



FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner
Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #04-139-OPE

(This Policy Bulletin Replaces PB #04-126-OPE)

REVISION TO THE MANDATORY RETURN APPOINTMENT (FORM W-500CC)

Date: August 5, 2004	Subtopic(s): NYCWAY Return Appointment Template
<p> This procedure can now be accessed on the FIAweb.</p>	<p>Revisions to the Original Procedure: This policy bulletin is being reissued to make a correction to the Mandatory Return Appointment (form W-500C). A space for the case name was inserted above the case number on the form.</p> <p>Purpose: The purpose of this policy bulletin is to introduce the revised notice Mandatory Return Appointment (W-500CC).</p> <p>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:</p> <ul style="list-style-type: none"> 10SR Sanctioned Participant Return Appointment 100R Sanction Time Limit: Return Appointment to Job Center 102R PRIDE Return Appointment 103K PRIDE Time Limit Return Appointment 103R Time Limit Call-in SNA Applicant Return Appointment 103V BEV Sanctioned Time Limit Referral to Center 105K BMP Return Appointment 106R POISED Return Appointment 109Y Manual Return With Documentation – Unemployable 109Z Manual Return With Documentation 153P OSW Referral Back to SAP Vendor – Participant 917P OSW Referral Back to SAP Vendor – Applicant <p>All prior versions of the W-500CC must be recycled. Samples of the revised form are attached.</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*

Attachments:

🖨 Please use Print on Demand to obtain copies of forms.

- W-500CC** Mandatory Return Appointment
- W-500CC (S)** Mandatory Return Appointment (Spanish)



Date: _____
Center: _____
Case Name: _____
Case Number: _____
Case Type: _____
Action Code: _____

Mandatory Return Appointment

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.

Appointment Date: _____ Day: _____ Time: _____ Phone: _____

Location: _____
Location Name
Address Line 1
Address Line 2

City _____ State _____ Zip Code _____

Travel Directions:

SAMPLE

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: _____



Fecha: _____
Centro de Trabajo: _____
Nombre del Caso: _____
Número del Caso: _____
Tipo de Caso: _____
Código de Acción: _____

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:

SAMPLE

Traiga los siguientes documentos a su cita:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Entiendo que esta cita es obligatoria y el no acudir a la misma sin motivo justificado, 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 discontinuación de beneficios de asistencia pública y/o de Cupones para Alimentos.

Firma del Solicitante/Participante: _____ Fecha: _____

Firma del Trabajador: _____ Fecha: _____