



FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner




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

Stephen Fisher, Acting Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #10-122-OPE

(This Policy Bulletin Replaces PB #06-53-OPE, PB #06-104-OPE, and PB #10-84-OPE)

REVISIONS TO THE CONCILIATION NOTICES (W-532A, W-532B, AND W-532C)

Date: December 6, 2010	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the following conciliation notices have been revised:</p> <ul style="list-style-type: none"> • Conciliation Notification (W-532A) • Conciliation Notification for Activity Period Continued (W-532B) • Conciliation Notification for Activity Period Discontinued (W-532C) <p>The revisions to the forms are as follows:</p> <p>W-532A:</p> <p><u>Page 1</u></p> <ul style="list-style-type: none"> • The label and reserved space for the infraction date have been removed from the form header. • The words “without good cause” were added to the second sentence in the first paragraph so it now reads “We believe you have willfully and without good cause refused or failed to comply with a work requirement.” • The last sentence in the first paragraph that begins with “We would like to discuss any problems you may have...” was separated from the first paragraph and made its own paragraph. • The phrase “why you did not attend on the infraction date” was changed to “why you did not report or cooperate as assigned” in the middle of the fifth paragraph.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

W-532B and W-532C:**Page 1**

- The label and reserved space for the infraction date have been removed from the form header.
- The first paragraph, informing participants that failure to respond to the notice may lead to a reduction or discontinuation of the household's temporary assistance and food stamp benefits, has been added.
- The words "and ask to speak to a Conciliation Worker" were added to the sentence that now reads "If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker".
- The paragraph that begins "when you come in" was revised to clarify the conciliation process.
- New language has been inserted to provide examples of suitable documents to support a participant's reason(s) for failing to comply with a work requirement.
- Language stating that participants "will be notified in writing of the result of your interview" has been replaced with "we will notify you of our decision".
- The phrase "good cause" has been defined and new language has been added advising participants that, if it is found that they had good cause for not complying with a work requirement, they will be excused for the day(s) that they did not report to their appointment or assigned work activity.
- Examples of good cause reasons for failing to comply with a work requirement have been added.

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- The statement "if you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements" has been added.
- Language advising participants how to file an EEO complaint with the Agency's EEO Officer has been modified to read "the complaint should be brought to the EEO Officer at your location first".
- The paragraph that informs participants about what will happen if they do not report to the interview was revised.
- "Public assistance" was changed to "temporary assistance".

The Conciliation/Notice of Intent Manual for Employment Infractions contains detailed information on the conciliation process.

Conciliation notices are sent to participants who infract with work requirements. Depending on the infraction, the participant will be sent the **W-532A**, **W-532B**, or **W-532C**. The infraction code that is entered in NYCWAY will determine which notice is sent to the participant and the text that will be inserted on the notice by MIS. **Attachments A, B, and C** contain the text for the snippets on the **W-532A**, **W-532 B**, and **W-532C**, respectively.

Samples of the revised forms are attached.

Center Directors must ensure that all previous versions of these forms and their multilingual equivalents are removed from circulation and recycled.


Effective Immediately

Related Item:

Conciliation/Notice of Intent Manual for Employment Infractions

Attachments:

- Attachment A** **W-532A** Snippets
- Attachment B** **W-532B** Snippets
- Attachment C** **W-532C** Snippets
- W-532A** Conciliation Notification (Rev. 12/6/10)
- W-532A (S)** Conciliation Notification (Spanish) (Rev. 12/6/10)
- W-532B** Conciliation Notification for Activity Period Continued (Rev. 12/6/10)
- W-532B (S)** Conciliation Notification for Activity Period Continued (Spanish) (Rev. 12/6/10)
- W-532C** Conciliation Notification for Activity Period Discontinued (Rev. 12/6/10)
- W-532C (S)** Conciliation Notification for Activity Period Discontinued (Spanish) (Rev. 12/6/10)

 Please use Print on Demand to obtain copies of forms.

