



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 #09-40-OPE

(This Policy Bulletin Obsoletes PB# 08-22-OPE and PB# 08-77-OPE)

REVISIONS TO THE GRANT DIVERSION PROGRAM STATEMENT OF UNDERSTANDING FOR JOB TRAINING PROGRAM PARTICIPANTS (EXP-76G) FORM

Date: April 9, 2009	Subtopic(s): Employment, Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>Note: Effective immediately, the hourly rate for GDP/JTP participants is now \$9.21.</p>	<p>The purpose of this policy bulletin is to inform all Job Center and Employment Services staff of revisions to the Grant Diversion Program Statement of Understanding for Job Training Program Participants (EXP-76G) form.</p> <p>The following changes have been made to form EXP-76G:</p> <ul style="list-style-type: none"> • The form has been modified to a fillable format. • In the heading, a Date section has been added to capture the date the form is completed at the Job Center, and a Case Name section has been included to record the name of the Cash Assistance (CA) case head. • The first sentence now reads: "I understand that I am being enrolled in the Grant Diversion Program (GDP)/Job Training Program (JTP) for _____ months." • Statement 3 has been revised so that the hourly rate amount has been replaced with a blank space that will be used by the program staff to enter the hourly rate for each Job Training Program Participant. • Statement 6 has been revised to read: "I am still required to keep all mandatory CA appointments (example: a Face-to-Face Recertification appointment). If I do not attend all mandatory appointments, my CA case may be affected. If I become ineligible for CA or my grant is reduced because I failed to keep any mandatory appointments, or for another reason, I may become ineligible to participate in the GDP/JTP."

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*

- **Statement 10** has been revised to read: “Participation in a housing subsidy program, other than Section 8 or New York City Housing Authority (NYCHA), will disqualify me from participation in the GDP/JTP.”

Job Training Program (JTP) Locations (**Attachment A**) has been created to provide a listing of JTP locations and their corresponding telephone numbers. Staff must enter the JTP’s corresponding telephone number in the space provided on page 2 of the **EXP-76G**.


Job Center Directors must ensure that all previous versions of the **EXP-76G**, including the multilingual equivalents, are removed from circulation and recycled.

Samples of the revised forms are attached.

Effective Immediately

Attachments:

- | | |
|---------------------|---|
| Attachment A | Job Training Program (JTP) Locations |
| EXP-76G | Grant Diversion Program Statement of Understanding for Job Training Program Participants (Rev. 04/9/09) |
| EXP-76G (S) | Grant Diversion Program Statement of Understanding for Job Training Program Participants (Spanish) (Rev. 04/9/09) |

 Please use Print on Demand to obtain copies of forms.

Date: _____

Case Number: _____

Case Name: _____

Grant Diversion Program Statement of Understanding for Job Training Program Participants

Participant's Information

Print Name: _____
Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

I understand that I am being enrolled in the Grant Diversion Program (GDP)/Job Training Program (JTP) for _____ months. The GDP/JTP provides subsidized earned income and on-the-job training. My participation in the GDP/JTP means that my Cash Assistance (CA) grant will be diverted to the employer in exchange for on-the-job training and a semimonthly salary.

I will be employed with the _____.
In connection with my participation in the GDP/JTP, I have been advised and agree that:

1. I am being referred for a job that will require some physical activity and I believe that I will be able to successfully complete my assigned tasks.
2. For purposes relating to work requirements, I shall be considered **employed full time**.
3. I am required to work a total of **40 hours** per week and I will be paid \$_____ per hour. If I am unable to work the full 40 hours per week, my salary will be reduced to reflect only the hours I have worked.
4. Any income that is earned will be budgeted toward both my CA and Food Stamp (FS) benefits. I am responsible for paying my own rent and transportation expenses. Any permanent changes in my earned income must be reported to my Job Center within ten (10) business days after the month of receipt of the reduced paycheck. I understand that in most cases, my earned semimonthly wages will exceed my CA grant. I also understand the FS program does not recognize temporary changes in income and, therefore, no supplemental FS will be issued for my absences.
 - If I miss work because of a documented illness or other emergency beyond my control and my pay is reduced below the amount of my household needs, I may be eligible to receive a supplemental grant from the Family Independence Administration (FIA). I must request a supplement at my assigned JTP Job Center Unit within ten (10) business days after the month of receipt of the reduced paycheck. I understand that in most cases, my earned semimonthly wages will exceed my CA grant. I also understand the FS program does not recognize temporary changes in income and, therefore, no supplemental FS will be issued for my absences.
 - I understand that if I am eligible, the amount of the supplemental grant will only be in the amount necessary to meet my household's needs and not the amount of the reduction of my paycheck.

