

## **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

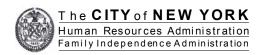
#### **POLICY BULLETIN #04-150-EMP**

# REVISION TO REFERRAL FOR ASSESSMENT AT THE SUBSTANCE ABUSE SERVICE CENTER (SASC) (FORM W-456AA)

Subtopic(s): Forms			
The purpose of this policy bulletin is to inform staff that incorrect information previously contained in Section I of the Referral for Assessment at the Substance Abuse Service Center (SASC) (form <b>W-456AA</b> ) has been removed.			
referring center/	ontains applicant/participant case information, the program and Worker name and telephone number. ation on the rest of the form remains the same.		
Any earlier versions of form <b>W-456AA</b> should be recycled.			
Effective Immediately			
Attachments:			
W-456AA	Referral for Assessment at the Substance Abuse Service Center (SASC) (Rev. 8/13/04)		
W-456AA (S)	Referral for Assessment at the Substance Abuse Service Center (SASC) (Spanish) (Rev. 8/13/04)		
	information prevassessment at the W-456AA) has Section I now correferring center. All other informations Any earlier versions. Effective Immediately M-456AA		

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* 

Form W-456AA LLF Rev. 8/13/04



### Referral for Assessment at the Substance Abuse Service Center (SASC)

Section I (To be completed by JOS/Worke	er)			
Applicant/Participant Name:		T. of No.		
Case Number/Suffix/Line No.:	First Name M.I. Social Sec	Last Name curity Number:		
Center/Program Name:				
		phone Number:		
		·		
	tructions to Applicant/Par	ticipant		
Section II				
A mandatory appointment has been scheduled for you at the Substance Abuse Service Center (SASC). You must report to the Substance Abuse Case Control Program (SACCP) with this form. You must report to this appointment on time. You cannot change the appointment unless you have a valid reason for doing so and can prove why you need to change the appointment. If you have an emergency, which must be documented, you must call the SASC Program at (212) 835-8300 before your scheduled appointment.				
SASC Process Address:  Local in Name  Location Name  Appointment Dav/r Le:  Travel Directions:	me:	ate Z code		
Applicant/Participant Certification:				
I understand that as a condition of eligibility for public assistance I must report to and cooperate with the SASC Program. I understand that failure to do so may make me ineligible for public assistance benefits.				
Applicant/Participant Signature		Date		
Section III (To be filled out by SASC Worker) Outcome of Assessment				
1. Applicant/Participant has cooperated and is <u>returning to your program</u> . Please excuse for today.				
2. Applicant/Participant has reported and has been <u>exempted from your program</u> , effective today. Please remove from your roster for good cause.				
SASC Worker's Signature		Telephone		

Form W-456AA (S) LLF Rev. 8/13/04



## Envío para Evaluación al Centro de Servicios de Abuso de Substancias (SASC)

Section I (To be completed by JOS/World	ker)			
Applicant/Participant Name:				
Case Number/Suffix/Line No.:	First Name M.I. Social Sec	Last Name curity Number:		
Center/Program Name:		•		
JOS/Worker Name:	I ele	ephone Number:		
Inst	rucciones al Solicitante/Par	ticipante		
Sección II				
Se le ha programado una cita obligatoria en el Centro de Servicios de Abuso de Sustancias (SASC), y debe presentarse al Programa de Control de Casos de Abuso a Substancias (SACCP) con este formulario. Debe presentarse a esta cita a tiempo. No puede reprogramar esta cita a menos que tenga una razón válida y pueda probar por qué necesita reprogramarla. Si surge una emergencia, la cual tendría que ser documentada, tiene que llamar al Programa de SASC al (212) 835-8300 antes de su cita programada.				
Dirección del Programa SASC:  Nombre del Loc	cal			
Fecha y Día de la 1:	lora:	Estado C go Postal T efono:		
Certificación del Participante/Solicitante:				
Yo entiendo que como condición de elegibilidad para asistencia pública debo presentarme y cooperar con el programa SASC. Yo también entiendo que el incumplimiento con dicho programa puede resultar en mi inelegibilidad para beneficios de asistencia pública.				
Firma del Participante/Solicitante	Fe	echa		
Section III (To be filled out by SASC Worker)  Outcome of Assessment  1. Applicant/Participant has cooperated and is returning to your program. Please excuse for today.				
Applicant/Participant has reported and has been <u>exempted from your program</u> , effective today. Please remove from your roster for good cause.				
SASC Worker's Signature	Date	Telephone		