Attachment A

W-532A Snippets (English)	
Action Code:	
452V	quit your job.
434A	failed to report to the Begin Employment Gain Independence Now (BEGIN) Program.
434M	failed to document that you are not required to participate in the Begin Employment Gain Independence Now (BEGIN) Program.
434Y	failed to comply with the attendance policy and/or cooperate with the Begin Employment Gain Independence Now (BEGIN) Managed Program.
434G	failed to comply with the attendance policy and/or cooperate with the Begin Employment Gain Independence Now (BEGIN) Reassessment.
434C	failed to cooperate with the assessment outcome at Intake.
434D	failed to comply with the Employment Plan and report to Job Search.
434V	failed to comply with the Temporary Assistance to Needy Families (TANF) Applicant Job
434L	failed to comply with the attendance policy and/or cooperate with the Internship Program.
434P	failed to comply with the attendance policy and/or cooperate with the Work Experience Program (WEP).
434W	failed to comply with the Employment Plan and report to the Back to Work (BTW) vendor.
448S	failed to report to a Safety Net Assistance Back to Work (BTW) vendor's scheduled appointment.
443D	failed to report to the Perfect Opportunity for Individual Skills and Educational Development (POISED) Intake Unit.
436C	failed to report to or cooperate with the mandatory work activity at the Back to Work (BTW) vendor.
436S	failed to report to a Back to Work (BTW) vendor.
436T	failed to report to a Back to Work (BTW) vendor's scheduled appointment.
436H	failed to report to a Back to Work (BTW) vendor's scheduled appointment.
436D	failed to cooperate with a mandatory work activity at the Back to Work (BTW) vendor.
443	failed to report to or cooperate with the Personal Roads for Individual Development and Employment (PRIDE) Intake Section.
443A	failed to report to or cooperate with Personal Roads for Individual Development and Employment (PRIDE) Intake Section.
443B	failed to report to or cooperate with the Personal Roads for Individual Development and Employment (PRIDE) provider after being assigned there.
443C	failed to report to or cooperate with the Personal Roads for Individual Development and Employment (PRIDE) provider after getting an assignment.
434U	failed to report to a job interview or refused a bona fide job offer.
452	failed to report to a job interview and/or accept bona fide job offer.
914K	failed to accept a referral to the Job Center.
430K	failed to report to or cooperate with the Work Experience Program (WEP) Intake Section.
440X	failed to comply with the Work Experience Program (WEP) assignment as a new start.
448L	failed to report to a Safety Net Assistance/Food Stamp Job Search appointment.

Attachment A

W-532A Snippets (English)	
Action Code:	
448M	failed to report to a Safety Net Assistance Job Search Scheduled Appointment.
448G	failed to report to an Applicant Job Search Safety Net Assistance Scheduled Appointment.
430S	failed to report to a scheduled appointment or failed to cooperate with job or training placement efforts.
230K	failed to report/cooperate with Employment Services Intake.
440Q	failed to accept or complete a Job Placement Program to which you were referred by Employment Services.
468U	failed to report for WeCARE Vocational Rehabilitation Services appointment and did not reschedule the appointment.
469U	failed to report for WeCARE Vocational Rehabilitation Services appointment and did not reschedule the appointment.
436G	Failed to report to a Back to Work (BTW) vendor.
43TR	failed to report to initial or follow-up mandatory appointment with the Training Assessment Group.
43TG	failed to report to Training Assignment.
434J	failed to comply with the attendance policy at the Grant Diversion Program