5. I am required to attend _____ full day(s) or _____ hours of paid job search per week.
6. I am still required to keep all mandatory CA appointments (example: Face-to-Face appointments). If I do not attend all mandatory appointments, my CA case may be affected. If I become ineligible for CA or my grant is reduced because I failed to keep any mandatory appointments, or for another reason, I may become ineligible to participate in the GDP/JTP.
7. If as an eligibility requirement for CA I am mandated to attend a treatment program, I understand it will be my responsibility to attend the program during hours that will not affect my participation in the GDP/JTP.
8. My eligibility for medical assistance will not be affected during the period in which I am participating in the GDP/JTP.
9. In the event that I request a Fair Hearing and continuing aid because I disagree with the budgeting of my CA grant, my participation in the GDP/JTP will be terminated and, along with it, my salary, unless I withdraw my request for continuing aid.
10. Participation in a housing subsidy program, other than Section 8 or New York City Housing Authority (NYCHA), will disqualify me from participation in the GDP/JTP.
11. If for any reason my subsidized employment with the GDP/JTP ends, I must notify my assigned JTP Job Center Unit within ten (10) business days of the termination.
12. I may be subject to reduction or termination of my CA and FS if without good cause, I:
 - Refuse an offer of permanent employment;
 - Voluntarily terminate employment; or
 - Bring about my own termination from employment.

If I willfully and without good cause refuse or fail to comply with a CA work activity, I will be subject to a reduction or termination of my CA in accordance with 18 NYCRR § 385.12.

I have read the Statement of Understanding for Job Training Program Participants. I understand and agree to comply with all of the requirements. I further understand that if I provide any false information or documentation related to my participation in the Job Training Program, I will be subject to penalties.

Participant's Signature

Date

If there are any problems with your case, such as a child care emergency or other emergency, or if you have any question regarding your CA budget, please call the JTP Job Center Unit at _____.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____

Programa de Reasignación de Concesión Declaración de Acuerdo de los Participantes del Programa de Capacitación Laboral

Información del Participante

Nombre en Letra de Molde: _____
Nombre I. Apellido

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de Teléfono: _____

Entiendo que se me está inscribiendo en el Programa de Reasignación de Concesión (Grant Diversion Program – GDP)/Programa de Capacitación Laboral (Job Training Program – JTP) por _____ meses. El GDP/JTP provee empleo subsidiado y capacitación en el local de trabajo. Mi participación en el GDP significa que mi concesión de Asistencia en Efectivo será reasignada al empleador a cambio de capacitación en el local de trabajo y un salario quincenal.

Seré empleado(a) por el _____.
Con respecto a mi participación en el GDP/JTP. Se me ha informado de y estoy de acuerdo con lo siguiente:

