



# FAMILY INDEPENDENCE ADMINISTRATION

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Policy, Procedures and Training

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## POLICY BULLETIN #03-178-EMP

### AMENDMENTS TO THE PARKS OPPORTUNITY PROGRAM

<b>Date:</b> November 28, 2003	<b>Subtopic(s):</b> Employment
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p>	<p>The Wage Subsidized Parks Opportunity Program (POP) process (see PD #03-31-EMP) has been amended as follows:</p> <p><b>New Parks Centers</b></p> <p>Participants who have been hired by the Parks Opportunity Program will have their public assistance cases transferred to one of four newly designated Parks Jobs Centers. The Parks Job Centers are:</p> <p>Linden Center 67 for Brooklyn and Queens St. Nicholas Center 26 for Manhattan and the Bronx Richmond Center 99 for Staten Island Riverview Center 37 for Housing and Homeless Services</p> <p>The Parks Job Centers will be responsible for all case management for public assistance cases with caseload <b>444</b> (Parks Opportunity Program). When participants leave the Parks Opportunity Program their cases will be transferred back to their original Job Center.</p> <p><b>Ineligible Shelter and Additional Needs Types</b></p> <p>Participants receiving recurring rent supplements (Additional Needs Types <b>43</b> and <b>44</b>) or participating in the Jiggetts program (Shelter Type <b>41</b>) are <u>not</u> to be referred to POP. JOS/Workers must check the WMS Household screen (<b>NSBL02</b>) to verify that the participant does not have Shelter Type <b>41</b> or Additional Needs Type <b>43</b> or <b>44</b> before making a referral to POP.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*

Distribution: X

## **Ineligible Cases**

### Nonpayees

Nonpayees may not be referred to the Parks Opportunity Program. Only the casehead may be considered for grant-diverted, wage-subsidized employment.

### Single Safety Net Participants

Single Safety Net cases are not eligible for POP and are now systemically restricted from POP call-ins (**105W**) and referrals (**155G**).

### **Multiple Referrals**

Participants cannot have multiple referrals for Parks jobs. If an individual previously received an action code **155M** (employed by POP), action code **155G** (referral to POP) will not be accepted by NYCWAY. If there is an error and a manual adjustment is needed to return the person to the job, the case must be referred to the Regional Liaison to complete the referral.

### **Revision to Form EXP-75**

New York City Parks Opportunity Program notice **EXP-75** has been revised to remove the following statement:

"Your child care and Medicaid benefits will continue either as a supplemental payment or as a transitional benefit if your case is closed for employment."

The public assistance case of participants hired by the Department of Parks and Recreation for the Parks Opportunity Program remains open and part or all of the public assistance grant (depending on the budget deficit) is diverted to the Department of Parks and Recreation as a wage subsidy. Child care and Medicaid eligibility is unaffected by participation in the Parks Opportunity Program.

### Revised Participant Statement of Understanding

The Participant Statement of Understanding that POP participants sign at the Parks Orientation has been revised to clarify that they are paid for actual hours worked. If a participant works less than 40 hours in a week his/her paycheck for that period will be reduced by \$7.50 for each hour of work missed. However, for budgeting purposes, all POP participants are budgeted for earnings based upon a 40-hour workweek.

The Participant Statement of Understanding has also been revised to inform the participant that s/he may be eligible for a grant supplement if, for a documented reason beyond his/her control, his/her earned income is reduced such that earned income is below his/her household need. See "Supplementation of Grant" below.

Workers should ensure that participants receive a signed and dated copy of the Participant Statement of Understanding at Orientation with the contact telephone number of the assigned Parks Job Center for case issues.

### Supplementation of Grant

If a participant's earned income for a given month is less than that participant's standard of need (household need), the participant may be eligible to receive a supplemental grant from HRA. To receive a supplement, the participant must:

- 1) request a supplement at the assigned Parks Job Center within ten (10) days after the month in which the participant received the reduced paycheck;
- 2) at the time of the request, provide verification (pay stub) of the reduction in earned income;
- 3) establish that the reduction in earned income was beyond his/her control. Beyond the participant's control means that the reduction resulted from:
  - a. a documented mental or physical problem; or
  - b. the employer's determination to reduce hours of work or wages; or
  - c. other documented extenuating circumstances under which the participant could not reasonably be expected to earn the same amount of income.