SAMPLE

Attachment B

W-532B Snippets (English)	
Action Code:	
436C	Failed to report to or cooperate with the mandatory work activity at the Back to Work (BTW) vendor.
436G	Failed to report to a Back to Work (BTW) vendor.
436U	failed to cooperate with the mandatory work activity at the Back to Work (BTW) vendor.
470F	did not meet minimum hours and/or failed to cooperate with the Back to Work (BTW) vendor.
470B	failed to comply with attendance policy and/or cooperate with a Begin Employment Gain Independence Now (BEGIN) Managed Program.
470P	failed to comply with the attendance policy and/or cooperate with the Work Experience Program (WEP).
470W	failed to meet the minimum hours at your Work Experience Program (WEP) assignment.
470S	failed to comply with the attendance policy and/or comply with Job Search activity.
470J	failed to comply with a mandatory Job Search activity.
444G	failed to comply with the attendance policy at Project Cooperation.
434X	failed to comply with the attendance policy and/or cooperate with the Back to Work (BTW) vendor.
470E	did not meet work hours for a certain period at the Back to Work (BTW) vendor.
448V	failed to cooperate with the Back to Work (BTW) vendor and/or did not meet work hours.
436F	failed to meet minimum hours required at the Back to Work (BTW) vendor.
436N	failed to comply with the attendance policy and/or cooperate with the Back to Work (BTW) vendor.
436V	failed to cooperate with the Back to Work (BTW) vendor and/or did not meet work hours.
436V	failed to cooperate with the Back to Work (BTW) vendor and/or did not meet work hours.
470N	failed to cooperate with the Back to Work (BTW) vendor and/or did not meet work hours.
440W	failed to adhere to your Work Experience Program (WEP) sponsor agency's participation rules.
440Y	failed to meet minimum hours at your Work Experience Program (WEP) assignment.
440Z	failed to comply with your Work Experience Program (WEP) assignment as an ongoing participant.
443L	failed to report to or cooperate with the Local Interagency Vocational and Educational Services for Individuals with Disabilities [VESID] Employment Services (LIVES) Program or Special LIVES Work Experience Program (WEP) assignment.
468V	failed to comply with WeCARE Vocational Rehabilitation Services or did not attend or cooperate with scheduled activities for all assigned hours.
469V	failed to comply with WeCARE Vocational Rehabilitation Services or did not attend or cooperate with scheduled activities for all assigned hours.

Attachment C

W-532C Snippets (English)	
Action Code:	
434R	did not meet the minimum number of work hours required or failed to cooperate
441	failed to comply with Work Experience Management (WEM) policy
444D	failed to comply with the Project Cooperation activity
444E	failed to report to an appointment at the Project Cooperation vendor
444F	failed to comply with attendance policy at Project Cooperation
448P	failed to cooperate with Intensive Job Search
433K	failed to report to and/or failed to cooperate with the Family Assistance Work Experience Program (WEP)
431K	failed to report to and/or failed to cooperate with the Family Assistance Work Experience Program (WEP)
445V	failed to complete an educational training program to which you were referred by Employment Services
491R	failed to accept or complete on-the-job training at the Grant Diversion Program

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification

This notice may affect your household's temporary assistance and food stamp benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or food stamp benefits for your household may be reduced or discontinued.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why on _____ you:

If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address above:

Appointment Date: _____ Appointment Time: _____

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any evidence that will help document what occurred. The Conciliation Worker may require you to provide documentation to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable documents may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the document(s) to the meeting with the Conciliation Worker. The Conciliation Worker will use this documentation to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you do not report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance and/or food stamps, or that your temporary assistance benefits and/or food stamps will be reduced. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

SAMPLE

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Fecha de Vencimiento: _____
Teléfono: _____
Centro de Trabajo: _____
Código de Acción: _____

Aviso de Conciliación

Este aviso puede afectar de asistencia temporaria y de cupones para alimentos de su hogar. Estimamos que usted ha rehusado, intencionadamente y sin causa justificada, cumplir un requisito de trabajo. Usted tiene que comunicarse con el Centro de Trabajo para la fecha mencionada a continuación, para explicar la razón por la cual usted no cumplió con los requisitos de trabajo. De lo contrario, la asistencia temporaria y/o cupones para alimentos de su hogar podrían ser reducidos o discontinuados.

Nos gustaría platicar con usted sobre las dificultades que pueda tener con los requisitos de actividad de trabajo y acerca de la(s) razón(es) por la(s) cual(es) el _____ usted:

SAMPLE

Si no podemos llegar a un acuerdo acerca de su participación en una actividad de trabajo, decidiremos por nuestra parte si usted no se presentó o rehusó cooperar injustificada e intencionalmente. La siguiente cita ha sido programada para que usted asista a una entrevista con un Trabajador de Conciliación en la dirección indicada arriba:

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

Si usted no puede asistir a esta cita, puede venir cualquier día antes de la fecha de vencimiento indicada arriba y solicitar hablar con un Trabajador de Conciliación.

