

FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #04-183-OPE

REVISIONS TO FORMS W-111D, W-111H AND W-111J

<p>Date: October 18, 2004</p>	<p>Subtopic(s): Forms</p>
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p> <p>Please refer to CD #96-125 regarding the usage of these forms.</p>	<p>The purpose of this policy bulletin is to inform staff that the Supervisor's Assignment Sheet Form (W-111D), Application Cases Assignment Log Form (W-111H) and Monthly Scheduling Group Worksheet Form (W-111J) have been revised as follows:</p> <p>Revisions to Form W-111D:</p> <ul style="list-style-type: none"> • Form header labels (face) and (reverse) were replaced with corresponding page numbers. • "Income Support Programs" has been replaced by "Family Independence Administration." • "Application Assessment" has been replaced by "Case Establishment." • The code MS (Multisuffix Case) was added to the form. • "Emergency Home Relief" has been replaced by "Emergency Safety Net" in the Emergency Codes section. • "Immediate Need" has been deleted from the Emergency Codes section. <p>Revisions to Form W-111H:</p> <ul style="list-style-type: none"> • "Income Support Programs" has been replaced by "Family Independence Administration." • "Application Assessment" has been replaced by "Case Establishment Unit." • "Application Assessment" has been deleted from the receptionist signature block. • Groups 13 to 18 have been deleted from form. • Two additional rows labeled "Applicant's Name" have been added to Groups 1 to 12.

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*

Revision to Form **W-111J**:

- "Income Support Programs" has been replaced by "Family Independence Administration."

Center Directors must ensure that all previous versions of Forms **W-111D**, **W-111H** and **W-111J** are removed from circulation and recycled.

Samples of the revised forms have been attached.

Effective Immediately

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

Attachments:

- W-111D** Supervisor's Assignment Sheet (Rev. 10/18/04)
- W-111H** Application Cases Assignment Log (Rev. 10/18/04)
- W-111J** Monthly Scheduling Group Worksheet (10/18/04)

Supervisor's Assignment Sheet

- Case Establishment
- Case Management

- Code**
- I Initial
 - D Deferred
 - M Mail
 - MS Multisuffix Case

- Emergency Codes**
- EAA Emergency Assistance for Adults
 - EAF Emergency Assistance to Families
 - ESN Emergency Safety Net
 - EFS Expedited Food Stamp
 - VDV Victims of Domestic Violence
 - HMLS Homeless Participant
 - Evict. Evictions
 - Util. Utility Shutoff

Group: _____

Date: _____

Worker's Name	Worker's Name	Worker's Name	Worker's Name	Worker's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Code	Code	Code	Code	Code
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Code	Code	Code	Code	Code
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Code	Code	Code	Code	Code
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Code	Code	Code	Code	Code
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Code	Code	Code	Code	Code
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Code	Code	Code	Code	Code
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Code	Code	Code	Code	Code

SAMPLE



Application Cases Assignment Log

- Case Establishment Unit
- Case Management Unit

Date: _____

GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5	GROUP 6
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name

SAMPLE

GROUP 7	GROUP 8	GROUP 9	GROUP 10	GROUP 11	GROUP 12
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name

Receptionist: _____

