



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #04-191-OPE

OBSOLETE FORMS

<p>Date: October 28, 2004</p>	<p>Subtopic(s): Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Refer to PB #01-36-OPE</p>	<p>The purpose of this policy bulletin is to inform staff that the following forms are now obsolete:</p> <ul style="list-style-type: none"> • Addict/Alcoholic Referral Form (W-903E) • O.T.M. Application Control Card Form (W-904F) • Two Parent Aid to Dependent Children/Aid to Dependent Children-Unemployed or Underemployed (ADC/ADC-U) Household Desk Guide Form (W-904EE) <p>The Addict/Alcoholic Referral Form (W-903E) has been replaced by Referral to Treatment Program Form (M-687R).</p> <p>The Office of Treatment Monitoring Program (OTM) no longer exists and therefore the O.T.M. Application Control Card Form (W-904F) is no longer needed.</p> <p>Due to the New York State Welfare Reform Act of 1997, the reclassification of the Aid to Dependent Children/Aid to Dependent Children Unemployed categories to Family Assistance, the ADC/ADC-U Household Desk Guide (W-904EE) no longer applies.</p> <p>Center Directors must ensure that these forms are removed from circulation and 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.

Attachments:

- W-903E** Addict/Alcoholic Referral (Obsolete)
- W-904F** O. T. M. Application Control Card (Obsolete)
- W-904EE** Two Parent Aid to Dependent Children/Aid to Dependent Children Unemployed or Underemployed (ADC/ADC-U) Household (Obsolete)



HUMAN RESOURCES ADMINISTRATION
DEPARTMENT OF INCOME MAINTENANCE

ADDICT/ALCOHOLIC REFERRAL

Date: _____

TO: OFFICE OF TREATMENT MONITORING
DRUG AND ALCOHOL ABUSE REFERRAL UNIT

ADDICT
 ALCOHOLIC

Address: _____

FROM: IMC/EEC No. _____ Name of Application Receptionist: _____ Tel. _____

Name of Applicant/Client: _____	Address: _____
Case No. or Social Security Number: _____	_____
REASON FOR REFERRAL: (Check one) <input type="checkbox"/> Applicant not in treatment; please interview and refer. <input type="checkbox"/> Applicant in treatment; please approve placement. <input type="checkbox"/> Client wishes to change program; please refer or approve. <input type="checkbox"/> Client received Form M-201, now willing to attend treatment. <input type="checkbox"/> Other: _____	
DAY AND DATE OF APPOINTMENT: _____	TIME: _____

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WHY MUST I GO TO THE REFERRAL UNIT?

If you cannot work because of dependence on drugs or alcohol, the Department of Income Maintenance requires that you regularly attend an approved treatment program.

If you are not in a program, the Referral Unit's experienced counselors will help you in finding a program suited to your needs.

If you are already in a program, the Referral Unit's counselors will confirm that it is approved, and counsel you about your progress.

WHAT MUST I TAKE TO THE REFERRAL UNIT?

You should bring this referral letter and some identification. If you are already enrolled in a program, you should get an enrollment letter from the program and bring that letter as well; you cannot be interviewed without this letter.

WHAT IF I CANNOT MAKE MY REFERRAL UNIT APPOINTMENT?

You may cancel your appointment in advance by phone without its being held against you. If you miss two scheduled appointments, a third will not be made for you.

WHAT MUST I BRING BACK TO MY INCOME MAINTENANCE CENTER?

Before your case will be accepted, you must bring a letter from the Referral Unit indicating that you were interviewed, a letter from your program stating that you are enrolled, and the required identification.



ADMINISTRACION DE RECURSOS HUMANOS
DEPARTAMENTO DE MANTENIMIENTO DE INGRESOS

REFERIMIENTO DE ADICTOS/ALCOHOLICOS

Fecha. _____

TO: OFFICE OF TREATMENT MONITORING
DRUG AND ALCOHOL ABUSE REFERRAL UNIT

ADDICT
 ALCOHOLIC

Address: _____

FROM: IMC/EEC No. _____ Name of Application _____ Receptionist: _____ Tel. _____

Nombre del Aplicante/Ciente: _____	Dirección: _____
Número del caso o Número del Seguro Social. _____	_____
RAZON PARA REFERIMIENTO: (Marque una)	
<input type="checkbox"/> Solicitante no está en tratamiento, por favor entreviste y refiere.	
<input type="checkbox"/> Solicitante está en tratamiento, por favor apruebe.	
<input type="checkbox"/> Cliente desea cambiar de programa; por favor apruebe o refiere.	
<input type="checkbox"/> Cliente recibió tratamiento - 3 meses está listo para ser referido.	
<input type="checkbox"/> Otra: _____	
DIA Y FECHA DE _____	HORA _____

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¿POR QUE TENGO QUE IR A LA UNIDAD DE REFERIMIENTO?

