



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #08-137-OPE

### REVISED NEW START WEP DETERMINATION FORM (W-364A)

<p><b>Date:</b> October 30, 2008</p>	<p><b>Subtopic(s):</b> Employment Program Form</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Human Resources Administration (HRA) Central Work Experience Program (WEP) staff that the New Start WEP Determination Form (<b>W-364A</b>) has been revised to reflect changes in Agency structure and contact information. It is informational for all other staff.</p> <p>Updated addresses:</p> <ul style="list-style-type: none"> <li>• <b>Family Independence Administration (FIA)</b> Central WEP Orientation 109 East 16th Street, 9th Floor/Room A New York, NY 10003</li> <li>• <b>Medical Insurance and Community Services Administration (MICSA)</b> Central WEP Orientation 330 West 34th Street, 3rd Floor/Room 355 New York, NY 10013</li> <li>• <b>Office of Fiscal Operations (OFO)</b> Central WEP Orientation 250 Church Street, 1st Floor New York, NY 10013</li> </ul> <p>Corrected contact telephone number:</p> <ul style="list-style-type: none"> <li>• <b>OFO</b> telephone number has been changed to 212-274-5092</li> </ul> <p>General updates to the form:</p> <ul style="list-style-type: none"> <li>• The NYC logo has been updated</li> <li>• The references to the Medical Assistance Program (MAP) have been changed to MICSA</li> </ul>

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*

Central WEP Directors must ensure that all previous versions of this form are removed from circulation and recycled.

A sample of the revised form is attached.

*Effective immediately*

**Attachments:**

This is a carbonized three-part form, and as such cannot be accessed through Print on Demand

**W-364A** New Start WEP Determination Form (Rev. 10/30/08)

**W-364A (S)** New Start WEP Determination Form (Spanish) (10/30/08)

**New Start WEP Determination Form**  
Central Work Experience Program (CWEP)

New Start Date: \_\_\_\_\_

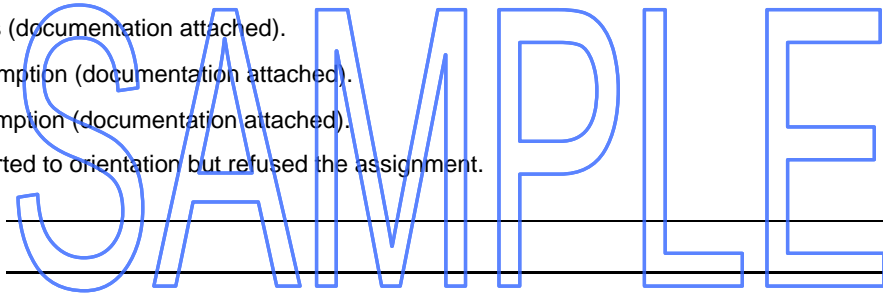
Participant's Name: \_\_\_\_\_  
First M.I. Last

Case Number: \_\_\_\_\_

The above-named participant reported to the New Start orientation but was not assigned. The reason(s) for this is/are:

Please check one:

- No carfare was available.
- No child care services.
- Medical reasons (documentation attached).
- Family care exemption (documentation attached).
- Foster care exemption (documentation attached).
- Participant reported to orientation but refused the assignment.
- Other (specify): \_\_\_\_\_



Participant rescheduled to start on: \_\_\_\_\_  
Date

**Please report to:**

- FIA (649)**  
FIA Central WEP Orientation  
109 East 16th Street  
9th Floor/Room A  
New York, NY 10003  
(212) 835-7104 or 8331
- MICSA (901)**  
MICSA Central WEP Orientation  
330 West 34th Street  
3rd Floor/Room 355  
New York, NY 10001  
(212) 630-1092 or 1093
- OFO (821)**  
OFO Central WEP Orientation  
250 Church Street  
1st Floor  
New York, NY 10013  
(212) 274-5902

Reporting time (please check one):  9:00 AM  1:00 PM

Employed  Part-time  Full-time

<b>Date Started</b>	<b>Job Title</b>	<b>Salary</b>	<input type="checkbox"/> Per Annum	
			<input type="checkbox"/> Per Hour	
<b>Name of Employer</b>			<b>Telephone Number</b>	
<b>Address</b>				
<b>City</b>		<b>Borough</b>	<b>State</b>	<b>Zip Code</b>

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

### Formulario de Determinación de Nuevo Inicio (New Start) de WEP Programa de Experiencia Laboral Central (CWEP)

Nueva Fecha de Inicio: \_\_\_\_\_

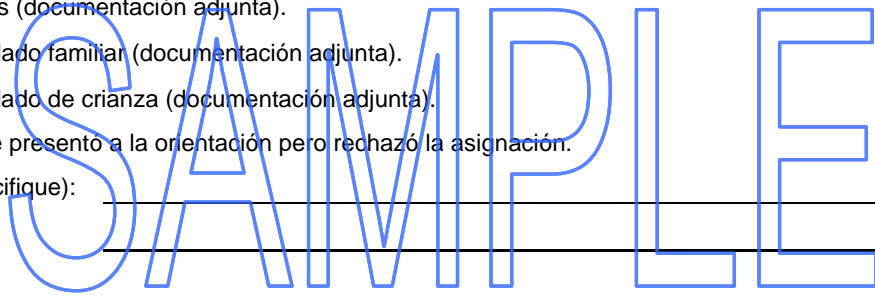
Nombre y Apellido del Participante: \_\_\_\_\_  
Nombre I. Apellido

Número del Caso: \_\_\_\_\_

El participante mencionado arriba, se presentó a la orientación de New Start, pero no fue asignado(a).  
La(s) razón(es) por esto es/son:

Favor de marcar una opción:

- No había dinero disponible para transporte.
- No había servicio de cuidado infantil.
- Razones médicas (documentación adjunta).
- Exención de cuidado familiar (documentación adjunta).
- Exención de cuidado de crianza (documentación adjunta).
- El participante se presentó a la orientación pero rechazó la asignación.
- Otro caso (especifique): \_\_\_\_\_



El participante está reprogramado para comenzar el: \_\_\_\_\_  
Fecha

**Favor de presentarse al siguiente local:**

- FIA (649)**  
FIA Central WEP Orientation  
109 East 16th Street  
9vo Piso/Cuarto A  
New York, NY 10003  
(212) 835-7104 o 8331
- MICSA (901)**  
MICSA Central WEP Orientation  
330 West 34th Street  
3er Piso/Cuarto 355  
New York, NY 10001  
(212) 630-1092 o 1093
- OFO (821)**  
OFO Central WEP Orientation  
250 Church Street  
1er Piso  
New York, NY 10013  
(212) 274-5902

Hora de Presentarse (favor de marcar una opción):  9:00 AM  1:00 PM

Empleado  Tiempo parcial  Tiempo completo

Fecha de Inicio	Función	Salario	<input type="checkbox"/> Anualmente	
			<input type="checkbox"/> Por Hora	
Nombre del Empleador			Número de Teléfono	
Dirección				
Ciudad	Condado	Estado	Código Postal	

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha