



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #04-18-OPE
(This Policy Bulletin replaces PB #02-159-OPE)

RESCHEDULING HSS APPOINTMENTS

Date: January 27, 2004	Subtopic(s): HSS Telephone Numbers
<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 has been revised to update the telephone numbers of outstationed staff at Brooklyn and the Bronx HS Systems (HSS) facilities.</p> <p>When an applicant/participant needs to change or reschedule an HSS appointment, s/he is required to contact the FIA outstationed worker at the HSS facility. The telephone numbers at the HSS facilities are as follows:</p> <ul style="list-style-type: none"> • HSS Facility (Bronx) (718) 860-2310 • HSS Facility (Brooklyn) (718) 473-8288 • HSS Facility (Manhattan) (212) 262-3045 <p>NYCWAY information tables have been updated to include this information on the automated HSS appointment letters. When a manual Referral to HSS Medical Examination (form W-538C) is prepared, the JOS/Worker must annotate the appropriate reschedule number on the form.</p> <p><i>Effective Immediately</i></p> <p>Attachment: W-538C Referral to HSS Medical Examination (Rev.1/27/04)</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: _____
Responsibility Center: _____
Referring Center: _____
SSN: _____
Action Code: _____

Referral to HSS Medical Examination

Dear Applicant/Participant:

In order to evaluate your disability/employability you are required to have a medical evaluation. Special arrangements have been made to provide this examination to you free of charge.

You must report to HSS on:

Location: _____
Location Name

Location Address 1

Location Address 2

City State Zip Code

Appointment Date: _____ Time: _____ Phone: _____

Travel Directions:

Verified by: _____

Please bring this letter, your Social Security card and your Medicaid photo ID card with you to this examination. You should also bring any recent doctors' letters, prescriptions and forms that may provide information on the progress of your condition.

If you do not report to HSS within one hour of your appointment, you will not be seen. If, for any reason, you cannot keep this appointment, please call _____ prior to your scheduled appointment time.

This is a mandatory public assistance eligibility appointment.

Failure to report and comply with this appointment may result in the denial/closing of your public assistance case. If you are receiving non-public assistance food stamps, and fail to keep this appointment, you may be considered work rules required.

Applicant/Participant Signature _____

Date _____

FIA Worker's Signature _____

Date _____

(vea al dorso)

Fecha: _____
Nombre Del Caso: _____
Número del Caso: _____
Centro Responsable: _____
Centro de Procedencia: _____
SSN: _____
Código de Acción: _____

Envío al HSS para Examen Médico

Estimado(a) Solicitante/Participante:

Para poder estimar su incapacidad y/o empleabilidad se requiere que usted se someta a una evaluación médica. Se han hecho arreglos específicos para proveerle este examen gratuitamente.

Usted tiene que presentarse a HSS:

Local: _____
Nombre del Local
Dirección del Local 1
Dirección del Local 2
Ciudad Estado Código Postal

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Indicaciones de Viaje:

Verificado por: _____

Favor de traer con usted a este examen esta carta y sus tarjetas de Seguro Social y de identificación de Medicaid con foto. Además, usted debiera traer cualquier carta médica reciente, recetas y formularios que puedan proveer información acerca del progreso de su condición médica.

Si usted no se presenta a HSS dentro de una hora de la hora de su cita, no se le atenderá. Si por alguna razón, usted no puede cumplir con esta cita, favor de llamar al _____ antes de su cita programada.

Esta cita de elegibilidad para asistencia pública es obligatoria.

El no presentarse y no cumplir con esta cita como debido puede resultar en el cierre/rechazo de su caso de asistencia pública. Si está recibiendo cupones de alimentos no de asistencia pública, y no acude a esta cita, su cumplimiento de requisitos de trabajo puede ser requerido.

Firma del Solicitante/Participante

Fecha

Firma del Trabajador de la FIA

Fecha

(see other side)