

FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-77-EMP

BEGIN MANAGED PROGRAMS REFERRALS TO CASAC

Date: April 26, 2004	Subtopic(s): Forms
☐ This procedure can now be accessed on the FIAweb.	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. 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. 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. 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 concurrent treatment. 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.

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.

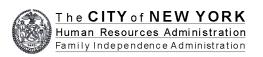
Attachment:

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)

Form W-456AA LLF 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	NameFirst Name					
2. Referral Date		M.I.	Last Name			
	on Filing Date Application Registry Number					
		ate of BEV Interview Social Security Number				
5. Case Number/Suffix	Proj. S/M PA Recurring G	ant \$ Proj. Mo	onthly FS Grant \$			
6. Job Center Number	JOS/Worker Name	Caseload Tel	ephone Number:			
Instructions to Applicant/Participant						
Section II						
Substance Abuse Case Cont change the appointment unles	s been scheduled for you at the Substar rol Program (SACCP) with this form. ss you have a valid reason for doing so h must be documented, you must call th	You must report to this apparant can prove why you nee	oointment on time. You cannot d to change the appointment. If			
SASC Program Address:	Location Name					
	Location Address					
	City	State	 Zip Code			
Appointment Day/Date:	Time	e: 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 Outcome of Assessment	SASC Worker)					
	as cooperated and is returning to your p	orogram. Please excuse for	today.			
	as reported and has been exempted fro		•			
SASC Worker's Signature	Date	Tel	ephone			



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

Section I (To be completed by JOS Worker)						
1. Applicant's/Participant's	NameFirst Name		Last Name			
2. Referral Date		W. I.	Eddt Harne			
Application Filing Date	Application Registry Number					
4. Date of "I" Interview	Date of BEV Interview _	Date of BEV Interview Social Security Number				
5. Case Number/Suffix	Proj. S/M PA Recurrir	/I PA Recurring Grant \$ Proj. Monthly FS Grant \$				
6. Job Center Number	JOS/Worker Name	Caseload	Telephone Number:			
	Instrucciones al Sol	icitante/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 Substancias (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					
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 ha	as cooperated and is <u>returning to y</u>	<u>rour program</u> . Please ex	cuse for today.			
Applicant/Participant has reported and has been <u>exempted from your program</u> , effective today. Please remove from your roster for good cause.						
SASC Worker's Signature	Dat	e	Telephone			