



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-77-EMP

BEGIN MANAGED PROGRAMS REFERRALS TO CASAC

<p>Date: April 26, 2004</p>	<p>Subtopic(s): Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>To date, participants engaged in BEGIN Managed Programs (BMP) activities who were referred to a Substance Abuse Service Center (SASC) for a Credentialed Alcohol and Substance Abuse Counselor (CASAC) evaluation were removed from the BMP roster.</p> <p>Now, BMP participants determined to have a substance abuse problem will be referred by BMP Workers for evaluation to SASC by entering NYCWAY Action Code 193B. Referral for Assessment at Substance Abuse Service Center (form W-456AA) will be generated by the code.</p> <p>The BMP Worker will also give the participant a return appointment to the program for the next business day following the SASC appointment using NYCWAY Action Code 105K. This code will generate a manual return appointment form which should be completed by the Worker with the appropriate information, e.g., participant should bring back documentation from the CASAC that the appointment was kept. Participants will remain on the BMP roster.</p> <p>If, after referral to the CASAC, the participant is deemed to be substance abuse nonexempt, nonintensive treatment required (10 hours of treatment or fewer per week), s/he will continue the BMP assignment with <u>concurrent treatment</u>. If s/he is deemed to need intensive treatment (10 or more hours per week), the participant will be automatically deassigned from the BMP assignment, and coded exempt as appropriate.</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*

Note: The BMP Worker should enter Action Code **105Y** to indicate that the participant kept the return appointment to BMP after the CASAC evaluation in order to close out the Action Code **193B** referral.

Effective Immediately

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

Attachment:

W-456AA Referral for Assessment at Substance Abuse Service Center (SASC) (Rev. 4/26/04)

W-456AA (S) Referral for Assessment at Substance Abuse Service Center (SASC) (Spanish) (Rev. 4/26/04)



Referral for Assessment at Substance Abuse Service Center (SASC)

Section I (To be completed by JOS Worker)

1. **Applicant's/Participant's Name** _____
First Name _____ M.I. _____ Last Name _____
2. Referral Date _____
3. Application Filing Date _____ Application Registry Number _____
4. Date of "I" Interview _____ Date of BEV Interview _____ Social Security Number _____
5. Case Number/Suffix _____ Proj. S/M PA Recurring Grant \$ _____ Proj. Monthly FS Grant \$ _____
6. Job Center Number _____ JOS/Worker Name _____ Caseload _____ Telephone Number: _____

Instructions to Applicant/Participant

Section II

A mandatory appointment has been scheduled for you at the Substance Abuse Service Center (SASC). You must report to the Substance Abuse Case Control Program (SACCP) with this form. You must report to this appointment on time. You cannot change the appointment unless you have a valid reason for doing so and can prove why you need to change the appointment. If you have an emergency, which must be documented, you must call the SASC Program at (212) 835-8300 before your scheduled appointment.

SASC Program Address:

Location Name _____

Location Address _____

City _____ State _____ Zip Code _____

Appointment Day/Date: _____ Time: _____ Phone: _____

Travel Directions:

Applicant/Participant Certification:

I understand that as a condition of eligibility for public assistance I must report to and cooperate with the SASC Program. I understand that failure to do so may make me ineligible for public assistance benefits.

Applicant/Participant Signature _____ Date _____

Section III (To be filled out by SASC Worker)

Outcome of Assessment

1. Applicant/Participant has cooperated and is returning to your program. Please excuse for today.
2. Applicant/Participant has reported and has been exempted from your program, effective today. Please remove from your roster for good cause.

SASC Worker's Signature _____ Date _____ Telephone _____



Envío para Evaluación al Centro de Servicios de Abuso de Sustancias (SASC)

Section I (To be completed by JOS Worker)

1. **Applicant's/Participant's Name** _____
First Name _____ M.I. _____ Last Name _____
2. Referral Date _____
3. Application Filing Date _____ Application Registry Number _____
4. Date of "I" Interview _____ Date of BEV Interview _____ Social Security Number _____
5. Case Number/Suffix _____ Proj. S/M PA Recurring Grant \$ _____ Proj. Monthly FS Grant \$ _____
6. Job Center Number _____ JOS/Worker Name _____ Caseload _____ Telephone Number: _____

Instrucciones al Solicitante/Participante

Sección II

Se le ha programado una cita obligatoria en el Centro de Servicios de Abuso de Sustancias (SASC), y debe presentarse al Programa de Control de Casos de Abuso a Sustancias (SACCP) con este formulario. Debe presentarse a esta cita a tiempo. No puede reprogramar esta cita a menos que tenga una razón válida y pueda probar por qué necesita reprogramarla. Si surge una emergencia, la cual tendría que ser documentada, tiene que llamar al Programa de SASC al (212) 835-8300 antes de su cita programada.

Dirección del Programa SASC: _____
Nombre del Local _____
Dirección del Local _____
Ciudad _____ Estado _____ Código Postal _____

Fecha y Día de la Cita: _____ Hora: _____ Teléfono: _____

Indicaciones de Viaje:

Certificación del Participante/Solicitante:

Yo entiendo que como condición de elegibilidad para asistencia pública debo presentarme y cooperar con el programa SASC. Yo también entiendo que el incumplimiento con dicho programa puede resultar en mi inelegibilidad para beneficios de asistencia pública.

Firma del Participante/Solicitante

Fecha

Section III (To be filled out by SASC Worker)

Outcome of Assessment

1. Applicant/Participant has cooperated and is returning to your program. Please excuse for today.
2. Applicant/Participant has reported and has been exempted from your program, effective today. Please remove from your roster for good cause.

SASC Worker's Signature

Date

Telephone