



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-188-OPE

VERIFICATION OF PUBLIC ASSISTANCE

Date: October 27, 2004	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform all Job Center staff of the revisions to the Status on Financial Aid form (W-700U).</p> <p>Currently, Job Centers complete the Status on Financial Aid form (W-700U) when participants request verification of public assistance (PA) income in order to apply for educational aid.</p> <p>The specificity of this form does not meet the needs of participants requesting income verification for reasons other than educational aid. Therefore, the W-700U has been revised for general use and can now be used for various PA income verification requests.</p> <p>Revisions to the W-700U form are as follows:</p> <ul style="list-style-type: none">• The form title “Status on Financial Aid” has been changed to “Verification of Public Assistance.”• “Eligibility Specialist Signature” has been changed to “Job Opportunity Specialist/Worker Signature.”• “Supervisor Signature” has been changed to “Associate Job Opportunity Specialist/Supervisor Signature.” <p>Staff must ensure that the revised W-700U form is completed whenever a participant requests verification of income.</p> <p>Center Directors must ensure that all previous versions of Form W-700U are recycled.</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*

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

Attachment:

W-700U Verification of Public Assistance (Rev. 10/27/04)



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Verification of Public Assistance

First Name

M.I.

Last Name

has requested this Administration to provide the following:

1. Household composition (public assistance only):

Name	Relationship	Date of Birth
SAMPLE		

2. Status of case: Active Closed as of _____
Date

Current semimonthly gross public assistance grant: _____

3. Total amount of public assistance received in the previous 12 months by the household:

From: _____ To: _____

Total gross amount received: _____

(Attach WMS printouts, if necessary.)

Job Opportunity Specialist (JOS)/Worker Signature

Date

Associate Job Opportunity Specialist I (AJOS I)/Supervisor Signature

Date