

# **FAMILY INDEPENDENCE ADMINISTRATION**

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### **POLICY BULLETIN #04-45-OPE**

#### TRANSLATION OF SELECTED FIA FORMS

<b>Date:</b> March 16, 2004	Subtopic: Multilingual Forms
☐ This procedure can now be accessed on the FIAweb.	As detailed in previous policy bulletins issued since July 2001, HRA is in the process of translating selected applicant/participant forms into multiple languages.
	The attached forms have been translated and are available on the FIAweb in Arabic, Chinese, Haitian Creole, French, Korean, Russian, Vietnamese, and Yiddish. Center Directors must ensure the forms are available and that they are used appropriately.
	Workers must provide both the foreign language and the English version of a form to applicants/participants whose primary reading language is one of the languages translated.
	For assistance accessing the FIAweb, contact your Center's Computer Liaison.
	For Print on Demand training, call (718) 246-3693. For Print on Demand equipment assistance, call (212) 331-4977.
	Effective Immediately
☐ Forms can now be accessed through Print on Demand at all Job Centers.	Attachment: List of Translated Forms

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* 

## **List of Translated Forms**

Form Number/Date	Form Title
EXP-76G (A) 3/12/04 EXP-76G (C) 3/12/04 EXP-76G (D) 3/12/04 EXP-76G (F) 3/12/04 EXP-76G (K) 3/12/04 EXP-76G (R) 3/12/04 EXP-76G (V) 3/12/04 EXP-76G (Y) 3/12/04	Grant Diversion Program/Parks Opportunity Program Participant Statement of Understanding
HEAP 18F (A) 3/12/04 HEAP 18F (C) 3/12/04 HEAP 18F (D) 3/12/04 HEAP 18F (F) 3/12/04 HEAP 18F (K) 3/12/04 HEAP 18F (R) 3/12/04 HEAP 18F (V) 3/12/04 HEAP 18F (V) 3/12/04	Notice to Food Stamp Participant (Non-Public Assistance) of Home Energy Assistance Program (HEAP) Benefit – For 2004
W-138E (A) 3/12/04 W-138E (C) 3/12/04 W-138E (D) 3/12/04 W-138E (F) 3/12/04 W-138E (K) 3/12/04 W-138E (R) 3/12/04 W-138E (V) 3/12/04 W-138E (Y) 3/12/04	Call-In Letter for an Able-Bodied Adult Without Dependents (ABAWD)
W-502A (A) 3/12/04 W-502A (C) 3/12/04 W-502A (D) 3/12/04 W-502A (F) 3/12/04 W-502A (K) 3/12/04 W-502A (R) 3/12/04 W-502A (V) 3/12/04 W-502A (Y) 3/12/04	BEGIN/CUNY Immersion Mandatory Appointment

## **List of Translated Forms**

Form Number/Date	Form Title
W-502C (A) 3/12/04 W-502C (C) 3/12/04 W-502C (D) 3/12/04 W-502C (F) 3/12/04 W-502C (K) 3/12/04 W-502C (R) 3/12/04 W-502C (V) 3/12/04 W-502C (Y) 3/12/04	BEGIN Managed Programs Reassessment Appointment
W-573WW (A) 3/12/04 W-573WW (C) 3/12/04 W-573WW (D) 3/12/04 W-573WW (F) 3/12/04 W-573WW (K) 3/12/04 W-573WW (R) 3/12/04 W-573WW (V) 3/12/04 W-573WW (Y) 3/12/04	Assessment Outcome: Participant Returned to ESP