



FAMILY INDEPENDENCE ADMINISTRATION
 Seth W. Diamond, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner
 Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner
 Office of Procedures

POLICY BULLETIN #05-48-OPE

**REVISIONS TO MANDATORY TRAINING ASSESSMENT GROUP APPOINTMENT (W-507)
 LETTER AND FIA SCHOOL/TRAINING ENROLLMENT LETTER (W-700D)**

<p>Date: March 16, 2005</p>	<p>Subtopic(s): Forms</p>
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform staff that the Mandatory Training Assessment Group Appointment (W-507) letter and the FIA School/Training Enrollment Letter (W-700D) have been revised as follows:</p> <p><u>W-507</u></p> <ul style="list-style-type: none"> • The following sentence has been added to the third paragraph of the W-507: "If you are currently enrolled in an education or training program, please have the school complete the enclosed FIA School/Training Enrollment Letter (W-700D), and bring it with you when you report for the appointment." • The W-700D is now listed in the lower left-hand corner of the W-507 as an enclosure. <p><u>W-700D</u></p> <ul style="list-style-type: none"> • The W-700D has been reformatted to a four-page letter-size form, and its content reordered for ease of use. • An "Agreement to Recovery of Engagement Expense Overpayments" (section IB) has been added to capture the participant's authorization to recover expense overpayments from either the Public Assistance (PA) grant or carfare and/or child care payments. • At the top of page 3, the phrase "College Students Only" has been removed from the "Work Activities" box that is to be filled out by the authorized school/training program representative. • The FIA Worker signature line has been moved from the former section IC to the end of Section II.

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*

Effective Immediately

Please use Print on Demand to obtain copies of forms.

Attachments:

- W-507** Mandatory Training Assessment Group Appointment (Rev. 3/16/05)
- W-507 (S)** Mandatory Training Assessment Group Appointment (Spanish) (3/16/05)
- W-700D** FIA School/Training Enrollment Letter (Rev. 3/16/05)
- W-700D (S)** FIA School/Training Enrollment Letter (Spanish) (3/16/05)



Date: _____

Case Number: _____

Case Name: _____

Mandatory Training Assessment Group Appointment

You have been scheduled for an interview to discuss your employment goals. At this appointment we will assess/reassess your marketable skills as well as your employment, training and educational needs so that appropriate activities, which include work experience, job search and approved educational training, can be assigned. This assessment/reassessment will include in-depth testing of your English language proficiency and math skills.

Please bring all completed child care forms with you so that child care payments can be set up in the system for your provider. If at all possible, please do not bring children with you to the appointment because the entire testing of your skills and the assessment interviewing process may take more than four (4) hours. Your focus and concentration are important in order for you to test well, and there are no on-site child care facilities.

Please bring any documentation regarding your education (e.g., high school diploma, proof of General Equivalency Diploma [GED], college degree, Career Placement Assessment Test [CPAT], or proof of grade point average [GPA]) to this appointment, in addition to the requested documents below. If you are currently enrolled in an education or training program, please have the school complete the enclosed FIA School/Training Enrollment Letter (W-700D), and bring it with you when you report for the appointment. Noncompliance with the requirements may result in the disapproval of your request.

- Completed school letter
- Child care forms/documentation
- Other _____

Your appointment information is as follows:

Appointment Date: _____ Time: _____ Telephone: _____

Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions: _____

If you are unable to keep this appointment because of an emergency, please contact the telephone number above before your reporting time to arrange for a new appointment.

This is a mandatory engagement appointment. Your participation in assigned activities is mandatory. Failure to fulfill all requirements may result in the reduction or termination of your public assistance benefits. There are no work requirements for Medicaid.

Enclosure: FIA School/Training Enrollment Letter (W-700D)



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____

Cita Obligatoria En Grupo para Evaluación de Capacitación

Se le ha programado una cita para evaluar o reevaluar su meta de trabajo. En esta cita evaluaremos/reevaluaremos sus habilidades rentables al igual que sus necesidades de empleo, capacitación y de educación para asignarle actividades adecuadas; lo que incluye experiencia laboral, búsqueda de trabajo y capacitación educacional aprobada. Esta evaluación/reevaluación incluirá un examen exhaustivo sobre su manejo del idioma inglés y su habilidad en la matemática.

Por favor traiga todos los formularios de cuidado infantil llenos para que se puedan organizar en el sistema los pagos a su proveedor. Si posible, favor de no traer a sus niños con usted a la cita debido a que todos los exámenes de sus habilidades, y el proceso de la entrevista para evaluación puede durar más de cuatro (4) horas. Su enfoque y concentración son necesarios para que los pueda superar los exámenes y no hay instalaciones de cuidado infantil en el local.