Al presentarse usted tendrá la oportunidad de explicarle al Trabajador de Conciliación por qué no se presentó o no cooperó. El Trabajador de Conciliación actuará de mediador y tratará de resolver cualquier problema. Es responsabilidad suya proporcionar las razones por las cuales usted no se presentó o no cooperó y proporcionar cualquier prueba que sirva para documentar lo sucedido. El Trabajador de Conciliación puede exigirle que usted proporcione documentación para justificar cualquier razón(es) que usted alegue por no presentarse o no cumplir los requisitos de trabajo. Se aceptan los siguientes documentos: carta por parte de su médico, carta por parte de la escuela de su hijo, carta por parte de la corte, u otro documento similar que explique por qué usted no se presentó o cooperó. Usted debe traer los documento(s) a la reunión con el Trabajador de Conciliación. El Trabajador de Conciliación utilizará esta documentación para determinar si usted en realidad tuvo causa justificada o no. Se denomina causa justificada a un suceso o circunstancia ajena a su voluntad que le impide cumplir los requisitos de trabajo. Si se determina que sí tuvo causa justificada, usted será excusado (a) por los días que no se presentó a su cita o a su actividad de trabajo asignada. Nosotros le notificaremos de nuestra decisión.

Algunos ejemplos de razón(es) justificada(s) de no cooperar con el requisito de trabajo podrían incluir , pero no se limitan, a las siguientes:

- Usted o su niño estaban enfermos el día de la actividad laboral;
- Usted tuvo una emergencia en el hogar;
- Usted no tenía quien le cuidara a su niño menor de 13 años de edad; o
- Usted no pudo participar debido a una situación de violencia doméstica.

Si usted tiene una limitación física o mental que le impide participar en una actividad de trabajo, usted será enviado(a) a nuestro proveedor médico para determinar si debe ser eximido de los requisitos de trabajo.

Además, si tiene una queja de Igualdad de Oportunidades de Empleo (Equal Employment Opportunity – EEO), debe presentarla primero en su local ante el funcionario de EEO. Si no obtiene resultados satisfactorios de este proceso o si por algún motivo no desea acudir a un funcionario de EEO, la queja puede ser incluida como parte del proceso de conciliación/agravios.

Si usted no se presenta a la entrevista, o no se presenta al Centro para la fecha de vencimiento indicada en la página 1, usted recibirá un Aviso de Intención (Notice of Intent) informándole que no es elegible para recibir asistencia temporaria y/o cupones para alimentos, o que sus beneficios de asistencia temporaria y/o cupones para alimentos serán reducidos. El aviso le proporcionará un período de 10 días durante el cual puede solicitar una conferencia que le brindará la oportunidad de resolver la disputa sobre el incumplimiento. Después de recibir el Aviso de Intención usted tiene derecho a solicitar una Audiencia Imparcial si no está de acuerdo con nuestra decisión. Usted tiene derecho a una Audiencia Imparcial aún si no solicita conferencia.

Favor de notar: El incumplimiento de los requisitos de trabajo de asistencia temporaria no afecta su elegibilidad de Medicaid. No existen requisitos de trabajo para Medicaid.

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification for Activity Period Continued

This notice may affect your household's temporary assistance and food stamp benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or food stamp benefits for your household may be reduced or discontinued.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why you:

SAMPLE

Either you did not meet the minimum number of work hours required or failed to cooperate during the period of _____ through _____. If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. You may continue your work activity while a determination is being made. Child care and transportation services will continue as long as you participate. The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address above:

Appointment Date: _____ Appointment Time: _____

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any evidence that will help document what occurred. The Conciliation Worker may require you to provide documentation to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable documents may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the document(s) to the meeting with the Conciliation Worker. The Conciliation Worker will use this documentation to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you do not report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance and/or food stamps, or that your temporary assistance benefits and/or food stamps will be reduced. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

SAMPLE

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Fecha de Vencimiento: _____
Teléfono: _____
Centro de Trabajo: _____
Código de Acción: _____

Aviso de Conciliación para la Continuación del Período de Actividad

Este aviso puede afectar la asistencia temporaria y cupones para alimentos de su hogar. Estimamos que usted ha rehusado, intencionadamente y sin causa justificada, cumplir un requisito de trabajo. Usted tiene que comunicarse con el Centro de Trabajo para la fecha mencionada a continuación, para explicar la razón por la cual no cumplió con los requisitos de trabajo, o de lo contrario la asistencia temporaria y/o cupones para alimentos de su hogar podrían ser reducidos o discontinuados.

