



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #05-60-OPE

(Use with PD #03-56-EMP)

METROCARD INCENTIVE PROJECT (MIP) – MAILER TO EMPLOYED PARTICIPANTS

<p>Date: April 11, 2005</p>	<p>Subtopic(s): Supportive Services</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Outreach mailer</p> <p>New action code</p> <p>New action code</p>	<p>The purpose of this policy bulletin is to inform staff of a new MetroCard Incentive Project (MIP) mailer being sent to all participants that are employed in unsubsidized jobs and instructs them to contact designated staff in the Colgate, Jamaica, Linden, Queens, Richmond, Rockaway, Seaport, St. Nicholas or Union Square Job Centers for evaluation of MIP eligibility. This bulletin is also to inform Disbursement and Collection (D&C) Unit staff of a change in the routing process for the MetroCard Incentive Project (MIP) Transportation Grant Checklist (EXP-76A). In addition, the forms associated with MIP have been updated to conform to current formatting requirements.</p> <p>Management Information Systems (MIS) will mail a MIP flyer (EXP-78CC) to employed participants and will post NYCWAY action code 10MS (MIP Mailing Sent) on each case. The flyer instructs participants to contact the designated staff at specified Job Centers to be evaluated for MIP eligibility. (See Attachment A for the list of designated staff.)</p> <p>Staff at these Job Centers must refer to Policy Directive #03-56-EMP for instructions on how to determine if a participant is eligible for a MetroCard and to how issue the MetroCard.</p> <p>In instances where it is determined that a participant does not meet the MIP eligibility criteria, the designated Worker must post action code 10MT (MIP Mailing: Client Ineligible) in NYCWAY. This code will close out the 10MS and no further action will be required.</p> <p>If a participant meets the MIP eligibility criteria, designated staff will perform the following actions described in detail in Policy Directive #03-56-EMP which includes:</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*

- Obtaining current verification of employment income for eligible participants.
- Completing the **EXP-76A**, forwarding the approved form to the D&C Unit and scanning and indexing the completed form into the case record.
- Entering NYCWAY action code **100U** to indicate MIP approval.
- Issuing the MetroCard Issuance Approval Form (**EXP-76C**) to the participant to pick up the MetroCard.

D&C Unit staff must:

- Complete and sign Section III of the **EXP-76A** and return it to the designated Worker.
- Give the participant the MetroCard and enter NYCWAY action code **100V**. (This code indicates the Metrocard has been issued.)
- Forward the completed MetroCard Incentive Project (MIP) MetroCard Log (**EXP-76B**) to the D&C Unit Supervisor.

The D&C Unit Supervisor must:

- Review and sign the completed **EXP-76Bs**.
- On Fridays, submit the **EXP-76Bs** to Headcount Control and Analysis (HC&A) at 180 Water Street, 19th Floor, Room 1905, New York, NY 10038, Attention: MIP Coordinator.

Do not forward the **EXP-76A** to HC&A.

Effective Immediately

☞ Please use Print on Demand to obtain copies of forms.

Attachments:

- EXP-76A** MetroCard Incentive Project Flyer (MIP) Transportation Grant Checklist (Rev. 4/11/05)
- EXP-76B** MetroCard Incentive Project Flyer (MIP) MetroCard Log (Rev. 4/11/05)
- EXP-76C** MetroCard Issuance Approval Form (Rev. 4/11/05)
- EXP-76C (S)** MetroCard Issuance Approval Form (Spanish) (4/11/05)
- EXP-78CC** MetroCard Incentive Project (MIP) Flyer (4/11/05)
- EXP-78CC (S)** MetroCard Incentive Project (MIP) Flyer (Spanish) (4/11/05)
- Attachment A** MetroCard Incentive Project Contact List (4/11/05)



Date: _____
Case Number: _____
Case Name: _____

MetroCard Incentive Project (MIP) Transportation Grant Checklist

This Form Must Be Completed Every Time an Applicant/Participant is Determined Eligible to Receive a MetroCard.

Section I. To be completed by JOS/Worker

Name of Applicant/Participant: _____
(First Name) (Last Name)

Social Security Number: _____

Receiving Public Assistance: Yes No Safety Net Case: Yes No

Family Assistance Case: Yes No Family Size: _____

Employer Name: _____ Employer Telephone: _____

Employer Address: _____ Employment Start Date: _____

City State Zip Code

Salary Verification Received: Yes No

Monthly Salary*: _____

* Weekly and hourly income must be converted to a monthly amount to compare with poverty guidelines.

Type of Salary Verification
(e.g., pay stub, employment letter): _____

MetroCard Disbursement Month Number:

First Third Fifth

Second Fourth Sixth

JOS/Worker Signature: _____

Date: _____

Section II. To be completed by AJOS/Supervisor

Approved for MIP: Yes No

Supervisor Signature: _____ Date: _____

Section III. To be completed at D&C

I hereby affirm that I receive no form of transportation subsidy other than the subsidy I am receiving through the Community Solutions for Transportation MetroCard Incentive Project (MIP). (If under audit this is found to be untrue, repayment will be expected or the attestation will be left alone.)