1. Se me está enviando a un trabajo que requerirá cierto grado de actividad física y estimo que lograré realizar satisfactoriamente las tareas que se me asignen.
2. En cuanto a requisitos de trabajo, seré considerado(a) **empleado(a) a tiempo completo**.
3. Se requiere que yo trabaje un total de **40 horas** a la semana y se me pagará \$ _____ la hora. Si no puedo trabajar las 40 horas completas a la semana, mi salario será reducido de acuerdo con las horas que haya trabajado.
4. Todo ingreso de trabajo será destinado al presupuesto de ambos mi concesión de Asistencia en Efectivo y mis Beneficios de Cupones para Alimentos. Tendré la responsabilidad de pagar mi propio alquiler y transporte. Cualquier cambio permanente en mis ingresos de trabajo tiene que ser reportado a mi Centro de Trabajo (Job Center) dentro de diez (10) días laborables a partir del fin del mes para poder solicitar un suplemento.
 - Si no asisto al trabajo debido a una enfermedad documentada u otra emergencia fuera de mi control, y mi sueldo se reduce a menos de la cantidad necesaria para cubrir mis gastos domésticos, puede ser que tenga derecho a recibir una concesión suplementaria de parte de Administración de Independencia Familiar (Family Independence Administration – FIA). Debo solicitar un suplemento en la Unidad del Centro de Trabajo JTP que se me ha asignado dentro de diez (10) días laborables después del mes en que reciba mi cheque de paga reducido. Entiendo que en la mayoría de las situaciones, mi sueldo de trabajo quincenal excederá de mi concesión de Asistencia en Efectivo. También tengo entendido que el programa de Cupones para Alimentos no reconoce los cambios temporarios de ingreso, por lo tanto, no se otorgarán concesiones suplementarias de Cupones para Alimentos en razón de mis ausencias.
 - Entiendo que si soy elegible, la cantidad de la concesión suplementaria sólo será la necesaria para satisfacer los gastos domésticos y no la cantidad reducida de mi cheque de paga.

5. Se requiere que yo participe por _____ día(s) completos o _____ horas a la semana en búsqueda de trabajo.
6. Aún tengo la obligación de cumplir todas las citas obligatorias de Asistencia en Efectivo (por ejemplo: las citas en persona). Si no asisto a todas las citas obligatorias, mi caso de Asistencia en Efectivo se puede ver afectado. Si pierdo mi elegibilidad para Asistencia en Efectivo se reducirá por incumplimiento de las citas obligatorias, o por otra razón, puedo perder mi elegibilidad para participar el GDP/JTP.
7. Si como condición de elegibilidad para Asistencia en Efectivo se me requiere que asista a un programa de tratamiento, entiendo que seré responsable de asistir al programa durante horas que no afecten mi participación en el GDP/JTP.
8. Mi elegibilidad respecto a asistencia médica no será afectada durante el período en el cual yo participe en el GDP/JTP.
9. En caso de que yo solicite una Audiencia Imparcial y asistencia continua por estar en desacuerdo con el presupuesto de mi concesión de Asistencia en Efectivo, mi participación en el GDP/JTP, se terminará a la misma vez que mi salario, a menos que yo retire mi petición de asistencia continua.
10. La participación en un programa de vivienda subsidiada aparte de la de Sección 8 o la de la Autoridad de Vivienda de la Ciudad de Nueva York (New York City Housing Authority– NYCHA), me descalificará de participar en el GDP/JTP.
11. Si por alguna razón mi empleo subsidiado con el GDP/JTP se termina, le dejaré saber a mi Unidad del Centro de Trabajo asignada JTP dentro de los diez (10) días laborables de haberse terminado el empleo.
12. Mi Asistencia en Efectivo y Cupones para Alimentos pueden ser reducidos o terminados si, sin motivo justificado yo:
 - Rechazo una oferta de empleo permanente;
 - Dejo el empleo voluntariamente; o
 - Causo la terminación de mi empleoc.

Si yo rehúso cumplir o falto sin motivo justificado o intencionadamente a una actividad de trabajo de Asistencia en Efectivo, estaré sujeto(a) a la reducción o terminación de mi Asistencia en Efectivo conforme a 18 NYCRR § 385.12.

He leído la Declaración de Acuerdo para los Participantes del Programa de Capacitación Laboral. Acuerdo y convengo cumplir todos los requisitos. Entiendo además que si proporciono información o documentación falsa respecto a mi participación el Programa de Capacitación Laboral, estaré sujeto(a) a sanciones.

Firma del Participante

Fecha

Si surge alguna dificultad con su caso de cuidado infantil u otra emergencia, o si tiene preguntas respecto al presupuesto de su Asistencia en Efectivo, por favor llame a la Unidad del Centro de Trabajo JTP al _____.