



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #07-50-EMP

REVISIONS TO THE BEGIN PROGRAM REFERRAL LETTER (W-573XX)

<p>Date: April 25, 2007</p>	<p>Subtopic(s): Forms</p>
<p> This procedure can now be accessed on the FIAweb</p>	<p>This policy bulletin is to inform Job Center staff that the BEGIN Program Referral Letter (W-573XX) has been revised as follows:</p> <ul style="list-style-type: none"> The language in the first paragraph was changed to read: <p><i>The BEGIN Managed Programs coordinate services to help public assistance participants acquire basic literacy and vocational skills and to successfully transition from welfare to work. Based upon the completion of your educational testing and/or Employability Plan at your current activity, you have been assigned to the BEGIN Program described below.</i></p> A third text box was added to indicate whether the appointment is mandatory or non-mandatory. <p>In addition, Action Code 124E (BEGIN Employment Plus Mandatory) and Action Code 149B (BEGIN Employment Plus Non-mandatory) have been added to the W-573XX template.</p> <p>When a Worker refers a participant to any of the BEGIN Managed Programs via the Employment Plan (EP), the online W-573XX will only print the relevant language for the program being selected. The Worker should ensure that the notice generated matches the correct program.</p> <p>When the BEGIN Employment Plus (BE+) Part-Time Program is selected in the EP, NYCWAY will post Action Code 124E and the following paragraphs will print in the W-573XX:</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*

Box 1

The BEGIN Employment Plus (BE+) program will enhance your skills and assist you in finding a full-time Job. This program is available in the evenings and Saturdays to accommodate your current employment schedule. The schedule is as follows: Tuesdays, Wednesdays and Thursdays 5:30 PM to 8:30 PM and on Saturdays 9 AM to 3 PM.

Box 3

This is a mandatory engagement appointment. Failure to fulfill all work activity requirements may result in the reduction or termination of your public assistance and/or Food Stamp benefits. There are no work requirements for Medicaid.

If the BEGIN Employment Plus (BE+) Full-Time program is selected, NYCWAY will post Action Code **149B** and the following paragraphs will print in the **W-573XX**:

Box 1

BEGIN Employment Plus (BE+) program will help you enhance your skills and assist you in finding a better paying job. You will not have to interrupt your current work schedule to participate in this program. This program is available in the evenings and Saturdays to accommodate your current employment schedule. The schedule is as follows: Tuesdays, Wednesdays and Thursdays 5:30 PM to 8:30 PM and on Saturdays 9 AM to 3 PM. You will be able to arrange a schedule with the program coordinator that accommodates your work hours.


Box 3

As long as you are employed full-time, this service to you is optional. However, we strongly encourage you to take advantage of this opportunity.

A sample of the **W-573XX** is attached.

Center Directors must ensure that all prior versions of the **W-573XX** are removed from circulation and recycled.

Effective Immediately

 Please use Print on Demand to obtain copies of forms.

Attachments:

- Attachment A** Snippet language
- W-573XX** BEGIN Program Referral Letter (Rev 4/25/07)
- W-573XX (S)** BEGIN Program Referral Letter (Rev. 4/25/07) (Spanish)



Date: _____
Case Number: _____
Case Name: _____
Telephone: _____
Job Center: _____

BEGIN Program Referral Letter

The BEGIN Managed Programs coordinate services to help public assistance participants acquire basic literacy and vocational skills and to successfully transition from welfare to work. Based upon the completion of your educational testing and/or Employability Plan at your current activity you have been assigned to the BEGIN Program described below.

If you have children, it is important that you continue the child care arrangements that are already in place for them. However, if there is a problem with your child care, you must immediately inform your JOS/Worker and request a child care provider enrollment form and any other needed documents. Follow the instructions your Worker gives you regarding an appointment to return the completed forms. In order to avoid delays or disruption in services, all child care arrangements should be completed at least one week before your assignment start date.

The BEGIN

1

You will receive carfare and child care as long as you are fully participating in the program. Your appointment is indicated below:

Appointment Date: _____ Time: _____ Telephone: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(see next page)

Travel Directions:

2

If you are unable to keep this appointment, please call the telephone number above prior to your reporting time to arrange for a new appointment.

3

SAMPLE



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Teléfono: _____
Centro de Trabajo: _____

Carta de Cita al Programa BEGIN

Los programas de BEGIN coordinan servicios para ayudar a participantes de asistencia pública a desarrollar las aptitudes vocacionales y de lectura y escritura básicas para lograr la transición del bienestar público al trabajo. Después de usted haber completado sus pruebas educacionales y/o su Plan de Empleabilidad (Employability Plan) en su actividad actual, se le ha asignado al Programa BEGIN como indicado más abajo.

Si tiene hijos, es importante que usted conserve los arreglos de cuidado infantil ya establecidos para ellos. Sin embargo, en caso de cualquier problema con el cuidado infantil, debe notificarle inmediatamente a su Trabajador/JOS y pedir un formulario de inscripción de proveedor de cuidado infantil y cualquier otro documento necesario. Siga las instrucciones que le dé su Trabajador respecto a una cita para devolver los formularios llenados. Para evitar retrasos o interrupciones en los servicios, todos los arreglos de cuidado infantil deben ser completados por lo menos una semana antes de la fecha en que comience su asignación.

El Programa BEGIN

1

Usted recibirá su tarifa de transporte y cuidado infantil siempre y cuando participe plenamente en el programa. Su cita se indica a continuación:

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

Ciudad: _____ Estado: _____ Código Postal: _____

(vea la próxima página)

Indicaciones de Viaje: 2

Si usted no puede acudir a la cita, por favor llame antes de la hora de su cita al número telefónico que aparece más arriba para programar otra cita.

3

SAMPLE