



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #08-147-OPE *(This Policy Bulletin Replaces PB #08-137-OPE)*

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

<p>Date: December 2, 2008</p>	<p>Subtopic(s): Employment Program Form</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>The information on the W-364A (Rev. 10/30/08) reflects these changes.</p>	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin has been revised to inform Human Resources Administration (HRA) Central Work Experience (CWEP) staff of corrections as follows:</p> <ul style="list-style-type: none"> • The zip code for the Medical Insurance and Community Services Administration (MISCA) is 10001 (not 10013). • The contact telephone number for the Office of Fiscal Operations (OFO) CWEP is 212-274-5902 (not 212-274-5092). <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform HRA CWEP staff that the New Start WEP Determination Form (W-364A) 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"> • Family Independence Administration (FIA) Central WEP Orientation 109 East 16th Street, 9th Floor/Room A New York, NY 10003

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*

Revised

- **Medical Insurance and Community Services Administration (MISCA)**

Central WEP Orientation
 330 West 34th Street, 3rd Floor/Room 355
 New York, NY 10001

- **Office of Fiscal Operations (OFO)**

Central WEP Orientation
 250 Church Street, 1st Floor
 New York, NY 10013

Corrected contact telephone number:

Revised

- OFO's telephone number has been changed to 212-274-5902

General updates to the form:

- The NYC logo has been updated
- The references to the Medical Assistance Program (MAP) have been changed to MISCA

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:

☞ Please use Print on Demand to obtain copies of forms. This is a carbonized three-part form. A copy is posted on FileNet for information only.

- | | |
|-------------------|--|
| W-364A | New Start WEP Determination Form (Rev. 10/30/08) |
| W-364A (S) | New Start WEP Determination Form (Spanish) (Rev. 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): _____

SAMPLE

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

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

 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): _____

SAMPLE

El participante está reprogramado para comenzar el: _____ Fecha

Favor de presentarse al siguiente local:

- | | | |
|--|--|---|
| <input type="checkbox"/> FIA (649)
FIA Central WEP Orientation
109 East 16th Street
9vo Piso/Cuarto A
New York, NY 10003
(212) 835-7104 o 8331 | <input type="checkbox"/> MICSA (901)
MICSA Central WEP Orientation
330 West 34th Street
3er Piso/Cuarto 355
New York, NY 10001
(212) 630-1092 o 1093 | <input type="checkbox"/> 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