Si usted no puede trabajar por su dependencia en las drogas o el alcohol, el Departamento de Servicios Sociales requiere que usted esté regularmente bajo un programa aprobado de tratamiento.

Si no está en un programa, un consejero con experiencia de la Unidad de Referencia le ayudará a encontrar un programa que se ajuste a sus necesidades.

Si ya está en un programa, el consejero de la Unidad de Referencia confirmará que es aprobado y le aconsejará sobre su progreso.

¿QUE DEBO LLEVAR A LA UNIDAD DE REFERENCIA?

Debe llevar esta carta de referencia y alguna identificación. Si está ya matriculado en un programa, debe obtener una carta indicando en el programa donde está matriculado y llévela consigo; no podrá ser entrevistado sin esa carta.

¿QUE PASA SI NO PUEDO MANTENER LA CITA?

Usted puede cancelar su cita, sin que se perjudique, llamando por teléfono antes de la fecha de la cita. Si falla en dos citas, no se le dará otra.

¿QUE DEBO LLEVAR A MI CENTRO DE WELFARE?

Antes de que su caso sea aceptado, debe llevar una carta de la Unidad de Referencia indicando que fué entrevistado, una carta del programa afirmando que Ud. está matriculado y la identificación requerida.

O. T. M. APPLICATION CONTROL CARD

DATE RECV'D	NAME	CASE NUMBER	DATE OF ACTION							
			OUT- REACH	AC APPL.	SI	W-904E SENT	W-904E RET'D	RJ	ACT V	CLOSED

OBSOLETE

O. T. M. APPLICATION CONTROL CARD

DATE RECV'D	NAME	CASE NUMBER	DATE OF ACTION							
			OUT- REACH	AC APPL.	SI	W-904E SENT	W-904E RET'D	RJ	ACT V	CLOSED

OBSOLETE

*Not
Revised*

**DESK GUIDE No. 1
TWO PARENT ADC/ADC-U HOUSEHOLD**

This desk guide is to be used on all cases in which there are two parents known to be IN THE HOUSEHOLD (Not necessarily on the ADC budget.)
The guide was designed to help determine if the household is eligible for assistance in the ADC or ADCU Category.

SECTION I - ADC

1. Are there two parents in the household?
Yes () Continue to Question 2.
No () Do not continue. Sign back of form.
2. Is at least one of the children on the case common to both parents?
Yes () Continue to Question 3.
No () If the adult is the children of their own evaluate for EB status.
3. Is either parent a recipient of Social Security Disability benefits, Workers Compensation, Veterans Disability, Health and Accident Insurance, Union Disability, etc.
Yes () Provide verification below. If no verification, go to Question 10.
No () Go to Question 4.

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NAME	TYPE OF BENEFITS	SOURCE OF VERIFICATION	DATED

4. Does either parent claim any disability or limitation that would prevent the ability to work?
Yes () Which parent? Father () Mother ()
No () Continue to Question 5.
 - A. Is there current medical verification in the case record?
Yes () Complete 4B.
No () Refer to H.S.S. _____ (Complete 4B when H.S.S. Medical is returned)
Date Referred _____
 - B. It is determined based on medical documentation presented on _____ that there is a full () partial ()
Date _____
disability () or limitation () for _____
Therefore this case is eligible for the ADC Category.

Signature of Worker

NOTE: If Worker determines disability in this Section, case is ADC eligible, if no disability determined, complete Section II on the other side, Questions 5 through 10.

DESK GUIDE No. 1

SECTION II - ADCU

5. Is either or both parents presently employed?
Yes () Complete chart below.
No () Go to Question 7.

NAME	TOTAL HOURS WORKED PER MONTH

NOTE: Do Not
add these totals.

6. Do all wage earners listed in the chart above work less than 100 hours per month?
Yes () Case is eligible for ADC-U. Go to Question 10.
No () Go to Question 7.

7. Is either parent presently receiving UIB?
Yes () Case is eligible for ADC-U. Go to Question 10.
No () Go to Question 8.

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8. Has either parent earned ANY amount of income from ANY type of employment (e.g., babysitting, handyman, etc.) within the last 24 months?
Yes () Complete Principal Wage Earner Worksheet (Form W-531N) and ADC-U Checklist (Form DSS-2502) then complete Question 9.
No () Go to Question 10.

9. Does the ADC-U Checklist indicate this case is eligible for assistance in the ADC-U Category?
Yes () Go to Question 10.
No () Evaluate case for re-class to HR.

10. Are there any 18 year olds on the case?
Yes () Date of expected graduation _____
No () Do not continue. Sign form.

A. The 18 year old will be 19 on _____
Date

- B. Is date in Section A prior to graduation date listed above?
Yes () Evaluate DC for Essential Person status OR HR Suffix OR remove from case. Continue to part C.
No () Sign form.

- C. Are there other DC's on the case?
Yes () Sign form
No () Case not eligible for ADC/ADC-U. Evaluate for HR re-class.

Signature of Worker

Date