



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #08-129-OPE (This Policy Bulletin Replaces PB #04-11-OPE)

### BACK-TO-WORK (BTW) SPECIAL SHELTER INITIATIVE (“H”) VOLUNTARY ASSIGNMENT FORM (M-75Q)

<b>Date:</b> October 16, 2008	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that form <b>M-75q</b> has been renamed Back-to-Work (BTW) Special Shelter Initiative (“H”) Voluntary Assignment, and has been revised for use with the BTW program. Form <b>M-75q</b> was previously titled “Employment Services and Placement (ESP) Referral Request.”</p> <p>Through the BTW program, designated BTW vendors work intensively with homeless New Yorkers residing within the city’s transitional housing shelter system, with the goal of helping them secure immediate employment. The Special Shelter Initiative (“H”) assigns participants to a BTW vendor as their only engagement activity for up to six weeks, during which the vendor and participant work together on intensive job search activities that should result in the participant gaining employment. During this time, the participant will not be referred or mandated to any other engagement activities.</p> <p>Once the Future Action Date (FAD) for the “H” code expires and no employment information is posted, the participant will be called in via the batch call-in process.</p> <p>Form <b>M-75q</b> is an agreement to be completed and signed by the participant and the BTW Representative, confirming that the participant understands the guidelines of the BTW “H” initiative and that the BTW Representative has confirmed that the participant is not currently engaged in any other HRA-related work activities.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center*

The specific changes to form **M-75q** are as follows:

- All references to the “Employment Services and Placement (ESP)” program have been changed to “Back-to-Work (BTW)”
- In the Participant section, the “Site Code” field has been changed to “Contact Code”
- In the Participant section, the participant’s statement has been revised to state that the participant understands that the voluntary assignment will last six weeks and will require participation in a training program or diligent job search to help him/her secure employment
- In the BTW Representative section, the lead statement has been revised to state that the BTW Vendor is not authorized to commence services with the participant until the participant has completed and signed form **M-75q** and the “H” assignment has been entered in NYCWAY
- In the BTW Representative section, a checkbox has been added for the Representative to confirm that he/she has checked NYCWAY to confirm that the participant is not currently engaged in any other HRA-approved work activity
- In the BTW Representative section, an area has been added for recording the date the “H” code was entered in NYCWAY
- In the BTW Representative section, an area has been added for a Phone Contact number to be entered
- The “Reasons for Rejection” section has been removed from the form

A sample of the revised **M-75q** form is attached.


*Effective Immediately*

**Related Item:**

Employment Process Manual

**Attachments:**

- |                  |  |
|------------------|--|
| <b>M-75q</b>     | Back-to-Work (BTW) Special Shelter Initiative (“H”) Voluntary Assignment (Rev. 10/16/08)           |
| <b>M-75q (S)</b> | Back-to-Work (BTW) Special Shelter Initiative (“H”) Voluntary Assignment (Spanish) (Rev. 10/16/08) |

 Please use Print on Demand to obtain copies of forms.

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Job Center: \_\_\_\_\_

### Back-to-Work (BTW) Special Shelter Initiative ("H") Voluntary Assignment

#### To be completed by Participant

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I am interested in enrolling with the following Back-to-Work (BTW) program.

\_\_\_\_\_  
Name Contact Code

I am not currently assigned to another HRA-approved work activity. I understand that my voluntary BTW assignment will last six weeks. My assignment will require participation in a training program or diligent job search to help me secure employment.

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

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

#### To be completed by BTW Representative

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I have met with the above-named participant, and he/she has expressed an interest in receiving services. I understand that my organization is not authorized to commence services with this participant until the participant has completed and signed this form and the "H" assignment has been entered in the NYCWAY Case Management System.

- I have checked NYCWAY to confirm that the above-named participant is not currently engaged in any other HRA-approved work activity.

I have reviewed this request for assignment to the BTW program referenced above.

- I have enrolled the participant in the requested BTW program.
- I have not enrolled the participant in the requested BTW program.

Date "H" Code Entered: \_\_\_\_\_

\_\_\_\_\_  
BTW Vendor Name Phone Contact

\_\_\_\_\_  
BTW Vendor Signature Date

Fecha: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Centro de Trabajo: \_\_\_\_\_

### Asignación Voluntaria ("H") de Iniciativa Especial de Albergue de Regreso al Trabajo (BTW)

#### **A ser llenado por el Participante**

Me interesa inscribirme en el siguiente Programa de Regreso al Trabajo (BTW).

Nombre \_\_\_\_\_ Código de Contacto \_\_\_\_\_

En la actualidad no estoy asignado(a) a otra actividad de trabajo aprobada por HRA. Entiendo que mi asignación voluntaria de BTW durará seis semanas. Mi asignación supondrá participación en un programa de capacitación o búsqueda activa de trabajo.

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

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

#### **To be completed by BTW Representative**

I have met with the above-named participant, and he/she has expressed an interest in receiving services. I understand that my organization is not authorized to commence services with this participant until the participant has completed and signed this form and the "H" assignment has been entered in the NYCWAY Case Management System.

- I have checked NYCWAY to confirm that the above-named participant is not currently engaged in any other HRA-approved work activity.

I have reviewed this request for assignment to the BTW program referenced above.

- I have enrolled the participant in the requested BTW program.
- I have not enrolled the participant in the requested BTW program.

Date "H" Code Entered: \_\_\_\_\_

BTW Vendor Name \_\_\_\_\_ Phone Contact \_\_\_\_\_

BTW Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_