

FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-76-OPE

(This Policy Bulletin Replaces PB #02-217-OPE)

REQUESTING ADDITIONAL BUREAU OF ELIGIBILITY VERIFICATION (BEV) APPOINTMENT SLOTS

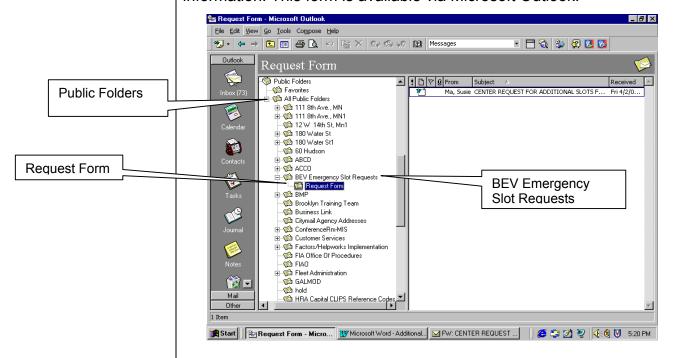
Date: April 26, 2004	Subtopic(s): Bureau of Eligibility Verification (BEV) Appointment Slots
☐ This procedure can now be accessed on the FIAweb.	Revisions to the Original Procedure:
	Additional Bureau of Eligibility Verification (BEV) appointment slots should now be requested by e-mail instead of by telephone.
	The e-mail should be sent with a completed "Center Request for Additional BEV Slots" form attached to the designated e-mail box BEV Emergency Slot Requests.
	The "Center Request for Additional BEV Slots" form is available in Microsoft Outlook in the "Request Form" subfolder of the "BEV Emergency Slot Requests" folder.
	Purpose:
	The purpose of this policy bulletin is to inform Job Center staff that the process for requesting emergency BEV appointment slots has been revised. Additional BEV appointment slots should now be requested by e-mail instead of by telephone. The e-mail should be sent, with a completed "Center Request for Additional BEV Slots" form that can be accessed from the subfolder titled "Request Form," to the designated e-mail box <i>BEV Emergency Slot Requests</i> .
	When attempting to schedule a BEV appointment for an applicant, if the slots are full the system will display error message " 053 No More Slots Available." When this occurs, the Worker should report the unavailability of BEV appointment slots to the Center Director's designated liaison so that additional BEV appointment slots can be added.

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*

The Center Director's designated liaison must:

- Survey the remaining applicants to determine approximately how many additional BEV slots are needed that day in the Family Assistance (FA) or Safety Net Assistance (SNA) category.
- Obtain the following information:
 - The case type/category;
 - The number of additional emergency appointment slots needed for that day in each category;
 - The last scheduled appointment that was made for the case type/category for which they are calling.

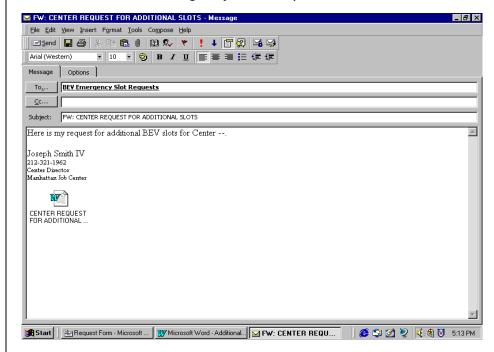
The designated liaison or the Center Director must complete the "Center Request for Additional BEV Slots" form with the above information. This form is available via Microsoft Outlook.



To access the form via Microsoft Outlook:

- Go to "Microsoft Outlook."
- Go to the "Public Folder." (Note: To get to the public folder, you might have to first click on View in the menu at the top of the screen. Then click on Folder List. The Public Folder should appear as one of the items on the list.)
- Open the "Public Folder" by clicking on it.
- Go to "BEV Emergency Slot Requests" folder.
- Go to the "Request Form" subfolder.

The liaison or the Center Director must save the completed form in Microsoft Word, and then send the completed form as an e-mail attachment to *BEV Emergency Slot Requests*.



This should be done as early in the day as possible to ensure that appointment slots can be added before the end of the business day. The liaison or the Center Director should be ready to send the email to request more appointment slots if s/he sees that the Center's appointment slots are rolling out beyond six business days.

Staff should no longer call the Office of System Operation (OSO) Helpline at (718) 557-1313, but must e-mail any questions they have about obtaining additional BEV slots to *BEV Emergency Slot Requests*. The e-mail must include their name, phone number and Center number.

Under **no** circumstances should staff contact the NYCWAY Helpline, BEV or the WMS hotline to request additional slots.

Effective Immediately

ATTACHMENTS

☐ Forms can now be accessed through Print on Demand at all Job Centers.

Attachment A Center Request for Additional BEV Slots

CENTER REQUEST FOR ADDITIONAL BEV SLOTS

REFER MESSAGE TO DESIGNATED MAILBOX

PLEASE COMPLETE THE FOLLOWING INFORMATION SO THAT WE MAY COMPLY WITH YOUR REQUEST

DATE OF REQUEST:		
CENTER NAME:		
CENTER NUMBER:		
TYPE & NUMBER OF REQUESTED SLOTS:		
TOTAL # FA:		
TOTAL # SN:		
DATE OF LAST APPOINTMENT SCHEDULED IN	N THE CASE TYPE/CATEGORY:	
DATE OF LAST FA:		
DATE OF LAST SN:		
HAS THERE BEEN AN INCREASE IN ACTIVITY	AT YOUR LOCATION? Yes	No
NAME OF CENTER CONTACT:		
TELEPHONE NUMBER OF CENTER CONTACT:		