

FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-126-OPE

NYCWAY RETURN APPOINTMENT TEMPLATE

(This Policy Bulletin Replaces PB #04-13-OPE)

Date: July 16, 2004	Subtopic(s): Employment			
This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to introduce the revised notice Mandatory Return Appointment (W-500CC).			
	The W-500CC Mandatory Return Appointment, formerly used as a return notice to the SAP vendor, has been revised as the general return appointment template for NYCWAY. The W-500CC will now be generated by the following action codes:			
	100RSancti102RPRIDE103KPRIDE103RTime I103VBEV S105KBMP F106RPOISE109YManua109ZManua153POSW	Sanctioned Participant Return Appointment Sanction Time Limit: Return Appointment to Job Center PRIDE Return Appointment PRIDE Time Limit Return Appointment Time Limit Call-in SNA Applicant Return Appointment BEV Sanctioned Time Limit Referral to Center BMP Return Appointment POISED Return Appointment Manual Return With Documentation – Unemployable Manual Return With Documentation OSW Referral Back to SAP Vendor – Participant OSW Referral Back to SAP Vendor – Applicant		
	Effective Immed	ctive Immediately		
	Attachments:			
Forms can now be accessed through Print on Demand at all Job Centers.	W-500CC W-500CC (S)	Mandatory Return Appointment Mandatory Return Appointment (Spanish)		

Form W-500CC LLF/MLF 7/15/04		The CITY of NEW YORK Human Resources Administration Family Independence Administration
		Date:
		Center:
		Case Number:
		Саѕе Туре:
		Action Code:
	Mandatory Return Ap	pointment

You have been selected for a mandatory return appointment at the program location listed below. If you are unable to keep this appointment because of a documented emergency, please call the telephone number below.

Appointme	ent Date:	Day:	Time:	Phone:	
Location:					
	Location Name				
	Address Line 1				
	Address Line 2				
	City			State	Zip Code
Travel Dire	ections:				

At the time of your appointment, please bring the following:

1) _	
2) _	
3) _	
4) _	

I understand that this is a mandatory appointment. Failure, without good cause, to keep this appointment, comply with required follow-up interviews with staff as directed, or to provide documentation or other verification that has been requested in order to meet employment requirements may result in the denial, reduction or discontinuance of public assistance and/or Food Stamp benefits.

Applicant/Participant Signature:	Date:
Worker Signature:	Date:

Form W-500CC (S) LLF/MLF 7/15/04	The Huma Famil	CITY of NEW YORK an Resources Administration y Independence Administration
	Fech	a:
	Centro de Trabaj	0:
	Número del Cas	0:
	Tipo de Cas	0:
	Código de Acció	n:

Cita Obligatoria de Retorno

Se le ha programado una cita obligatoria de retorno al local del programa que se indica más abajo. Si usted no puede acudir a esta cita por surgir una emergencia que esté documentada, favor de llamar al número telefónico como se indica a continuación:

Fecha de la Cita:	Día:	Hora:	Teléfono:	
Local:				
Nombre del Local				
Línea de Dirección 1				
Línea de Dirección 2				
Ciudad			Estado	Código Postal
Indicaciones de Viaje:	umentos a su cita:			
1)				
2)				
3)				
4)				

Entiendo que esta cita es obligatoria y el no tener motivo justificado por no acudir a la misma, al igual que no cumplir del modo indicado los requisitos de las entrevistas sucesivas con el personal o no proveer documentación u otra verificación que haya sido solicitada para acatar los requisitos de trabajo puede resultar en el rechazo, la reducción o descontinuación de beneficios de asistencia pública y/o de Cupones para Alimentos.

Firma del Solicitante/Pa	rticipante:	Fecha:	
Trabajador:		Fecha:	