Por favor traiga cualquier documentación respecto a su educación (ejemplo., diploma de escuela secundaria, prueba de Diploma Equivalente de Escuela Secundaria (GED), Diploma Universitario, Examen de Evaluación de Programas Profesionales (Career Placement Assessment Test [CPAT]), o pruebas de puntaje escolar promedio [grade point average - GPA]) a esta cita, además de los documentos solicitados más abajo. Si actualmente usted está inscrito en un programa educacional o de capacitación, favor de encargarse de que la escuela llene el adjunto FIA School/Training Enrollment Letter (Carta de Inscripción de Educación/Capacitación de la FIA) (W-700D). El incumplimiento de los requisitos puede resultar en la denegación de su solicitud.

- Carta indicando que terminó la escuela
- Documentos/formulario de cuidado infantil
- Otros _____

La información de su cita es la siguiente:

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

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

Si no puede acudir a esta cita debido a alguna emergencia, comuníquese por favor antes de su hora programada al número de teléfono indicado más arriba para concertar una nueva cita.

Esta es una cita de compromiso obligatoria. Su participación en actividades asignadas son obligatorias. El no cumplir con todos los requisitos puede resultar en la reducción o terminación de sus beneficios de asistencia pública. No existen requisitos de trabajo para Medicaid.

Adjunto: FIA School/Training Enrollment Letter (W-700D)

FIA School/Training Enrollment Letter

Participant Name: _____ Social Security Number: _____

PA/FS Case Number:

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 Center:

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 NPA FS

CIN#:

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I. FOR COMPLETION BY STUDENT WITH HUMAN RESOURCES ADMINISTRATION (HRA) REPRESENTATIVE

A. TRAINING-RELATED EXPENSES

Individuals who participate in HRA-approved activities are eligible to receive reimbursement for certain expenses incurred while participating, specifically child care, carfare and certain items if they are required for participation.

Note: To request child care reimbursement, a separate Child Care Provider Application (W-273B) must be attached.

How much do you spend on carfare each day you attend class? \$ _____

Do you need anything special in order to participate in your program? No Yes
(Receipt/bill must be attached.)

If "Yes," explain special need, e.g., uniform: _____

Amount of special need: \$ _____ Frequency: _____

B. AGREEMENT TO RECOVERY OF ENGAGEMENT EXPENSE OVERPAYMENTS

Choose one of the following:

- I agree that any engagement expense overpayment will be recovered from my public assistance grant.
- I request that any engagement expense overpayment be recovered from my next or future carfare and/or child care payments.

Public Assistance Applicant/Participant Signature _____

Date _____

C. NOTICE TO PUBLIC ASSISTANCE AND FOOD STAMP APPLICANTS/PARTICIPANTS REGARDING EDUCATIONAL GRANTS AND EXPENSES

In accordance with current Social Services law (18 NYCRR 352.16 and 352.22), any educational grant, scholarship or loan that you receive is not counted in determining your eligibility for public assistance and is not considered in determining the amount of your public assistance benefit. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as income for food stamp purposes, but permits us to exclude from this income amounts for tuition, mandatory fees and certain other educational expenses.

In order to determine the correct amount of educational income to count or allow as a deduction in computing your food stamp budget, we require documentation of your educational income and expenses from your school. Please sign the release section below, which authorizes the school to provide us with this information, and have your school complete Section II of this form. After completion, please return it to the Worker who is handling your case.

D. AUTHORIZATION TO RELEASE INFORMATION

I authorize the school/program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. In addition, I authorize the release of information concerning my educational income and expenses to allow HRA to determine a food stamp budget for my household. For Public Assistance purposes, I understand that I may be entitled to extra money for carfare and child care only if I attend my program as scheduled. If I stop attending or do not start my program, I must tell HRA or I may risk a public assistance case sanction. Furthermore, I understand that I must cooperate with all efforts made to assist in my job search.

Applicant/Participant Signature _____

Date _____

Student must take this form to the School/Training Program for completion of Section II.

