



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-157-OPE

REVISED NOTICE TO REPORT EMPLOYMENT INFORMATION (W-500M)

Date: August 26, 2004	Subtopic(s): Employment
<p> This procedure can now be accessed on the FIAweb.</p>	<p>This policy bulletin is being released to clarify usage of the Notice to Report Employment Information (W-500M), and to inform all staff that the notice has been revised to provide a more complete listing of documentation that is acceptable for verifying employment income, and to more accurately reflect the purpose of the participant contact and interview.</p> <p>The W-500M is generated by NYCWAY action codes 108A (Family Assistance) and 108B (Safety Net) in instances where contradictory information has prevented automated budgeting of cases (previously reported income has been removed from the case, or the individual does not appear to have the correct employability status code and may be unengaged). These cases require review by a JOS/Worker and action to either obtain the appropriate verification of income and budget the income, or to interview and engage the participant if s/he is no longer employed.</p> <p>The W-500M is a mandatory engagement notice. Employed participants must drop off or mail the required verification of earnings by the date indicated on the form. If the information is received and budgeted in a timely manner by the JOS/Worker, the appointment will automatically close out in NYCWAY upon the budgeting of the case. Unengaged participants (and employed participants who fail to submit the required documents as requested) must report to the Job Center for an engagement interview.</p> <p><i>Effective Immediately</i></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-500M Notice to Report Employment Information
(Rev. 8/26/04)

W-500M (S) Notice to Report Employment Information (Spanish)
(Rev. 8/26/04)



Date: _____

Case Name: _____

Case Number: _____

Case Type: _____

Caseload: _____

Center: _____

Action Code: _____

SAMPLE

Notice to Report Employment Information

Several weeks ago the agency received information that you may be employed. However, our current records do not show any employment income. If you are still employed, we require that you submit documentation, which may include the following forms of proof:

From Employer

- Pay stubs or pay envelopes covering the most recent four weeks
- Current letter from your employer on his/her official letterhead verifying the date you started working, hourly wage, number of hours per week and frequency of pay
- Recent business/tax records

From Self-Employment

- Records/materials related to current self-employment income
- Most recent income tax return

If you are no longer employed, we will need to interview you and assign you to work activities. If you want to provide documentation regarding your employment income, we must receive the documents either delivered in person or postmarked no later than _____, using the enclosed business-reply envelope. If we do not receive documents by this date, then you must keep the mandatory engagement appointment that has been scheduled for you below.

If you are paying for a child care provider, or need a provider during the hours that you are employed, please complete the enclosed Child Care Provider Application and Voucher Form (**W-273B**) and submit it along with the required documents. If you need a child care provider to participate in an assigned work activity, bring the enclosed Child Care Provider Application and Voucher Form (**W-273B**) to the engagement appointment.

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. Failure to comply and/or cooperate without good cause may result in adverse action being taken on your public assistance case.

Encl: Child Care Provider Application and Voucher Form (**W-273B**)

Business-reply envelope

SAMPLE



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

Aviso de Presentar Información Respecto a Empleo

Hace varias semanas nuestra agencia recibió información de que usted talvez tiene trabajo. Sin embargo, nuestros archivos actuales no contienen documentación respecto a sus ingresos de empleo. Si usted está trabajando en la actualidad, es necesario que presente documentación justificativa, que puede incluir lo siguiente:

Por Parte del Empleador

- Talones o sobres de paga que abarquen las últimas cuatro semanas
- Carta reciente escrita en membrete de su empleador de parte del mismo que verifique la fecha en que usted comenzó a trabajar, sueldo por hora, número de horas a la semana y frecuencia de pagos
- Documentos recientes de impuestos/comerciales

De Empleo por Su Propia Cuenta

- Documentos/materiales relacionados con sus ingresos actuales de su empleo propio
- Declaración de impuestos más reciente

En caso de que no esté trabajando, necesitaremos hacerle una entrevista y asignarle una actividad de trabajo. Si desea proporcionar documentación respecto a su ingreso de trabajo, nosotros hemos de recibir dicha documentación, ya sea en persona o por correo matasellado a más tardar el _____, en el sobre prepagado con dirección del remitente. Si no recibimos la documentación para la fecha indicada, usted tendrá que cumplir la cita obligatoria de participación que ha sido programada para usted más abajo.

Si usted paga a un proveedor de cuidado infantil, o necesita un proveedor durante sus horas de trabajo, favor de llenar el adjunto Formulario de Solicitud del Proveedor de Cuidado Infantil y Comprobante (Child Care Provider Form – **W-273B**) y de presentarlo junto con los documentos solicitados. Si usted necesita un proveedor de cuidado infantil para poder participar en una actividad de trabajo asignada, traiga a la cita de participación el adjunto Formulario de Solicitud del Proveedor de Cuidado Infantil y Comprobante (Child Care Provider Form – **W-273B**).

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 cita de participación es obligatoria. El no cumplir y/o cooperar sin motivo justificado podría resultar en medidas adversas respecto a su caso de asistencia pública.

Adjunto: Formulario de Solicitud del Proveedor de Cuidado Infantil y Comprobante (W-273B[S])
Sobre prepago con la dirección del remitente

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