



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #09-89-OPE

REVISIONS TO FORM W-364

Date: July 17, 2009	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform all Central Work Experience Program (WEP) staff that the Referral to Worksite (W-364) form has been revised as follows:</p> <ul style="list-style-type: none"> • The old logo has been replaced with the latest New York City logo. • The Social Security number field has been removed. • The form has been separated into both English and Spanish. <p>The W-364 form is used primarily by the Central WEP to record a participant's work activities. The form will be available in a No Carbon Required (NCR) format. Central WEP staff must ensure that the completed and signed original hard copy of the form is filed in the case record. The white copy goes to HRA Control, the yellow copy goes to the Participant, and the pink copy is for the Worksite.</p> <p>Central WEP Directors must ensure that all previous versions of this form are removed from circulation and recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>W-364 Referral to Worksite (Rev: 7/17/09) W-364(S) Referral to Worksite (Spanish)</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*

Date: _____

Recruitment Date: _____

Responsibility Center: _____

Referral to Worksite
Work Experience Program (WEP)

To the Participant: Please report promptly to your assignment.

Start date: _____ at _____ AM Report to room number: _____ Floor: _____

The name of the program is: _____

Your worksite address is: _____

Your supervisor's name is: _____

Telephone number: _____ Work Site Number: _____

To the Supervisor: This will introduce the following Work Experience Program Participant who has been assigned to your location and is required to report at the above noted start date and time.

Participant's Name: _____ Case Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____ Telephone Number: _____

WEP Hours: _____ Days _____ Hours Daily Job Search: _____ Days _____ Hours

WEP: _____ Days _____ Hours

Please Note: This Participant has: (check all that apply)

Physical Limitations English Limitations Other (specify): _____

Explanation of limitations to be taken into account when assigning work tasks: _____

Print interviewer name: _____ Telephone number: _____

Fecha: _____

Fecha de Contratación: _____

Centro de Responsabilidad : _____

Envío a un Local de Trabajo
Programa de Experiencia Laboral (Work Experience Program – WEP)

Al Participante: Repórtese a tiempo al lugar asignado.

Fecha de Inicio: _____ a las _____ AM Repórtese a sala número: _____ Floor: _____

El nombre del programa es: _____

La dirección del local de trabajo es: _____

El nombre de su supervisor es: _____

Número de Teléfono: _____ Número de Trabajo: _____

To the Supervisor: This will introduce the following Work Experience Program Participant who has been assigned to your location and is required to report at the above noted start date and time.

Participant's Name: _____ Case Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____ Telephone Number: _____

WEP Hours: _____ Days _____ Hours Daily Job Search: _____ Days _____ Hours

WEP: _____ Days _____ Hours

Please Note: This Participant has: (check all that apply)

Physical Limitations English Limitations Other (specify): _____

Explanation of limitations to be taken into account when assigning work tasks: _____

Print interviewer name: _____ Telephone number: _____