Nos gustaría platicar con usted sobre las dificultades que pueda tener con los requisitos de actividad de trabajo y acerca de la (s) razón(es) por la(s) cual(es) usted:

SAMPLE

Usted no reunió el número de horas requeridas o no cooperó durante el período de _____ a _____. Si no podemos llegar a un acuerdo acerca de su participación en una actividad de trabajo, decidiremos si usted no se presentó o rehusó cooperar injustificada e intencionadamente. Puede continuar con su actividad de trabajo mientras se tome la decisión. Los servicios de cuidado infantil y de transporte continuarán, siempre y cuando usted siga participando. La siguiente cita ha sido programada para que usted asista a una entrevista con un Trabajador de Conciliación en la dirección indicada arriba:

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

Si usted no puede asistir a esta cita, puede venir cualquier día antes de la fecha de vencimiento indicada arriba y solicite hablar con un Trabajador de Conciliación.

Al presentarse usted tendrá la oportunidad de explicarle al Trabajador de Conciliación por qué no se presentó o no cooperó. El Trabajador de Conciliación actuará de mediador y tratará de resolver cualquier problema. Usted tiene la responsabilidad de proporcionar la(s) razón(es) por la(s) cual(es) no se presentó o no cooperó y de proveer cualquier evidencia que ayude a documentar lo ocurrido. El Trabajador de Conciliación puede exigirle que usted proporcione documentación para justificar cualquier razón(es) que usted alegue por no presentarse o no cumplir los requisitos de trabajo. Se aceptan los siguientes documentos: carta por parte de su médico, carta por parte de la escuela de su hijo, carta por parte de la corte, u otro documento similar que explique por qué usted no se presentó o no cooperó. Usted debe traer los documento(s) a la reunión con el Trabajador de Conciliación. El Trabajador de Conciliación utilizará esta documentación para determinar si usted en realidad tuvo causa justificada o no. Se denomina causa justificada a un suceso o circunstancia ajena a su voluntad que le impide cumplir los requisitos de trabajo. Si se determina que sí tuvo causa justificada, usted será excusado(a) por los días que no se presentó a su cita o a su actividad de trabajo asignada. Nosotros le notificaremos de nuestra decisión.

Algunos ejemplos de razón(es) justificadas de no cooperar con el requisito de trabajo podrían incluir, pero no se limitan, a las siguientes:

- Usted o su niño estaban enfermos el día de la actividad laboral;
- Usted tuvo una emergencia en el hogar;
- Usted no tenía quien le cuidara a su niño menor de 13 años de edad; o
- Usted no pudo participar debido a una situación de violencia doméstica.

Si usted tiene un problema de salud físico o mental que le impida participar en una actividad de trabajo, usted será enviado a nuestro proveedor médico para determinar si debe ser eximido de los requisitos de trabajo.

Además, si tiene una queja de Igualdad de Oportunidades de Empleo (Equal Employment Opportunity – EEO), debe presentarla primero ante el funcionario de EEO de su Agencia. Si no obtiene resultados satisfactorios de este proceso o si por algún motivo no desea acudir a un funcionario de EEO, la queja puede ser incluida como parte del proceso de conciliación/agravios.

Si usted no se presenta a la entrevista o al Centro para la fecha de vencimiento indicada en la página 1, usted recibirá un Aviso de Intención (Notice of Intent) que le informará de que no es elegible para asistencia temporaria y/o cupones para alimentos, o que sus beneficios de asistencia temporaria serán reducidos. El aviso le proporcionará un período de diez (10) días durante el cual puede solicitar una conferencia que le brindará la oportunidad de resolver la disputa sobre el incumplimiento. Después de recibir el Aviso de Intención, usted tiene derecho a solicitar una Audiencia Imparcial si no está de acuerdo con nuestra decisión. Usted tiene derecho a solicitar una Audiencia Imparcial aún si no solicita una conferencia.