The participant must provide to HRA:

- 1) documentation of the hardship that caused the participant to miss work hours such as a doctor's note, court appointment notice, note from the child care provider that child care was temporarily unavailable, or other documentation appropriate for the hardship claimed. Medical documentation for the participant or his/her child must cover the time period of the absence;
- 2) the pay stub(s) for the pay period(s) for which the participant received a reduction in income;
- 3) a completed Request for Additional Allowance or a Change in Grant (Form **W-137A**).

The JOS/Worker will calculate a budget using the reduced income to determine if the participant is eligible for a supplemental grant. If the participant's gross income for the month in question is less than 185% of the standard of need for the household size, the participant may be eligible for a supplemental grant. The grant supplement will be the amount that is necessary to meet the participant's household need, and not the amount of the reduction in income. .

Example 1:

Susan Moore is a participant in the Parks Opportunity Program and has one child. Ms. Moore missed five days of work in one month due to illness. Monthly income for POP participants is \$1,300. Five days of income is \$300. Ms. Moore's income for the month in question is \$1,000. For a family of two, the monthly need is \$512.00. Her monthly need multiplied by 185% is \$947.20. Ms. Moore does not qualify for a supplemental grant even though she missed five days of work because her monthly earned income fails the 185% Gross Income Test.

Example 2:

Mark Gray is a participant in the Parks Opportunity Program and has one child. Mr. Gray needed surgery and was out of work for seven days. He therefore missed \$420.00 of income. Mr. Gray's income for this month is \$880.00 (\$1300 - \$420.00). The monthly need for a family of two is \$512.00 x 185% = \$947.20. Mr. Gray's monthly need exceeds his income for this month so he is eligible for a supplemental grant.

Since Mr. Gray meets the eligibility requirement, compute the amount of the supplemental grant as follows:

$\$880.00 - \$90.00$  (standard income disregard) =  $\$790.00$ .

$\$790.00 - 51\%$  income disregard =  $\$387.10$ .

$\$512.00$  (monthly need) –  $\$387.10$  (income) =  $\$124.90$  (grant)

In all cases when a supplemental grant is requested, after determining whether the participant is eligible for a supplemental grant, the JOS/Worker will complete a Notice of Acceptance/Denial of Request for an Additional Allowance to Meet a Special Need or for a Change in Grant (Form **W-137B**) and annotate the decision on the Client Request Control Card (**W-111F**).

Note: Food Stamp regulations do not recognize temporary changes in income that last less than 30 days. Therefore, no supplemental grants for food stamps will be issued for absences.

#### **Letter to Parks Opportunity Program Participants**

Participants will receive in the mail an informative letter from HRA that summarizes how the Parks Opportunity Program works. It also explains that grant supplementation by HRA is up to the amount required to meet the participant's household need, and is available only if the participant had documented illness or emergency absences and presents documentation to HRA within the prescribed time frame. A copy of the letter (**EXP-76F**) is attached.

#### **Parks Orientation Letter**

Parks staff will provide a letter (sample attached) for each person hired at the processing day that informs the participant where and when to report on his/her start day. The HRA Worker who attends the processing day will fill in the name and case number of the participant on the letter and make a copy to be entered into the participant's case record.

### **Parks Completion Letter**

Participants who successfully complete the POP will receive a letter (sample attached) in the mail from Parks informing them that their public assistance budget will be restored and their case transferred back to their original Job Center. The letter also informs participants that they will receive a notice in the mail informing them of where to report for further assessment, job search and work activities after their public assistance case has been restored.

*Effective Immediately*

### **Attachments:**

☞ HRA forms can now be accessed through Print on Demand at all Job Centers.

