security number or T	axpayer I.D. is:		
Landlord's Signature	Tenant's Signature		Date



		Fech	a:
			0:
			0:
Α	, Casero	Centro de Trabajo	0:
-			
		<u> </u>	
Dirección del Casero			
	Acue	erdo del Casero (3 copias)	
Estamos proporcionan	do \$para cubrir alo	quileres atrasados por el per	ríodo de a
para el inquilino antem	encionado, que reside en	//	
			. Favor de indicar
	7 1 - / / / / /		o la Sección II más abajo. Después
de que usted haya firm	nado su nombre, pídale a st	u inquilino que firme el suyo,	y le ponga la fecha actual.
Entreque dos conias a	su inquilino a ser devuelta	s al JOS/Trabajador en el C	entro. Conserve una copia para sus
	cualquier pregunta llame a/a		onito. Consolvo una copia para cuo
Nombre del JOS/Trabajador		Número de Teléfono	
• · · · · · · · · · · · · · · · · · · ·			
Yo acepto este pago			uiler de parte mía en contra de mi el período indicado más arriba.
		ontribuyente es:	•
Mi namero de Seguro	Social o Identificación de O	ontribuyente es.	·
Firma del Casero		uilino	Fecha
Sección II Caso Pend		idiii 10	1 66114
		todos los reclamos de algu	uiler de parte mía en contra de mi
, , ,	·	·	s por alquileres atrasados, y no voy
	·	•	sión para buscar o aplicar ningún
	· ·	•	esta acción o procedimientos por
•		ríodo indicado en la Sección	·
El número L&T para el	caso judicial es:		
·	•		
J		,	
Firma del Casero	Firma del In	quilino	Fecha

Form W-500D LLF Rev. 1/26/07



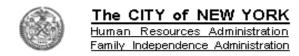
Case Number:

Date:

	Case Name:	
	Telephone Number:	
	Center:	
	Action Code:	
Nonmandatory	<b>Appointment Notice for Full-Time Employed Participa</b>	nts
public assistance. To help you to a vendor who will help you help you help you have to a syou remain employencouraged to take advantage not have to interrupt your work to and from the assigned vendor help help you have to and from the assigned vendor help you help you have to and from the assigned vendor help you have to a long the help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long as you remain employence and help you have a long and help you have a long as you remain employence and help you have a long and help you hav	full time, your earnings are not sufficient to meet your household rule earn more money, the Family Independence Administration (FIA) is enhance your skills and find a better-paying job.  yed full time, you are not required to accept this referral. However, you e of this opportunity to make a better life for yourself and your family k schedule to attend this appointment. FIA will provide you with carfardor location.	u are strongly y. You should e for traveling
City: _ Travel Directions:	State: Zip:	
The date and time of your indicated above. If you canno	vendor at toome at the time indicated but wish to take advantage of this oppo	ppointment is ortunity, please

call the provider at the telephone number given above to reschedule. Please bring this letter to your appointment.

Form W-500D (S) LLF Rev. 1/26/07



## Aviso de Cita No Obligatoria para Participantes Empleados a Tiempo Completo

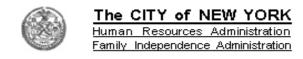
A pesar de que usted está empleado a tiempo completo, sus ingresos no son suficientes para satisfacer las necesidades económicas de su hogar sin recibir asistencia pública. Para ayudarle a ganar más dinero, la Administración de la Independencia Familiar (Family Independence Administration – FIA) le va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

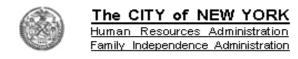
Fecha de la Cita:	Hora: Teléfono:
Local:	
Dirección:	
Ciudad:	Estado: Código Postal:
Indicaciones de Viaje:	

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.

Form W-531V LLF Rev. 1/26/07



D	ate:
	ber:
Case Na	me:
Cer	nter:
Addre	ess:
Notice of Appointment to Reestablish El You were recently sanctioned for failure to comply with employment sanction will expire  We are writing to you at this time to suggest that you call your JOS/W to make an appointment to review your current eligibility for assistagiven to you no later than five (5) days before the expiration of the sal You may ask for reinstatement after the above date, but if you do, the yourself added to the budget.	Vorker at(Telephone Number) ance. An appointment will be nction period.
Worker's Signature Date	



Fecha:

Nůmo	ero de Caso:
Nomi	bre de Caso:
	Centro:
	Dirección:
Notificación de Cita para Reestablece	er Su Elegibilidad
Usted recientemente fue sancionado por no cumplir con los re	
Esta sanción se vencerá en	iquisitos del programa de empleo.
Le escribimos para sugerirle que se comunique con su JOS/Ti	
para programar una cita y repasar su actual elegibilidad para a	(Número de Teléfono) asistencia. Se le hará una cita no
más de cinco (5) días antes de la fecha de vencimiento del pe	ríodo de sanción.
Usted puede exigir el restablecimiento de su elegibilidad desp tal caso, pueden darse demoras en añadirle al presupuesto.	ués de la fecha más arriba, pero en
tal caso, pueden danse demoras en anadine ai presupuesto.	
Firma del Trabajador Fe	echa