Favor de notar: El incumplimiento de los requisitos de trabajo de asistencia temporaria no afecta su elegibilidad de Medicaid. No existen requisitos de trabajo para Medicaid.

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Expiration Date: _____
Telephone: _____
Job Center: _____
Action Code: _____

Conciliation Notification for Activity Period Discontinued

This notice may affect your household's temporary assistance and food stamp benefits. We believe you have willfully and without good cause refused or failed to comply with a work requirement. You must contact the Job Center by the date mentioned below to explain why you did not comply with work requirements. Otherwise, the temporary assistance and/or food stamp benefits for your household may be reduced or discontinued.

We would like to discuss any problems you may have with work activity requirements and the reason(s) why you:

SAMPLE

Either you did not meet the minimum number of work hours required or failed to cooperate during the period of _____ through _____. If we cannot reach an agreement about your participation in a work activity, we will make a determination as to whether or not you did willfully and without good cause fail or refuse to report or cooperate. Until a determination is reached, you must stop participating in the assigned work activity. Although your child care will continue, your transportation services have been terminated. The following appointment has been scheduled for you to attend an interview with a Conciliation Worker at the address above:

Appointment Date: _____ Appointment Time: _____

If you cannot keep this appointment, you may come in any day prior to the expiration date above and ask to speak to a Conciliation Worker.

When you come in, you will have the opportunity to explain to a Conciliation Worker why you did not report or cooperate. The Conciliation Worker acts as a mediator and will try to resolve any problems. It is your responsibility to give the reason(s) why you did not report or cooperate and to provide any evidence that will help document what occurred. The Conciliation Worker may require you to provide documentation to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable documents may be a letter from your doctor, letter from your child's school, letter from the court, or other similar document explaining why you did not report or cooperate as assigned. You should bring in the document(s) to the meeting with the Conciliation Worker. The Conciliation Worker will use this documentation to determine whether or not you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with the work requirements. If it is found you had good cause, you will be excused for the day(s) you did not report to your appointment or your assigned work activity. We will notify you of our decision.

Some examples of good reasons for not complying with a work requirement may include, but are not limited to:

- You or your child was sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or
- You were unable to participate due to a domestic violence situation.

If you have an ongoing physical or mental health limitation that prevents you from participating in a work activity, you will be referred to our medical provider to determine if you should be exempt from the work requirements.

Additionally, if you have an Equal Employment Opportunity (EEO) complaint, the complaint should be brought to the EEO Officer at your location first. If you do not get satisfactory results from this process or you do not want to go to the EEO Officer for some reason, the complaint can be addressed as part of the conciliation/grievance process.

If you do not report to the interview or come in to the Center by the expiration date noted on page 1, you will receive a Notice of Intent advising you that you are not eligible for temporary assistance and/or food stamps, or that your temporary assistance benefits and/or food stamps will be reduced. The notice will give you a 10-day period during which you may request a conference. A conference provides you with the opportunity to resolve the issue of noncompliance. After you receive the Notice of Intent, you are entitled to request a Fair Hearing if you do not agree with our decision. You are entitled to a Fair Hearing even if you do not request a conference.

Please note: Failure to comply with temporary assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

SAMPLE

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Fecha de Vencimiento: _____
Teléfono: _____
Centro de Trabajo: _____
Código de Acción: _____

Aviso de Conciliación del Período de Actividad Discontinuado

Este aviso puede afectar la asistencia temporaria y cupones para alimentos de su hogar. Estimamos que usted ha rehusado, intencionadamente sin causa justificada, cumplir un requisito de trabajo. Usted tiene que comunicarse con el Centro de Trabajo para la fecha mencionada a continuación, para explicar la razón por la cual no cumplió con los requisitos de trabajo, o de lo contrario la asistencia temporaria y/o cupones para alimentos de su hogar podrían ser reducidos o discontinuados.