<b>EXP-75</b>	New York City Parks Opportunity Program
<b>EXP-76F</b>	Letter to Parks Opportunity Program Participants
<b>EXP-76F(S)</b>	Letter to Parks Opportunity Program Participants
<b>EXP-76G</b>	Participant Statement of Understanding
	Parks Orientation Letter
	Parks Opportunity Program Completion Letter

Form EXP-75 (face)  
Rev. 11/28/03  
MLF



The **CITY** of **NEW YORK**  
Human Resources Administration  
Family Independence Administration

Center No. \_\_\_\_\_ Center Name \_\_\_\_\_

Center Address 1 \_\_\_\_\_

Center Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date: \_\_\_\_\_

Center: \_\_\_\_\_

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

Case Type: \_\_\_\_\_

Caseload: \_\_\_\_\_

### New York City Parks Opportunity Program

You have been selected to participate in the New York City Parks Opportunity Program. You will be placed in a wage-subsidized, temporary job. Enclosed is a Notice of Job Interview, which will offer you a new opportunity to become employed.

Please note that this is a **temporary and transitional six-month job**. As a condition of your acceptance, you are required to participate in mandatory, one day a week job search activities which will be provided by the employer to enable you to transition to permanent employment.

Please report for orientation and processing on the date, time and at the location indicated on the enclosed notice. Travel directions are also included in the notice. If you have a resume, high school diploma or GED, and/or any professional certificates, bring those with you. You **must** bring with you:

- 2 forms of identification (Public Assistance ID Card, EBT Card)
- Social Security card
- Alien Registration Card if you are a legal resident
- A letter of disposition if you have been convicted of a crime
- A completed Child Care Provider form
- Verification of child care provider's name and address (e.g., cable, telephone or Con Ed bill)

If you are currently in an ESP or WEP activity, give a copy of this letter and the enclosed notice to your supervisor.

Failure to report to orientation on the appointment date may result in a reduction of your public assistance and Food Stamp benefits. If you have any questions, or are unable to keep this appointment, please call the telephone number indicated on the enclosed notice.

Sincerely,

Catherine McAlevey  
Deputy Commissioner



No. Del Centro Nombre del Centro

Dirección del Centro 1

Dirección del Centro 2

Ciudad Estado Código Postal

Nombre Apellido

Dirección del Cliente 1

Dirección del Cliente 2

Ciudad Estado Código Postal

Fecha: \_\_\_\_\_

Centro: \_\_\_\_\_

Número de Caso: \_\_\_\_\_

Tipo de Caso: \_\_\_\_\_

Carga de Casos: \_\_\_\_\_

### Programa de Oportunidad de Parques de la Ciudad de Nueva York

Usted ha sido seleccionado(a) a participar en el Programa de Oportunidad de Parques de la Ciudad de Nueva York. Usted será colocado en un empleo temporal con salario subsidiado. Hemos incluido un Aviso para Entrevista de Empleo, el cual le ofrecerá una nueva oportunidad de conseguir un empleo.

Por favor note que este es un **empleo temporal y de transición por seis meses**. Como condición para ser aprobado, usted debe de participar en actividades de búsqueda de empleo obligatorias una vez a la semana, las cuales serán proveidas por el empleador para facilitar su traslado a un empleo permanente.

Favor de presentarse para orientación y procesamiento en la fecha, hora y lugar señalados en el aviso incluido. Instrucciones de como viajar estan incluidas también en el aviso. Usted debe traer consigo si tiene disponible los siguientes: una hoja de vida, diploma de bachiller o GED y además cualquier certificado profesional. Usted **debe** traer consigo:

- 2 pruebas de identificación (Tarjeta de ID de Asistencia Pública, Tarjeta de EBT)
- Tarjeta de Seguro Social
- Tarjeta de Registro de Extranjeros si usted es un residente legal
- Una carta de disposición si usted ha sido condenado de algún crimen
- Un formulario de Proveedor para Cuidado Infantil Completado
- Verificación del nombre y dirección de Proveedor para Cuidado Infantil (tales como el servicio de cable, teléfono, o cuenta de Con Edison)

Si usted está actualmente participando en una actividad de ESP o WEP, entregue una copia de esta carta y el aviso adjunto a su supervisor.

El no presentarse a orientación en la fecha programada puede resultar en una reducción de sus beneficios de asistencia pública y de cupones de alimentos. Si usted tiene preguntas, o si no puede acudir esta cita, favor de llamar al número de teléfono indicado dentro del aviso adjunto.

