



**FAMILY INDEPENDENCE ADMINISTRATION**  
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**POLICY BULLETIN #03-192-EMP**  
*(Use with PD #03-60-EMP)*

**TRAINING/EDUCATION ACTIVITIES UPDATE**

<b>Date:</b> December 24, 2003	<b>Subtopic(s):</b> Training/Education
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p> <p>HRA Master List of Approved Training Programs</p> <p>Options for when the participant's original training request is not granted</p>	<p>This policy bulletin is to inform JOS/Workers and Training Assessment Group (TAG) Workers of recent changes in the TAG referral and assignment process.</p> <p>If a participant requests a program that is consistent with his/her Employability Plan (EP) but the chosen program is not on the HRA Master List of Approved Training Programs (Master List), TAG staff may recommend a similar program that is on the Master List.</p> <p>TAG Workers are reminded that if a participant requests a non-HRA-approved program, the participant may request that the program be given an opportunity to be added to the Master List. TAG staff will give the participant a 15-day return appointment (action code <b>13TF</b>). TAG will provide the school information to the HRA/FIA Resource Development unit and Resource Development will interface with the school regarding the process for becoming approved.</p> <p>At the return appointment, if the chosen school has been added to the Master List and the program is consistent with the participant's EP, TAG staff will approve the training. If the program has not responded or is not approved, the participant will either be issued an ESP/WEP assignment or offered a BEGIN Managed Programs or BEGIN/CUNY Immersion as an alternative training program, if appropriate.</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*

Alternative Training Program

If the participant is assigned to ESP/WEP, the TAG Worker will enter action code **13TD** (training request disapproved) which will generate the Notice of Denial of Request for Educational/Training Program (**W-116R**).

TAG staff will offer participants an alternative training program assignment to a BEGIN Managed Program or BEGIN/CUNY Immersion program when:

- the participant's academic skills do not meet the minimum entrance requirements for the program originally selected, or
- despite agency efforts, the original basic education program chosen by the participant did not meet HRA requirements and BEGIN offers a similar program, or
- the original basic education program chosen by the participant requires a tuition fee and BEGIN offers a similar program at no cost.

If the participant accepts assignment to a BEGIN training program as an alternative the TAG Worker will enter action code **13TV** (alternate training program) which will generate the Notice of Training Alternative Program (**W-116T**). If the participant refuses to accept the alternative training program, NYCWAY action code **13TD** will be entered. In either case, the TAG Worker will enter a detailed case note (action code **13TA**) explaining why the participant's original request was not granted.

TAG Excusal Letter

TAG Workers will provide the Training Assessment Group Appointment Verification (**W-500DD**) excusal letter to participants who have been excused from other activities for the training assessment appointment.

Rescheduling TAG Appointments

Participants will not be allowed to reschedule TAG assessment appointments more than once. Therefore, action code **13TS**, which is used to reschedule the original TAG assessment appointment, can only be entered once. If a participant misses two scheduled TAG appointments, s/he is to be referred back to the Job Center with action code **105E** (referred for employment appointment) and the request for training as the primary work activity is denied.

Failure to Report to the TAG appointment

If a participant does not report to a scheduled TAG appointment and does not contact TAG to reschedule, NYCWAY will autopost the infraction action code **434A** (TANF) or **430K** (Safety Net) for failure to report to a mandatory appointment, one day after the missed assessment appointment.

Revised TAG Appointment Notice

The Mandatory Training Assessment Group Appointment notice (**W-507**) has been revised to:

- inform participants that the initial assessment or reassessment appointment can take up to four hours and will include an in-depth testing component;
- inform participants that children are not to be brought to the TAG appointment as there are no child care facilities onsite.

Counting Education/Training Hours Toward the Mandatory Workweek

Participants may now have 15 hours of education/training per week or less applied toward the mandatory workweek without counting toward the 12-month lifetime limit on education/training as the primary work activity. Previous instructions/notices indicated that the participant could use 14 hours per week or less for education/training without counting toward the lifetime limit.

Fulfilling Work Assignments for Which the Participant Has Been Assessed

If a participant has been assessed and given a work activity based upon that assessment, s/he must remain in that activity for six months before s/he is eligible to be referred to TAG for assessment for training activities.

Addition to the CUNY Hardship Exemption Request Form

The TANF and SNCC College Student Hardship Exemption Request Form has been revised to add the following hardship exemption:

"Individual has been displaced from at least (3) months of paid employment and received training prior to employment."

*Effective Immediately*

**Attachments:**

☒ Forms can now be accessed through Print on Demand at all Job Centers.