Por medio de la presente yo afirmo que no recibo ningun otro tipo de subsidio de transporte aparte del que actualmente recibo como cortesía del Proyecto de Incentivo de MetroCard por parte de Soluciones de Transporte para la Comunidad (Community Solutions for Transportation MetroCard Incentive Project [MIP]). (Si por medio de una intervención se descubre que lo antedicho no es cierto, se requerirá un reembolso o de lo contrario su testimonio no tendrá validez.)

Applicant/Participant Signature:
Firma del Solicitante/Participante: _____

D&C Signature: _____

MetroCard Issued: Yes No

Date: _____

SAMPLE

Date Returned to JOS/Worker:



Disbursing Center: _____

MetroCard Incentive Project (MIP)

MetroCard Log: Receipt for MetroCards Distributed to Employed PA Applicants/Participants

Shaded columns to be completed by D&C Staff

	Date	Responsible Center Number	Name of Applicant/Participant	Case Number	Social Security Number	I have received a monthly MetroCard. Signature of Applicant/Participant (in ink only) <i>He recibido una tarjeta mensual MetroCard. Firma del Solicitante/Participante (solo con tinta)</i>	Amount Disbursed	D&C Worker's Initials
1							\$76	
2							\$76	
3							\$76	
4							\$76	
5							\$76	
6							\$76	
7							\$76	
8							\$76	
9							\$76	
10							\$76	
TOTAL						(\$76 x _____)		

SAMPLE

D&C Supervisor Signature: _____

Print Name: _____

Telephone: _____ Date: _____

Routing: Send original to Head Count Control and Analysis, 180 Water Street, 19th floor, New York, NY 10038



Date: _____
Case Number: _____
Case Name: _____
Worker: _____

MetroCard Issuance Approval Form

You have been authorized to receive a monthly MetroCard. Please pick up your MetroCard at the following Center:

Center Number: _____ Center Name: _____
Address: _____
City: _____ State: _____ Zip: _____
D&C Telephone Number: _____

SAMPLE

Travel Directions:

Please bring this letter and a photo ID to the Center indicated above to receive your MetroCard. This is your _____ MetroCard issuance.

YOU MAY RECEIVE A MONTHLY METROCARD FOR UP TO SIX MONTHS. YOU MUST SUBMIT CURRENT VERIFICATION OF EMPLOYMENT INCOME EVERY TIME YOU APPLY FOR A METROCARD.

Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



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

Formulario de Aprobación de Emisión de MetroCard

Se le ha autorizado para que reciba una MetroCard mensual. Favor de recoger su MetroCard en el siguiente Centro:

Número del Centro: _____ Nombre del Centro: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de teléfono del D&C: _____

SAMPLE

Indicaciones de viaje:

Favor de traer esta carta y una identificación con foto al Centro indicado más arriba para recibir su MetroCard. Ésta es su _____ emisión de MetroCard.

USTED PODRÍA RECIBIR UNA METROCARD MENSUAL HASTA POR SEIS MESES. DEBE PRESENTAR COMPROBANTE ACTUAL DE SU INGRESO DE TRABAJO CADA VEZ QUE SOLICITE UNA METROCARD.

Firma del Trabajador: _____ Fecha: _____

Firma del Supervisor: _____ Fecha: _____

Have You Recently Become Employed?

Do you ride to and from work via...

SUBWAY?

BUS?



You may be eligible for a
SAMPLE
* **F** **R** **E** **E** *

Monthly Unlimited MetroCard for up to Six Months!



Our records indicate you are currently employed. Please refer to the attached Contact list and call the liaison for your borough to see if you qualify for this exciting service.



¿Ha Conseguido Usted Trabajo Recientemente?

Se transporta usted al trabajo y regresa en...

¿TREN SUBTERRÁNEO?

¿AUTOBÚS?



Puede Ser Que Tenga Derecho a una
SAMPLE
Tarjeta Mensual de MetroCard Sin Límite

* **G R A T I S** *

¡Por un Período de Hasta Seis Meses!



Nuestros archivos indican que usted tiene empleo actualmente. Favor de referirse a la lista de Contactos adjunta y llame al representante de su condado para ver si califica para este novedoso beneficio.



SAMPLE

MetroCard Incentive Project (Mailer to Employed Participants)

CONTACT LIST

Job Center	Description	Contact Person	Telephone Number(s)
Colgate	For all Bronx participants	Gloria Perez	(718) 589-3632
Linden	For all Brooklyn participants	Marie Elie	(718) 237-8297
St. Nicholas	For all Manhattan participants	William Satterwhite	(212) 666-4966
		Diana Kearney	(212) 666-4966
Seaport	For all Manhattan participants	Sandra Whitfield	(212) 331-4925
		Vlad Mihalcea	(212) 331-4908
Union Square	For all participants in Veterans, SeniorWorks, Brooklyn WeCare, Bronx WeCare, Union Square Centers	Sean McRae	(212) 835-7684
Queens	For all Center 53 participants	Frank Morris	(718) 784-3591
Jamaica	For all Center 54 participants	Sharon Singleton	(718) 523-2146
Rockaway	For all Center 79 participants	Carolyn McBean	(718) 318-4179
Richmond	For all Richmond participants	Leslie SantoPietro	(718) 390-8526/27