Atentamente,

Catherine McAlevey  
Subcomisionada





Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

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

### Parks Opportunity Program (POP)

Dear Participant:

The Human Resources Administration/Family Independence Administration congratulates you on having been chosen by the New York City Parks and Recreation Department (Parks) for the Parks Opportunity Program (POP).

As you know, the Parks Opportunity Program provides six months of employment with Parks. You are expected to work 40 hours per week at \$7.50 per hour. The workweek includes one day per week of job search activities. Your biweekly paycheck reflects actual hours worked. If for some reason you work less than 40 hours in a given week, your paycheck for that period will be reduced by \$7.50 for each hour of work missed.

If you miss work because of a documented illness or other emergency beyond your control, and your pay is reduced below the amount of your household needs, you may be eligible to receive a supplemental grant from HRA. In most cases, POP participants are not eligible for a supplemental grant, even if you miss several days of work, because the semimonthly wages from Parks exceed your public assistance grant amount. If you want to request a supplement, you must report the reduction in pay to the Parks Job Center named above within 10 days after the month of receipt of the reduced paycheck. You must submit to HRA documentation of the reason you missed work, and the pay stub(s) for the period(s) in which your income was reduced. If a supplemental grant is issued, it will be in the amount that is necessary to meet your household needs, and not the amount of the reduction in your paycheck. Food Stamp does not recognize temporary changes in income. Therefore, no supplemental grants for food stamps will be issued for absences.

Your public assistance case remains open while you are employed by Parks and is serviced by the Parks Job Center whose name and address is listed on the top left corner of this notice. Any mandatory HRA appointments, such as for Recertification, will be conducted by this Center. You must continue to keep all mandatory HRA appointments while participating in POP. If there is any change in your situation please call your assigned Parks Job Center at

Your public assistance grant has been rebudgeted based upon your working 40 hours per week, as of the date of your first paycheck. You received a notice in the mail informing you of the change to your public assistance grant. Now that you are receiving a paycheck, you are responsible for paying your expenses such as rent and transportation from your Parks wages.

The goal of the Parks program is to assist you in moving to unsubsidized employment. If at the end of the program you are not able to obtain unsubsidized employment, your case will be rebudgeted and you will be assigned to an unpaid work experience program and training activity or other appropriate assignment. Your case will be transferred to your original Job Center. You will receive details in the mail regarding your new public assistance budget and work assignments.

We hope that you enjoy your temporary employment with Parks and that your job search is successful.

Sincerely,

Catherine McAlevey  
Deputy Commissioner  
Family Independence Administration



Fecha: \_\_\_\_\_

Nombre del Participante: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

### Programa de Oportunidades en los Parques (POP)

Estimado Participante:

La Administración de Recursos Humanos/Administración de la Independencia Familiar le felicita por haber sido elegido por el Departamento de Recreación y de Parques de la Ciudad de Nueva York (Parks) para el Programa de Oportunidades en los Parques (POP).

Como usted sabe, el Programa de Oportunidades de los Parques proporciona seis meses de empleo con Parks. Se espera que usted trabaje 40 horas a la semana a \$7.50 la hora. La semana de trabajo incluye un día a la semana dedicado a actividades de la búsqueda de trabajo, pero su cheque de paga quincenal representará el número de horas trabajadas. Si por alguna razón usted trabaja menos de 40 horas en determinada semana, su cheque de paga por ese periodo se reducirá por \$7.50 por cada hora que usted haya faltado al trabajo.

Si ha faltado al trabajo a causa de enfermedad documentada u otra emergencia fuera de su control, y su paga ha sido reducida a una cantidad por debajo a sus necesidades en su hogar, podría tener derecho a una subvención suplementaria por parte de la HRA. En la mayoría de los casos, los participantes de POP no son elegibles a subvención suplementaria, aun si han faltado a varios días de trabajo, ya que el sueldo quincenal de Parks sobrepasa la cantidad de la subvención de asistencia pública. Si desea solicitar un suplemento, debe reportar la reducción de la paga al Centro de Trabajo de Parks indicado más arriba dentro de diez días de haber recibido el cheque de paga reducido. Debe presentar la HRA documentos sobre la razón por la cual ha faltado al trabajo, al igual que los talones de paga del periodo por el cual su ingreso ha sido reducido. Si se emite subvención suplementaria, será por la cantidad necesaria para cubrir los gastos en su hogar, y no por la cantidad de la reducción de su cheque de paga. Cupones para Alimentos no reconoce cambios temporarios en el ingreso. Por lo tanto, no se emitirán subvenciones suplementarias de cupones para alimentos debido a ausencias.