**W-116T** Notice of Training Alternative Program  
**W-116T (S)** Notice of Training Alternative Program (Spanish)  
**W-500DD** Training Assessment Group Appointment Verification  
**W-507** Mandatory Training Assessment Group Appointment  
 TANF and SNCC College Student Hardship Exemption Request



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

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

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

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

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

### Notice of Training Alternative Program

An assessment and determination of your employability status was conducted by HRA's Training Assessment Group staff. Your marketable skills, background, employment and training needs were evaluated and your educational skills were tested. After discussion and interview to ascertain your training preferences and review of your test scores, it was determined that the training/education program which you requested was inappropriate for you at the present time.

The reason we have determined that the training/education program you requested is inappropriate for you at this time is as follows:

You have agreed with and accept our assessment and assignment and have been referred to the following alternative education/training program:

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Location Address 1

Location Address 2

City

State

Zip Code

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Attendance in the training/education program for the required number of hours per week is mandatory in order to comply with the public assistance work rules. Should you have any questions regarding this alternative training program, please contact the Training Assessment Group office at \_\_\_\_\_.

Participant Signature

Date

TAG Worker Signature

Date

### Conference and Fair Hearing Information

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes if it is determined that we are in error. You can do both 1 and 2.

- 1. Ask for a conference with one of our Supervisors.
- 2. Ask for a State Fair Hearing with a State Hearing Officer.

**1. CONFERENCE** (informal meeting with us): If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference. To do this, call the Fair Hearing and Conference (FH&C) unit phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

#### 2. STATE FAIR HEARING

**Deadline for Requesting a Fair Hearing:** You have the following number of days from the date of this notice to request a Fair Hearing:

<u>Benefit Area</u>	<u>Time Limit</u>
Public Assistance	60 days

**How to Ask for a Fair Hearing:** If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, writing, fax, online, or in person.

- (1) **TELEPHONE:** Call (212) 417-6550 (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of both pages of this notice, with the "I want a Fair Hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201. (Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of both pages of this notice, with the "I want a Fair Hearing" section completed, to: (518) 473-6735.
- (4) **WALK-IN:** Bring a copy of both pages of this notice, with the "I want a Fair Hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either 14 Boerum Place, Brooklyn or 330 West 34th Street, 3rd floor, Manhattan.
- (5) **ONLINE:** Complete an online request form at:  
<https://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

I want a Fair Hearing. The Agency's decision is wrong because: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street                      Apt. No                      City                      State                      Zip Code

**What to Expect at a Fair Hearing:** The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you and your lawyer, or other representative, will have a chance to explain why you think we are wrong, and a chance to give the Hearing Officer written papers that explain why you think we are wrong. To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any documents you have, such as: pay stubs, leases, receipts, bills, doctor's statements, etc. At the hearing, you and your lawyer, or other representative, can ask questions of witnesses whom we bring, or you bring, to help your case.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers."

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, fax (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If you make your request less than five working days before your hearing, your case file documents may be given to you at your hearing.



Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Tipo de Caso: \_\_\_\_\_  
Unidad del Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_

### Aviso de Programa Alternativo de Capacitación

Como condición de elegibilidad de asistencia pública, el personal del Grupo de Evaluación para Capacitación de la HRA (HRA Training Assessment Group) llevó a cabo una evaluación y determinó su estado de empleabilidad. Se evaluaron sus áreas de necesidad como habilidades comercialmente útiles, historial, empleo y capacitación, al mismo tiempo que se puso en prueba su capacidad educativa. Al haberlo entrevistado para averiguar sus preferencias de capacitación y haber revisado los resultados de su prueba, se llegó a la conclusión de que el programa de educación/capacitación al que usted solicitó no era el adecuado para usted por ahora.

La razón por los cambios en el programa se debe a:

Usted estuvo de acuerdo con y aceptó nuestra evaluación y asignación y ha sido enviado al siguiente programa alternativo de educación/capacitación:

Nombre del Programa: \_\_\_\_\_

Dirección del Programa: \_\_\_\_\_

Dirección del Local 1

Dirección del Local 2

Ciudad

Estado

Código Postal

Persona a Contactar: \_\_\_\_\_ No. de Teléfono: \_\_\_\_\_

Fecha que Comienza el Programa: \_\_\_\_\_ Fecha que Termina: \_\_\_\_\_

Se requiere que acuda al programa de educación/capacitación el número de horas a la semana acordadas para cumplir con las reglas de asistencia pública. Si tiene preguntas sobre el programa de capacitación alternativa, por favor comuníquese con la oficina del Grupo de Evaluación para Capacitación (Training Assessment Group) al \_\_\_\_\_

\_\_\_\_\_  
Firma del Trabajador

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Trabajador TAG

\_\_\_\_\_  
Fecha



## Información sobre Conferencias y Audiencias Imparciales

Si usted considera que nuestra decisión es errónea, puede petitionar una reconsideración de dicha decisión. Si se determina que nos hemos equivocado, corregiremos nuestro error. Usted podrá proceder de ambas maneras planteadas 1 y 2.