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE

School/program name: _____

Course of study/major: _____

Vendor and skill code: _____

Semester start date: _____ Semester end date: _____

Enrollment start date (if different from semester start date above): _____

Is there a break of more than two weeks during this enrollment period? No Yes Break date(s): _____

Student Weekly Activity Schedule

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study, "FWS"; for internship, "INT"; for externship, "EXT"; for Family College, "FC." For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00-9:00 a.m.							
9:00-10:00 a.m.							
10:00-11:00 a.m.							
11:00-12:00 p.m.							
12:00-1:00 p.m.							
1:00-2:00 p.m.							
2:00-3:00 p.m.							
3:00-4:00 p.m.							
4:00-5:00 p.m.							
Evenings (specify hours in box)							

A. Work Activities: (Please note that internship/externship and FWS must be approved by HRA and have a vendor/skill code)	Vendor/Skill Code	Number of Hours
1. Number of internship hours per week this semester	_____	_____
2. Number of externship hours per week this semester	_____	_____
3. Number of Federal Work Study (FWS) hours per week this semester	_____	_____
4. Total number of internship, externship and FWS hours per week this semester (add lines 1, 2 & 3)		_____

1. Total weekly classroom and lab hours: _____
2. Total from II.A., line 3: _____
3. Total of lines 1 and 2 (total activity hours):* _____



Is the student receiving money directly from you for:

	No	Yes	Weekly Amount	Source
Carfare	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Breakdown of Expenses		Non-Title IV Funded Educational Grants, Loans and Scholarships
Tuition	\$	Private scholarships (specify in the spaces below)
Loan origination and insurance fees		1. \$
Books		2.
Lunch at school		3.
Transportation to and from school		4.
Supplies		SEEK Program
Child care		College Discovery Program
Personal expenses (specify): _____		Other (specify): _____
A. Total Expenses	\$	B. Total Non-Title IV Funded Educational Income \$

Name and Signature of Authorized School Representative

Date

Telephone Number

III. FOR COMPLETION BY FIA WORKER (use data from Section II of this form)

If the student is enrolled at least half-time, allow all of the expenses in the section titled "Breakdown of Expenses" on page three of this form. For the personal expenses listed, allow only those which are not living expenses. Examples of living expenses which are not allowed are housing, clothing, utilities and meals other than lunch at school.

Follow these steps:

_____	-	_____	=	_____
(A) total expenses		living expenses		(AA) total allowable expenses
_____	-	_____	=	_____
(B) total educational income		(AA) total allowable expenses		(C) countable income
_____	+	_____	=	_____
(C) countable income		number of months in school term		(D) monthly net income
_____	+	2	=	_____
(D) monthly net income				(E) semimonthly net income

FIA Worker Signature

Date

Note: Enter semimonthly net income (E) in the Gross field and "S" in the Frequency field of the NSBLO6 screen. Use income source code 17.

Don't budget educational income for any month prior to the actual receipt of educational income. Don't count any educational income funded partially or entirely by Title IV funds. Title IV-funded programs include Basic Educational Opportunity Grants, Supplemental Educational Opportunity Grants, Tuition Assistance Program, all educational loans and college work study.

IV. FOR FIA USE ONLY

Allowance Dates:	Weekly Childcare:
Start Date: _____	Child's Name: _____
End Date: _____	Amount: _____
Weekly Carfare: \$ _____	
Special Needs: \$ _____	

* Note to HRA Staff: when entering activity hours onto NYCWAY you must convert weekly hours to biweekly.



Carta de Inscripción al Programa de Capacitación o Educación de la FIA

Participant Name: _____ Social Security Number: _____

PA/FS Case Number: - Center: NPA FS

CIN#:

I. A SER LLENADO POR EL ESTUDIANTE Y EL REPRESENTANTE DE LA ADMINISTRACIÓN DE RECURSOS HUMANOS (HUMAN RESOURCES ADMINISTRATION - HRA)

A. GASTOS RELACIONADOS CON LA CAPACITACIÓN

Las personas que participan en actividades de trabajo aprobadas por la HRA tienen derecho a que se les reembolsen algunos de los gastos incurridos durante su participación. Los gastos más comunes son: cuidado infantil, tarifa de transporte y otros que sean requeridos para facilitar la participación.

Nota: Para solicitar reembolso de pagos por cuidado infantil, el formulario del Proveedor de Cuidado Infantil (W-273B [S]) debe de adjuntarse a este formulario.

¿Cuánto gasta en tarifa de transporte cada día que asiste a clases? \$ _____

¿Necesita usted algo en particular (necesidad especial) para poder participar en el programa? No Sí
(Tiene que adjuntar recibo/factura.)

Si la respuesta es "Sí," favor de explicar, e.g., uniforme: _____

Cantidad para la necesidad especial: \$ _____ Frecuencia: _____

B. ACUERDO PARA RECOBRAR EXCESO DE PAGOS PARA GASTOS DE PARTICIPACIÓN

Favor de marcar una de las siguientes opciones:

- Estoy de acuerdo en que se deduzca de mi asistencia pública cualquier exceso de pago de gastos de participación
- Solicito que cualquier exceso de pago de gastos de participación sea deducido de mis próximos pagos para tarifas de transporte y/o cuidado infantil.

