

CD #22-09

### MEMORANDUM

**DATE:** April 12, 2022

**TO:** Job Center Directors, Regional Managers, and HIV/AIDS Services

Administration (HASA)

**FROM:** DSS Office of Procedures

SUBJECT: Routing Applicants/Participants to the Appropriate Service Area at

the Job Center

The purpose of this Center Director (CD) memorandum is to inform Job Center staff that if a Cash Assistance (CA) applicant/participant expresses an inability to read, write, or understand any part of the application/recertification process, or is identified as someone who may be struggling, and it prevents the applicant/participant from successfully completing a CA application/recertification without the assistance of a staff member, they should be given a ticket to the appropriate service area for an in-center interview. The applicant/participant will be directed to the Customer Service Information Center (CSIC) (CG ticket) or the Job Center's identified telephone interview area and issued an interview ticket (PI ticket). Applicants/Participants in this situation should not be referred to the PC Bank or be given a paper application/recertification form.

The identified applicant/participant with the inability to read, write, or understand any part of the process will be interviewed onsite, at one of the above identified service areas, without prior submission of a completed CA application/recertification form. This interview process will follow the interview process of those without a telephone; refer to PB#20-13-ELI. The applicant/participant will use a telephone in a designated workstation within the Job Center. The applicant/participant will be asked to wait by the designated telephone to receive a call from the Job Opportunity Specialist (JOS)/Worker assigned to the case for the telephone interview.

Telephone interviews will be initiated by the JOS/Worker calling the designated workstations for those individuals who have no access to a telephone or who have asked to conduct their interview while in the Job Center. Interviews will be conducted in the Paperless Office System (POS). All relevant eligibility questions will be asked, and all necessary documentation will be requested. The JOS/Worker must go over the list of documents identified on the document request with the applicant/participant.

Once the telephone interview is successfully completed, the JOS/Worker will provide a printed copy of the application/interview to the applicant/participant to sign (any signature, including an "X" is acceptable). The JOS/Worker will scan and index the signed copy into the applicant's/participant's case record.

In instances where an applicant/participant does not answer the telephone, the JOS/Worker should annotate the Participant Request Control Card (**W-111F**) form. The Center Director or Designee will be in charge of tracking the **W-111F** form.

For telephone interviews, the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) form will be mailed to the applicant/participant upon completion of the telephone interview. The JOS/Worker will inform the applicant/participant that they can submit their documents using the ACCESS HRA Mobile App or by using the self-service scanners in the Job Center. If no interview was conducted (e.g., applicant leaves the Job Center before the call), the Job Center will need to make a decision as per current procedure.

**Note:** Applicants/Participants must not be directed to leave the location and seek assistance from the Homevisit Needed/Homebound (HVN/HB) Center #90. Once an applicant/participant is in the Job Center, it remains the responsibility of the Job Center to assist them with completion of the application/recertification interview. Job Center staff must proceed as directed above to ensure that the applicant/participant receives the service and assistance they need to complete the interview successfully.

Effective Immediately

### References:

PB #18-37-OPE PB #20-13-ELI

## Attachments:

**W-111F** Participant Request Control Card (Rev. 9/2/11)

**W-113K** Documentation Requirements and/or Assessment Follow-Up (Rev.

4/11/22)

cc: FIA Call Center

Code X



# **Participant Request Control Card**

	Job Center	No	Group						Mont	h	_ Year		P	age	of
						Participant Req					Action	Taken			
	Request	No. of Ext. Days	Participant's Name	Case Number	Case- Load	H/H Add.	Other Add. Allow		Emergenc	ies Other (spec)			Sign Off Date	Req. Iss. Date	Act. Iss. Date
	Date	EXI. Days			Load		(Specify)	Shelter	Utility	Other (spec)	Approved	Denied			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1															
2															
3															
4															
5				/		$\Lambda$ $\Box$									
6						M = M									
7				П											
8						70	<del>\</del>								
9															
10															
11															
12															
13															
14															
15															

Group Total \_\_\_\_\_ Job Center Total \_\_\_\_\_

Date: \_\_\_\_\_\_
Case Number: \_\_\_\_\_
Center Number: \_\_\_\_\_
SNAP Filing Date: \_\_\_\_\_

Subject:

# **Documentation Requirements and/or Assessment Follow-Up**

To see if you can get, or keep getting, benefits, you must give us the required documents by the due date on this form.