1. Pedir una conferencia con uno de nuestros supervisores. 2. Pedir una audiencia imparcial estatal con un funcionario de audiencias estatales (State Hearing Officer).

### 1. CONFERENCIA

Si usted estima que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia. Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) o escribanos a la dirección que aparece en la primera página de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si sólo solicita una conferencia, no mantendremos sus beneficios sin cambios mientras usted apela.

### 2. AUDIENCIA IMPARCIAL ESTATAL

**Fecha Límite de la Petición de una Audiencia Imparcial:** Usted tiene el siguiente número de días desde la fecha de este aviso para solicitar una Audiencia Imparcial:

<u>Tipo de Beneficio</u>	<u>Límite de Tiempo</u>
Asistencia Pública	60 días

**Cómo Solicitar una Audiencia Imparcial:** Si usted cree que la(s) acción(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, por internet, o en persona.

- (1) **POR TELÉFONO:** Llame al (212) 417-6550. (Favor de tener este aviso a la mano cuando llame.)
- (2) **POR CARTA:** Envíe una copia de todas las páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201. (Favor de guardar una copia para usted.)
- (3) **POR FAX:** Envíe una copia de todas las páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada al número: (518) 473-6735.
- (4) **EN PERSONA:** Traiga una copia de todas las páginas de este aviso, con la sección "Deseo una Audiencia Imparcial" llenada a: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance (la Oficina de Audiencia Administrativa una de las direcciones a continuación: 14 Boerum Place, Brooklyn o 330 West 34th Street, 3rd floor, Manhattan
- (5) **POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a <https://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

Deseo una Audiencia Imparcial. La decisión de la agencia es errónea porque: \_\_\_\_\_

Firma del Participante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre en Letra de Molde: \_\_\_\_\_ Número de Caso: \_\_\_\_\_

Dirección: \_\_\_\_\_ Número de Teléfono: \_\_\_\_\_  
Calle Num. del Apto Ciudad Estado Código Postal

**Qué Puede Esperar de La Audiencia Imparcial.** El Estado le enviará un aviso que le informa de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Usted puede ser representado(a) por un(a) abogado(a), un familiar, un(a) amigo(a) u otra persona. Si no puede estar presente en la Audiencia Imparcial, puede enviar a un representante, pero si éste no es abogado, debe proporcionarle una carta que indique al funcionario de la Audiencia Imparcial que usted desea ser representado por el portador. En la audiencia, usted y su abogado o su representante podrán explicar en qué, según usted, hemos errado, y tendrán la oportunidad de presentar al funcionario de la audiencia evidencias que demuestren el error que usted nos imputa. Para defender su planteamiento de nuestro error, debe traer a la audiencia cualquier testigo que pueda favorecer su reclamación, para ser interrogado por usted y su abogado o su representante. Asimismo podrá contrainterrogar a testigos presentados por nuestra parte. Además, debe traer documentos tales como: talones de paga, contratos de alquiler, recibos, facturas, verificación médica, etc.

**ASISTENCIA LEGAL:** Si necesita asistencia legal gratis, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal de su localidad (Legal Aid Society) u otro grupo legal de abogacía, los cuales puede localizar en las páginas amarillas bajo "lawyers" (abogados).

**ACCESO A SU EXPEDIENTE Y COPIAS DE DOCUMENTOS:** Como asistencia en preparación para la audiencia, usted tiene el derecho a inspeccionar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al funcionario de audiencias durante la audiencia imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsimil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y los cuales usted considere necesarios al prepararse para la audiencia imparcial. Para solicitar documentos o para averiguar como revisar su archivo, llámenos al (718) 722-5012, o por facsimil al (718) 722-5018 o escriba a: HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Generalmente, estas se le enviarán dentro de tres días laborales contados a partir de la fecha en que las solicita. Si solicita las copias menos de cinco días laborales antes de la fecha en que se celebrará su audiencia, se le podrían entregar el día de la audiencia.



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

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

Case Name: \_\_\_\_\_

### Training Assessment Group Appointment Verification

To Whom it May Concern:

This letter is written on behalf of \_\_\_\_\_. This participant reported to a mandatory appointment with the Training Assessment Group (TAG). This mandatory appointment was scheduled in order for HRA to assess this participant's request for training/education. TAG may have also discussed and/or processed the participant's child care and other related case items.

Please feel free to call \_\_\_\_\_ if you need additional information.  
Telephone Number

Sincerely,

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date





Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
CIN: \_\_\_\_\_  
Action Code: \_\_\_\_\_  
Case Type: \_\_\_\_\_

### Mandatory Training Assessment Group Appointment

As a condition of eligibility for public assistance benefits, a determination of your employability status must be conducted and periodically reevaluated. You have been scheduled for an assessment or reassessment of your marketable skills, background, employment and training needs so that appropriate activities can be assigned. Your training preferences, if any, will be reviewed and discussed and will be accommodated to the extent possible, as based upon eligibility and availability factors. You have been scheduled for an interview to discuss your employment goals and in-depth testing of your math, English and language skills. The entire initial or reassessment process may take up to four (4) hours. Please be prepared to stay for this amount of time.

