



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #04-11-OPE

### REVISION OF THE ESP REFERRAL REQUEST (M-75q)

<b>Date:</b> January 20, 2004	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p> Forms can now be accessed through Print on Demand at all Job Centers.</p>	<p>This policy bulletin is to inform staff that the Employment Services and Placement (ESP) Referral Request (<b>M-75q</b>) has been revised to reflect the following changes:</p> <ul style="list-style-type: none"> <li>• The <b>M-75q</b> is now to be used exclusively by ESP vendors only to refer participants who request enrollment with the vendor.</li> <li>• Reference to Special Population Vendors (SPV) has been removed from the form because referrals from SPV are now completed via NYCWAY. See <a href="#">PB #04-12-EMP</a> for detailed instructions.</li> <li>• The title of the form has also been changed to reflect these revisions.</li> </ul> <p><i>Effective Immediately</i></p> <p><b>Attachment:</b></p> <p><b>M-75q</b>      Employment Services and Placement (ESP) Referral Request</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*



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

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

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

CIN: \_\_\_\_\_

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

## Employment Services and Placement (ESP) Referral Request

### To be Completed by Participant

I am interested in enrolling with the following Employment Services and Placement ESP program.

\_\_\_\_\_  
Name Site Code

I am not currently assigned to another HRA-approved work activity. I understand that my participation in the ESP program must be reviewed with a Job Opportunity Specialist (JOS)/Worker at my Job Center. The JOS/Worker will determine if this ESP program is consistent with my employment plan to help me become financially self-sufficient.

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

\_\_\_\_\_  
Participant Signature Date

### To be Completed by ESP Representative

I have met with the above-named participant, and he/she has expressed an interest in receiving services. I understand that my organization is not authorized to commence services with this participant until the assignment has been made in the NYCWAY Case Management System.

\_\_\_\_\_  
ESP Representative Name

\_\_\_\_\_  
ESP Representative Signature Date

### To be Completed by JOS/Worker at the Job Center

I have reviewed this request for assignment to the ESP program referenced above.

- I have enrolled the participant in the requested ESP program.
- I have not enrolled the participant in the requested ESP program.

**Reasons for rejection:**

- Enrolled in another HRA-approved work activity. Specify activity: \_\_\_\_\_
- Exempt from HRA work activities. Specify Employability Status (ES) code: \_\_\_\_\_
- Other. Please specify: \_\_\_\_\_

\_\_\_\_\_  
JOS/Worker Name

\_\_\_\_\_  
JOS/Worker Signature Date



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

Nombre del Caso: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

CIN: \_\_\_\_\_

Centro de Trabajo: \_\_\_\_\_

## Solicitud de Envío a Servicios de Empleo y Colocación (ESP)

### Debe ser llenado por el Participante

Me interesa inscribirme al programa de Servicios de Empleo y Colocación (ESP)

Nombre

Código del Local

En la actualidad no estoy asignado a ninguna actividad de trabajo aprobada por la HRA. Entiendo que un Trabajador Especialista en Oportunidades de Empleo de mi Centro de Trabajo debe evaluar mi participación en el programa de ESP. El Trabajador de JOS determinará si el programa ESP satisface mis planes de empleo de modo que me sirva para alcanzar mi autosuficiencia económica.

Nombre del Participante

Firma del Participante

Fecha

### Debe ser llenado por el Representante de ESP

El participante antemencionado con quien me he reunido me ha expresado su interés de recibir servicios. Entiendo que mi institución no esta autorizada a empezar a ofrecer servicios a este participante hasta que sea asignado en el Sistema de Administración de Casos NYCWAY.

Nombre del Representante de ESP

Firma del Representante de ESP

Fecha

### Debe ser llenado por el Trabajador/JOS Asignado en el Centro de Empleo

He repasado esta solicitud para asignación al programa de ESP mencionado anteriormente y por tanto:

- He inscrito al participante al programa ESP que ha solicitado.
- No he inscrito al participante al programa ESP que ha solicitado.

**Motivos de rechazo:**

- Esta inscrito en otra actividad de trabajo aprobada por la HRA. Especifique la actividad:

- Esta exento de actividades de trabajo de la HRA. Especifique el código de Estado de Empleabilidad (ES):

- Otro Motivo. Por favor especifique: \_\_\_\_\_

Nombre del Trabajador/JOS

Firma del Representante de ESP

Fecha