Nos gustaría platicar con usted sobre las dificultades que pueda tener con los requisitos de actividad de trabajo y acerca de la(s) razón(es) por la(s) cual(es) usted:

SAMPLE

Usted no cumplió el requisito mínimo de horas de trabajo o no cooperó como debió durante el período de _____ al _____. Si no podemos llegar a un acuerdo acerca de su participación en una actividad de trabajo, decidiremos por nuestra parte si usted no se presentó o rehusó cooperar injustificada e intencionadamente. Hasta que se tome dicha decisión, usted tiene que dejar de participar en la actividad de trabajo asignada. Además, aunque su cuidado infantil continuará, sus servicios de transporte han sido terminados. La siguiente cita ha sido programada para que usted asista a una entrevista con un Trabajador de Conciliación en la dirección indicada arriba:

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

Si usted no puede asistir a esta cita, puede venir cualquier día antes de la fecha de vencimiento indicada más arriba y solicite hablar con un trabajador de conciliación.

Al presentarse usted tendrá la oportunidad de explicarle al Trabajador de Conciliación por qué no se presentó o no cooperó. El Trabajador de Conciliación actuará de mediador y tratará de resolver cualquier problema. Es responsabilidad suya proporcionar las razones por las cuales usted no se presentó o no cooperó y proporcionar cualquier prueba que sirva para documentar lo sucedido. El Trabajador de Conciliación puede exigirle que usted proporcione documentación para justificar cualquier razón(es) que usted alegue por no presentarse o no cumplir los requisitos de trabajo. Se aceptan los siguientes documentos: carta por parte de su médico, carta por parte de la escuela de su hijo, carta por parte de la corte, u otro documento similar que explique por qué usted no se presentó o cooperó. Usted debe traer los documento(s) a la reunión con el Trabajador de Conciliación. El Trabajador de Conciliación utilizará esta documentación para determinar si usted en realidad tuvo causa justificada o no. Se denomina causa justificada a un suceso o circunstancia ajena a su voluntad que le impide cumplir los requisitos de trabajo. Si se determina que sí tuvo causa justificada, usted será excusado (a) por los días que no se presentó a su cita o a su actividad de trabajo asignada. Nosotros le notificaremos de nuestra decisión.

Algunos ejemplos de razón(es) justificada(s) de no cooperar con el requisito de trabajo podrían incluir , pero no se limitan, a las siguientes:

- Usted o su niño estaban enfermos el día de la actividad laboral;
- Usted tuvo una emergencia en el hogar;
- Usted no tenía quien le cuidara a su niño menor de 13 años de edad; o
- Usted no pudo participar debido a una situación de violencia doméstica.

Si usted tiene una limitación física o mental que le impide participar en una actividad de trabajo, usted será enviado(a) a nuestro proveedor médico para determinar si debe ser eximido de los requisitos de trabajo.

Además, si tiene una queja de Igualdad de Oportunidades de Empleo (Equal Employment Opportunity – EEO), debe presentarla primero en su local ante el funcionario de EEO. Si no obtiene resultados satisfactorios de este proceso o si por algún motivo no desea acudir a un funcionario de EEO, la queja puede ser incluida como parte del proceso de conciliación/agravios.

Si usted no se presenta a la entrevista o al Centro para la fecha de vencimiento indicada en la página 1, revisaremos la evidencia para decidir si su ausencia o falta de cooperación fueron intencionales e injustificadas. Si determinamos que injustificada e intencionalmente usted faltó o rehusó cumplir con los requisitos de actividad de trabajo, usted recibirá un Aviso de Intención (Notice of Intent) que le informará de que no es elegible para asistencia temporaria y/o cupones para alimentos, o que sus beneficios de asistencia temporaria serán reducidos. El aviso le proporcionará un período de 10 días durante el cual puede solicitar una conferencia que le brindará la oportunidad de resolver la disputa sobre el incumplimiento. Después de recibir el Aviso de Intención, usted tiene derecho a solicitar una Audiencia Imparcial si no está de acuerdo con nuestra decisión. Usted tiene derecho a solicitar una Audiencia Imparcial aún si no solicita una conferencia.

Favor de notar: El incumplimiento de los requisitos de trabajo de asistencia temporaria no afecta su elegibilidad de Medicaid. No existen requisitos de trabajo para Medicaid.

SAMPLE