Su caso de asistencia pública permanecerá abierto mientras usted trabaje para Parks y será tramitado por el Centro de Trabajo de Parks cuyos nombre y dirección aparecen en la esquina superior izquierda del este aviso. Cualquier cita obligatoria de HRA, tal como la de Recertificación, la llevará a cabo este Centro. Mientras participe en POP, debe seguir cumpliendo con todas las citas obligatorias de HRA. En caso de cualquier cambio en su situación, favor de llamar a su Centro de Trabajo de Parks asignado al: \_\_\_\_\_.

Su beneficio de asistencia pública se ha vuelto a calcular según sus 40 horas de trabajo a la semana desde la fecha de su primer cheque de paga. Usted ha recibido por correo un aviso informándole del cambio en su subvención de asistencia pública. Ahora que está recibiendo cheque de paga, tiene la responsabilidad de pagar sus gastos tales como el alquiler y el transporte de su sueldo de Parks.

El objetivo del programa Parks es ayudarle a trasladarse a un empleo no subvencionado. Si al final del programa no puede conseguir trabajo no subvencionado, se calculará un nuevo presupuesto para su caso, y se le asignará a usted a un programa no pagado de experiencia laboral y actividad de trabajo u otra asignación apropiada. Su caso será trasladado a su Centro de Trabajo originario. Usted recibirá por correo los detalles respecto a su nuevo presupuesto de asistencia pública y asignaciones de trabajo.

Esperamos que su empleo temporal con Parks sea de su agrado y que su búsqueda de trabajo dé resultado positivo.

Atentamente,

Catherine McAlevey  
Subcomisionada  
Administración de la Independencia Familiar



### PROGRAMA DE REASIGNACIÓN DE SUBVENCIÓN/PROGRAMA DE OPORTUNIDADES EN PARQUES DECLARACIÓN DE ACUERDO DEL PARTICIPANTE

Nombre del Participante: \_\_\_\_\_ Número del Caso \_\_\_\_\_  
Nombre | | | Apellido

Dirección del Participante: \_\_\_\_\_  
Línea de Dirección 1 \_\_\_\_\_  
Línea de Dirección 2 \_\_\_\_\_  
Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

Yo entiendo que he sido elegido para participar en el Programa de Reasignación de la Subvención, que provee empleo subsidiado (puede incluir, pero no de forma exclusiva, el pago de capacitación en el trabajo) con el Departamento de Parques y Recreación de la Ciudad de Nueva York, Programa de Oportunidades en los Parques (Parks Opportunity Program - POP) por un período de seis meses. En relación a mi participación en POP, se me ha informado que:

1. Por motivos de requisitos de trabajo, seré considerado **empleado**.
2. Durante mi inscripción al Programa de Reasignación de la Subvención, el Departamento de Parques y Recreación del Estado de Nueva York recibirá de parte de Servicios Sociales, una cantidad mensual que será sustraída de mi subvención de asistencia pública para subsidio del sueldo.
3. Gozaré de todos los mismos derechos, privilegios y beneficios que los otros empleados de Parks en situación semejante a la mía, en conformidad a las normas sindicales y leyes federales o estatales.
4. Yo entiendo que todavía se requiere que asista a todas las reuniones obligatorias de la HRA (ejemplo: citas en persona)
5. Mi elegibilidad para asistencia médica no será afectada durante el período en el cual yo participe en el Programa de Reasignación de la Subvención.
6. Yo entiendo que se requiere que yo trabaje un total de **40 horas** a la semana y que se me pagará a \$7.50 la hora. Si no puedo trabajar las 40 horas completas a la semana, mi salario se reducirá de acuerdo a las horas que haya trabajado.
7. Entiendo que los ingresos de trabajo de \$650.00 quincenales serán presupuestados en ambos mi subvención de asistencia pública y beneficios de Cupones para Alimentos, y que me responsabilizo de los gastos de pago de mi propio alquiler y transporte. Los cambios en mis ingresos de trabajo se deben reportar a mi Centro de Empleo dentro de un período de 10 días.
  - a. Si dejo de trabajar debido a una enfermedad documentada u otra emergencia fuera de mi control, y mis pagos se reducen a menos de la cantidad necesaria para cubrir mis gastos de hogar, puede que tenga derecho a recibir una subvención suplementaria de parte de HRA. Debo solicitar un suplemento en el Centro de Empleo Parks que se me ha asignado dentro de diez (10) días de la fecha en que reciba mi cheque de paga reducido. Entiendo que en la mayoría de las situaciones, mi sueldo de trabajo quincenal de POP excede mi subvención de asistencia pública. El Programa de Cupones para Alimentos no reconoce los cambios temporarios de ingreso. Por lo tanto, no se concederán concesiones suplementales de Cupones para Alimentos en razón de las ausencias.
  - b. También entiendo que si soy elegible, la cantidad de la subvención suplementaria sólo será igualada a la cantidad necesaria para satisfacer los gastos de mi hogar y no a la cantidad reducida de mi cheque de paga.
8. Si por alguna razón el empleo subsidiado con el Departamento de Parques y Recreación se termina, le dejaré saber a mi Centro de Empleo antes de los diez (10) días de haberse terminado el empleo.
9. Yo entiendo que se requiere que yo participe a cambio de pago por un (1) día completo u ocho (8) horas a la semana en Búsqueda de trabajo/Capacitación.
10. Mi asistencia pública y beneficios de cupones de alimentos pueden ser terminados o reducidos si, sin motivo suficiente yo:
  - a. rechazo una oferta de empleo; o
  - b. dejo el empleo voluntariamente; o
  - c. causo la terminación de mi empleo.

Si rechazo, o no cumpla con el trabajo sin motivo suficiente, estaré subordinado a sanciones conforme al artículo de ley 1300.12.

\_\_\_\_\_  
Firma del Participante

\_\_\_\_\_  
Fecha

Si surge alguna dificultad con su caso debido al cuidado infantil u otras emergencias, o si tiene preguntas respecto al presupuesto de su asistencia pública, por favor llame a \_\_\_\_\_ Unidad de Programa de Parques del Centro de Empleo al \_\_\_\_\_



City of New York  
Parks & Recreation

«FIRSTN» «LASTN»  
«ADDRESS»  
«CITY», «STATE» «ZIP»

Dear «FIRSTN» «LASTN»:

Thank you for your dedicated service to the New York City Parks Department. We hope you have found your work experience educational and rewarding. As you are aware, your temporary position with our agency will end on «END DATE».

HRA informs us that if you have not secured permanent employment and your case has not been closed, HRA will restore your public assistance grant automatically. There is no need to report to an HRA Job Center for rebudgeting at this time.

As per HRA, after your public assistance budget has been restored, your public assistance case will be transferred back to your original Job Center. You will then receive an assignment notice in the mail informing you of where to report for further assessment, job search and work experience activities. Carfare will be provided.

Many thanks again and best of luck in your future endeavors.

Sincerely,

cc: Seth Diamond  
«DIST CODE»





City of New York  
Parks & Recreation

The Arsenal  
Central Park  
New York, New York 10021

Adrian Benepe  
Commissioner

\_\_\_\_\_  
Name

\_\_\_\_\_  
Case #

Welcome to Parks & Recreation. We are pleased to have you here helping us care for more than 26,000 acres of parkland and 900 playgrounds. Your effort to provide clean, safe and attractive parks and playgrounds improves the quality of life for everyone in New York City.

Orientation will be held on: \_\_\_\_\_

Please report to: Walker Park

Located at: 50 Bard Avenue  
Staten Island, New York 10301  
(718) 390-8022

# Sample

**TRAVEL DIRECTIONS:**

Walker Park/Richmond Terrace and Bard Avenue  
Take the #40 bus to Richmond Terrace and Bard Avenue. Walk ½ block to the park.

***Transit Information: 718-330-1234***

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date