Firma del Solicitante/Participante de Asistencia Pública _____

Fecha _____

C. AVISO A LOS SOLICITANTES/PARTICIPANTES DE ASISTENCIA PÚBLICA Y CUPONES PARA ALIMENTOS RESPECTO A BECAS Y GASTOS EDUCACIONALES

Conforme a la ley actual de Servicios Sociales (18 NYCRR 352.16 y 352.22), cualquier beca o préstamo que usted reciba no es tomado en cuenta al determinar su elegibilidad para recibir asistencia pública y no es considerado al determinar la cantidad de su beneficio de asistencia pública. La Ley de Cupones para Alimentos del 1977 (the Food Stamp Act of 1977) requiere que ciertas becas y préstamos sean calculados como ingreso para fines de cupones para alimentos. Sin embargo, la misma ley nos permite excluir del ingreso gastos de matrícula, cuotas obligatorias y otros gastos educacionales específicos.

Para determinar la cantidad correcta de ingreso educacional a tomarse en cuenta o a deducir de su presupuesto de cupones para alimentos, le requerimos documentación de sus ingresos y gastos educacionales a su institución educativa. Favor de firmar la sección de autorización más abajo para permitirle a su institución educativa entregarnos esta información y pida que un representante de la misma llene la Sección II de este formulario. Después de ser llenado, favor de entregar este formulario al Trabajador encargado de su caso.

D. AUTORIZACIÓN PARA ENTREGAR INFORMACIÓN

Yo autorizo al programa de capacitación/institución educativa citado en la Sección II de este formulario, a entregar a la HRA información respecto a mi asistencia, progreso educativo y empleo posterior. Además, información acerca de mis ingresos y gastos educacionales para que la HRA pueda determinar un presupuesto de cupones para alimentos para mi hogar. Para fines de Asistencia Pública, entiendo que es posible que yo tenga derecho a dinero adicional para transporte y cuidado infantil solamente si asisto al programa durante el horario requerido. Si dejo de asistir o no empiezo el programa, tengo que avisar a la HRA o de lo contrario, puede que mi caso de asistencia pública sea sancionado. Mas aún, entiendo que tengo que cooperar con todo esfuerzo hecho con fines de ayudarme a conseguir trabajo.

Firma del Solicitante/Participante _____

Fecha _____

El estudiante tiene que llevar este formulario a su institución educativa/programa de capacitación para que un representante del mismo llene la Sección II.

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE

School/program name: _____

Course of study/major: _____

Vendor and skill code: _____

Semester start date: _____ Semester end date: _____

Enrollment start date (if different from semester start date above): _____

Is there a break of more than two weeks during this enrollment period? No Yes Break date(s): _____

Student Weekly Activity Schedule

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study, "FWS"; for internship, "INT"; for externship, "EXT"; for Family College, "FC." For activities that do not start on the hour write start and end time in box.)

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4. Total number of internship, externship and FWS hours per week this semester (add lines 1, 2 & 3)		_____

1. Total weekly classroom and lab hours: _____
2. Total from II.A., line 3: _____
3. Total of lines 1 and 2 (total activity hours):* _____

School Stamp	Is the student receiving money directly from you for:		Weekly Amount	Source
	No	Yes		
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Breakdown of Expenses		Non-Title IV Funded Educational Grants, Loans and Scholarships
Tuition	\$ _____	Private scholarships (specify in the spaces below)
Loan origination and insurance fees		1. \$ _____
Books		2. _____
Lunch at school		3. _____
Transportation to and from school		4. _____
Supplies		SEEK Program
Child care		College Discovery Program
Personal expenses (specify): _____		Other (specify): _____
A. Total Expenses	\$ _____	B. Total Non-Title IV Funded Educational Income \$ _____

Name and Signature of Authorized School Representative

Date

Telephone Number

III. FOR COMPLETION BY FIA WORKER *(use data from Section II of this form)*

If the student is enrolled at least half-time, allow all of the expenses in the section titled "Breakdown of Expenses" on page three of this form. For the personal expenses listed, allow only those which are not living expenses. Examples of living expenses which are not allowed are housing, clothing, utilities and meals other than lunch at school.

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_____	-	_____	=	_____
(B) total educational income		(AA) total allowable expenses		(C) countable income
_____	÷	_____	=	_____
(C) countable income		number of months in school term		(D) monthly net income
_____	÷	2	=	_____
(D) monthly net income				(E) semimonthly net income

FIA Worker Signature

Date

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