Please see the Eligibility Factors and Suggested Documentation Guide (**W-119D**) sent with this letter for some of the types of documents you can give us.

with this letter for some of the types of documents you can give us.								
If you need more time or help getting the documen  Due Date:	rs call the number on page 3 of this notice.							
Forms Reminder								
(Please return the following Agency form(s), comp	leted and signed where necessary.)							
<ul> <li>□ LDSS-2474 SSI Referral and Certification of Contact</li> <li>□ W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance</li> <li>□ W-146W Verification of Tenant's Rent in Section 8 Housing</li> <li>□ W-147CC Certification of Move Statement</li> <li>□ W-147M Landlord's Statement (Regarding Broker's Fee)</li> <li>□ W-147Q Verification of Secondary Tenant's Residence and Housing Costs</li> </ul>	<ul> <li>M-15 Inquiry Regarding Veteran's Benefits/Allotment</li> <li>W-274U Attestation of Employment as an Informal Child Care Provider</li> <li>W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance</li> <li>W-451 NYPD − New York Police Department Report/Referral</li> <li>W-582A Family Care Assessment</li> <li>W-700E School Attendance Verification Letter</li> </ul>							

CA Appointment Reminder								
<ul> <li>□ BEV – Bureau of Eligibility Verificati Appointment</li> <li>□ OCSS – Office of Child Support Ser Appointment</li> <li>□ Career Services Vendor Appointme</li> <li>□ CASAC – Credentialed Alcoholism/s Substance Abuse Counselor Appointme</li> </ul>	vices nt and	<ul> <li>□ WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment</li> <li>□ ACS – Agency for Children's Services Appointment</li> </ul>						
The following household member(s) mu	ıst contact	HRA for the rea	son indicated below:					
Name of Household Member	-	n oyability esment	☐ To sign the cash assistance application					
Name of Household Member		n pyability ssment	☐To sign the cash assistance application					
Name of Household Member	□For ar emplo asses	n pyability sment	☐ To sign the cash assistance application					
Name of Household Member		n py <del>abili</del> ty sment	To sign the cash assistance application					
Outstanding documentation – see the verify the Eligibility Factors listed.	e W-119D for a list of documents that can be used to							
Name	Eligibility Factor							

You may submit any required documents/information by:



<u>UPLOAD</u> (easiest!) — use your mobile phone or tablet with our ACCESS HRA mobile app at: <u>www.nyc.gov/accesshramobile</u>



**IN PERSON** — bring copies of the documents to your Center



FAX — send documents to \_\_\_\_\_



MAIL copies using envelope provided



<u>CALL</u> if you need help getting documents or more time to get documents

Failure to submit verification/documentation or failure to contact your HRA worker on or before the due date may make you ineligible for Cash Assistance and/or SNAP, or may cause a reduction in your Cash Assistance and/or SNAP benefits for a specific period of time.

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

### THINGS TO REMEMBER



<u>Pay Stubs</u>: for each person working, you must provide pay stubs to cover the last 4 weeks they were paid.



<u>Employer Letter</u>: If you don't get pay stubs, have your employer write a letter stating the amount and frequency you get paid, and the company name and telephone number, and your employer <u>must</u> **sign and date** it.



**<u>Landlord or Primary Tenant Letter:</u>** must be signed, dated and include:

- amount of rent you are charged;
- whether you pay the landlord or primary tenant for heating/cooling or other utilities separate from your rent, and if so, how much;
- how many people are in your household; and
- the landlord's name and telephone number.