If you have unresolved child care issues, please bring the completed child care forms with you so that child care payments can be set up for your provider in the system. Please do not bring children with you to the appointment. Your focus and concentration are needed for testing purposes, and there are no on-site child care facilities. If you are unable to keep this appointment because of an emergency, please contact the telephone number below as soon as possible to arrange for a new appointment.

If this is a return appointment, you must bring the requested completed documents listed below regarding school enrollment, license, degrees, certificates, transcripts or other information to the appointment. Noncompliance with the requirements may result in the disapproval of your request.

- Completed school letter
- Child care forms/documentation
- Other \_\_\_\_\_

Your appointment information is as follows:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

Location:

Location Name \_\_\_\_\_

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

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

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

Travel Directions:

This is a mandatory engagement appointment. Your participation in assigned activities is mandatory. Failure to fulfill all requirements may result in the reduction or termination of your public assistance or Food Stamp Benefits. There are no work requirements for Medicaid.

Sincerely,

Catherine McAlevy  
Deputy Commissioner

Fecha: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
CIN: \_\_\_\_\_  
Código de Acción: \_\_\_\_\_  
Tipo de Caso: \_\_\_\_\_

### Cita Obligatoria En Grupo para Evaluación de Capacitación

Como condición de elegibilidad para beneficios de asistencia pública, se debe determinar y evaluar periódicamente su estado de capacidad para trabajar. Se le ha programado una cita para evaluar o reevaluar sus aptitudes laborales, su historial, y necesidad de trabajo y capacitación a fin de que se le puedan asignar actividades adecuadas. Si usted prefiere recibir alguna capacitación en particular, la misma será repasada y considerada de manera que se pueda satisfacer dentro de lo posible según factores de elegibilidad y disponibilidad. Se le ha programado una cita a que usted se presente para platicar sobre sus metas de empleo y exámenes a fondo de matemáticas, idioma e inglés. Todo el proceso inicial o de reevaluación puede tardar hasta cuatro (4) horas por lo tanto esté listo(a) a permanecer dicha cantidad de tiempo.

Si ha quedado pendiente algún problema de cuidado infantil, por favor traiga los formularios completados para que se puedan organizar en el sistema los pagos a su proveedor. No hay locales de cuidado infantil en el lugar de la cita, por lo tanto, le pedimos que no traiga sus niños con usted ya que se necesita su enfoque y concentración para llevar a cabo los exámenes. Si no puede acudir a esta cita debido a alguna emergencia, comuníquese por favor al número de teléfono indicado más abajo para concertar una nueva cita.

Si esta es su cita de regreso, debe traer llenos a la cita los siguientes documentos solicitados que se mencionan más abajo con respecto a su inscripción escolar, licencias, títulos, certificados, expediente académico de estudios u otra información. El incumplimiento de los requisitos puede resultar en el rechazo de su solicitud.

- Carta indicando que terminó la escuela
- Documentos/formulario de cuidado infantil
- Otros \_\_\_\_\_

La información de su cita es la siguiente:

Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Local: \_\_\_\_\_

Nombre del Local

Línea de Dirección 1

Línea de Dirección 2

Ciudad

Estado

Código Postal

Indicaciones de Viaje:

Esta es una cita compromiso obligatoria. Su participación en actividades asignadas son obligatorias. El no cumplir con todos los requisitos puede resultar en la reducción o terminación de su asistencia pública o Beneficios de Cupones para Alimentos. No existen requisitos de trabajo para Medicaid.

Atentamente,

Catherine McAlevay  
Subcomisionada



**TANF and SNCC College Student  
HARDSHIP EXEMPTION REQUEST FORM**

College: \_\_\_\_\_

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

Student: \_\_\_\_\_

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

SS#: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

# Semesters Completed: \_\_\_\_\_

Cumulative Credits Earned: \_\_\_\_\_

Please check the reason(s) for requesting a hardship exemption:

- Serious personal injury or illness
- Domestic Violence
- Homelessness or housing crisis
- Lack of child care
- Death of a family member
- Needed to care for an ill family member
- Associated degree requires more than 60 credits (2.0+ gpa required)
- Two or more remedial and/or English language courses were required in order to obtain an Associates degree (2.0+ gpa required)
- Individual has been displaced from at least (3) months of paid employment and received training prior to employment
- Other:

\_\_\_\_\_  
\_\_\_\_\_

Please describe the documentation that was provided to support the request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COPE/Family College Representative:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_